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PLAN OF THE INDEX

This index to Volume XXXV of The Journal, that of the year 1938, is made up according to the departments of The Journal, as follows:

1. Original Articles (scientific).
2. Scientific Exhibits, Description.
3. Authors of Original Articles and Scientific Exhibits.
4. Editorials.
5. State Society Activities.
6. County Society Activities and Reports.
7. Woman's Auxiliary.
8. Obituaries.

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The Official List of Fellows, Officers, Delegates, and Members, was published as a supplement to The Journal of April, 1938.

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The Officers and Committeemen are listed in the advertising section of each issue of The Journal, on pages iii-viii, immediately following the cover.

ANNUAL MEETING MINUTES

The minutes of the Annual Meeting and the House of Delegates are contained in the OFFICIAL TRANSACTIONS, which was issued as a supplement to the August issue, with its own index on the first page.

ANNUAL REPORTS

The annual reports of the Officers and Committees were printed in The Journal of May, 1938, pages 263-321, with its own index on page 321.

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Aluminum (Al)	0.7	0.04
Manganese (Mn)	None	None
Calcium (Ca)	13.7	0.80
Magnesium (Mg)	5.8	0.34
Sodium (Na)	5.6	0.33
Potassium (K)	Trace	Trace
Bicarbonic Acid, Radical (HCO_3)	43.1	2.52
Carbonic Acid Free (CO_2)	7.0	0.41
Sulphuric Acid, Radical (SO_4)	27.1	1.58
Nitric Acid Radical (NO_3)	1.8	0.11
Chlorine	4.2	0.25
Phosphorus	Trace	Trace
TOTALS	128.9	7.54
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After boiling	9.0	

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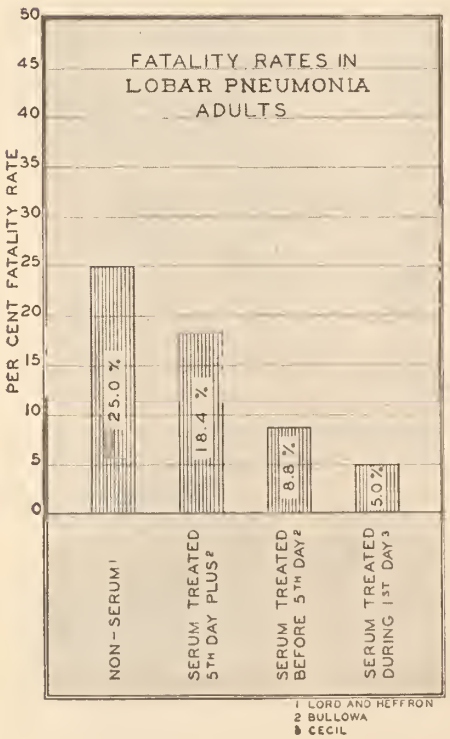
Bacteremia appears at varying times in the course of the disease, but usually after the third day.



Bullowa* has presented the following significant facts concerning bacteremia in Type 1 and Type 2 pneumonias:

> In non-serum treated cases, the incidence of bacteremia is 25% in Type 1 and 43% in Type 2. The mortality in each of these bacteremias is close to 75% if serum is not used, and considerably lower when serum is used.

The importance of immediate typing, even at the first suspicion of pneumonia, cannot be overemphasized.

*BULLOWA, J. G. M.: "The Management of the Pneumonias" Oxford University Press, 1937.

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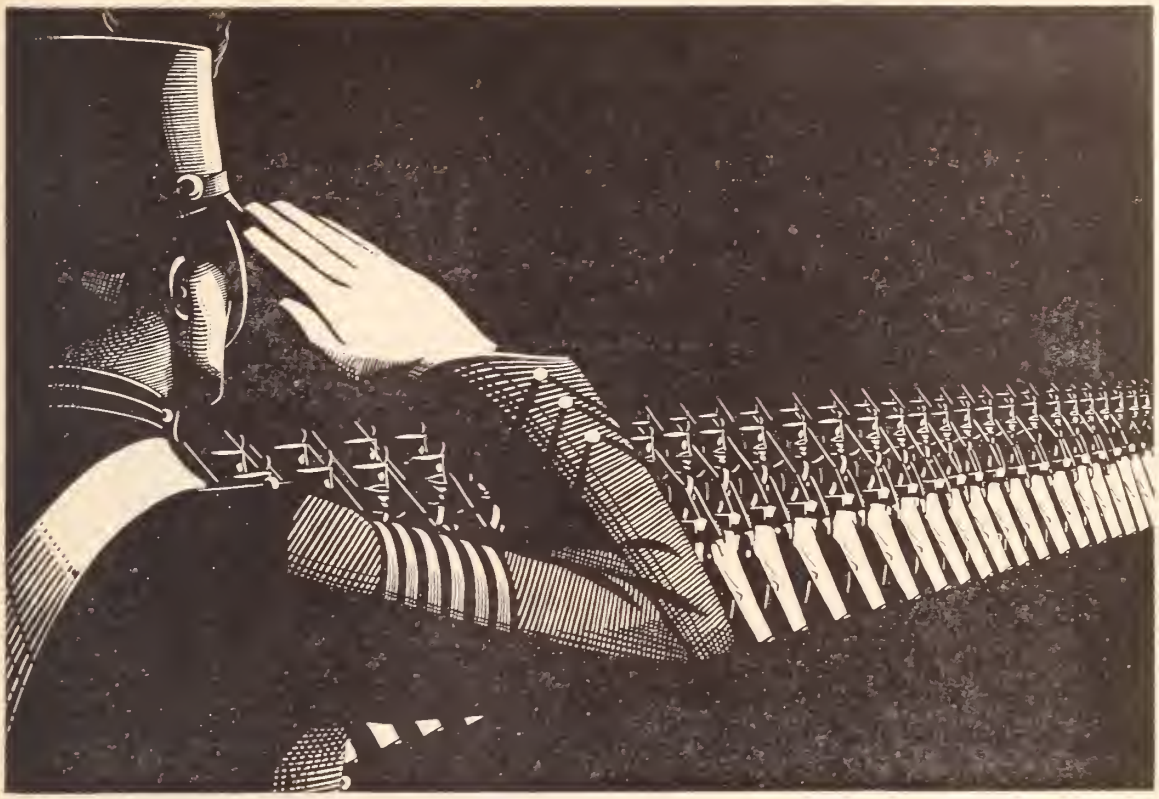

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● Apparently mild vitamin B1 deficiency in humans is not characterized by very definite or entirely specific symptoms. While such a condition may be attended by anorexia, hypotonicity of the bowel, indigestion, vague pains and malaise, latent avitaminosis B1 hardly presents a picture which is favorable to its early clinical detection. However, there are two procedures which may be employed when this type of avitaminosis is suspected.

The first procedure (1a) depends upon the nature of the response to administration of pure vitamin B1. The second procedure, which has been more widely applied, makes use of the Cowgill formula for calculation of vitamin B1 requirement. By consideration of the actual vitamin B1 intake and the calculated vitamin B1 requirement in any specific instance, the probability of mild avitaminosis B1 may be evaluated (1b).

It is difficult to estimate the frequency of mild vitamin B1 deficiencies in the United States. However, until such information is at hand, it is not illogical to suggest that latent avitaminosis B1 must be regarded as an active possibility in some cases which may come to the attention of the medical practitioner. Fortunately, several factors are operative which give assurance that eventually the incidence of latent avitaminosis B1 will be reduced to a minimum.

First, those concerned with human nutrition have today more definite information concerning quantitative human vitamin requirements than ever before in history (2).

Second, every passing year brings marked progress in education of the layman to the necessity of a completely "protective" diet. The control of the latent avitaminoses is, in large part, dependent upon proper food selection and correct formulation of the diet by the layman consumer.

In the establishment of dietary regimes which will be protective against vitamin deficiencies, commercially canned foods may play an important part. Several hundred canned foods are available upon the American market at all seasons of the year. Nutritional research has shown (3) that modern canned foods retain in good degree the vitamin B1 contents of the raw materials from which they were prepared. This great class of foods—available to all consumers regardless of economic status—will contribute substantially to the alleviation and prevention of latent avitaminosis B1 in this country.

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1a. 1935. J. Am. Med. Assn. 105, 1580.
b. 1934. The Vitamin B Requirement of Man, G. R. Cowgill, The Yale University Press, New Haven.
2. 1937. J. Am. Diet. Assn. 13, 195.
3. 1936. J. Nutrition 11, 383.
1934. Ibid. 8, 449.
1932. Ibid. 5, 307.
1932. Ind. Eng. Chem. 24, 457

This is the thirty-second in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.

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Ten to twenty per cent solutions of Neo-Silvol are suitable for most eye infections; gonorrheal ophthalmia may call for stronger solutions—25 to 50 per cent. In inflammatory conditions of the nose, naso-pharynx, pharynx and tonsils, Neo-Silvol (10 to 25 per cent strength) may be sprayed or swabbed on the involved areas three or four times daily. Neo-Silvol solutions are easily prepared by dissolving the glistening, cream-colored granules in water.

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Supplied in six-grain capsules, packages of 50 and 500, and in 1-ounce and 1/4-pound bottles.

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Maltose	23.2%
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1 oz. wt.	28 grams 90 cals.
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The swaddled infant pictured at right is one of the famous works in terra cotta exquisitely modeled by the fifteenth century Italian sculptor, Andrea della Robbia. In that day infants were bandaged from birth to preserve the symmetry of their bodies, but still the gibbous spine and distorted limbs of severe rickets often made their appearance.

A bambino from the Foundling Hospital, Florence, Italy,—A. della Robbia

Glisson, writing in 1671, described an ingenious use of swaddling bands — "first crossing the Brest and coming under the Armpits, then about the Head and under the Chin and then receiving the hands by two handles, so that it is a pleasure to see the Child hanging pendulous in the Air . . . This kind of Excercise . . . helpeth to restore the crooked Bones. . . ."

STRAPPED FOR RICKETS

SWADDLING was practised down through the centuries, from Biblical times to Glisson's day, in the vain hope that it would prevent the deformities of rickets. Even in sunny Italy swaddling was a prevailing custom, recommended by that early pediatrician, Soranus of Ephesus, who discoursed on "Why the Majority of Roman Children are Distorted."

"This is observed to happen more in the neighborhood of Rome than in other places," he wrote. "If no one oversees the infant's movements, his limbs do in the generality of cases become twisted. . . . Hence, when he first begins to sit he must be propped by swathings of bandages. . . ." Hundreds of years later swaddling was still prevalent in Italy, as attested by the sculptures of the della Robbias and their contemporaries. For infants who were strong Glisson suggested placing "Leaden Shooes" on their feet and suspending them with swaddling bands in mid-air.

How amazed the ancients would have been to know that bones can be helped to grow straight simply by internal administration of a few drops of Oleum Percomorphum. What to them would have been a miracle has become a commonplace of science. Because it can be administered in drop dosage, Oleum Percomorphum is especially suitable for young and premature infants, who are most susceptible to rickets. Its vitamins A and D derived from natural sources, this product has 100 times the potency of cod liver oil.* Important also to your patients, Oleum Percomorphum is an economical antiricketic.

Oleum Percomorphum offers not less than 60,000 U.S.P. vitamin A units and 8,500 U.S.P. vitamin D units per gram. Supplied in 10 and 50 c.c. bottles, also in boxes of 25 and 100 ten-drop soluble gelatin capsules containing not less than 13,300 vitamin A units and 1,850 vitamin D units (equal to more than 5 teaspoonfuls of cod liver oil*).

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*Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245
Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
N. Y. State Jour. Med., June 1935, Vol. 35, No. 11
Arch. Otolaryngology, Mar. 1936, Vol. 23, No. 3
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

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*Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245 ☐
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Volume XXXV
Number 1

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

Under the
Direction of the
Committee on Publication

Editor of
The Journal
Frank Overton, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
143 East State Street, Trenton, N. J., Tel. 9330
Executive Officer—LeRoy A. Wilkes, M.D.
Each member of the State Society is entitled to receive a copy of The Journal every month.

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EDITORIALS

Questionnaires

The questionnaire is an essential means of obtaining information of public interest. It is a favorite device of those who seek to obtain the sentiments of practitioners of medicine, but the responses are often disappointing to the questioners, both in number and in content. The reason for the paucity of the replies is plain when one analyzes the conditions under which the questions are often sent out.

Questionnaires are sent for the purpose of obtaining two kinds of answers:

1. Opinions.
2. Information.

When a new project is proposed by The Medical Society of New Jersey, the members are usually not prepared to supply exact *information;* and they hesitate to express an *opinion* on a subject in which they have had no personal experience. Even when the subject is one in which a member is experienced, the scope of the expected answer is often indefinite. Let us suppose, for example, that a doctor is asked for his opinion regarding the ethics of establishing an immunization clinic for children. He is in the position of a witness in court from whom a clear-cut answer of "yes" or "no" is demanded. If the answer is "yes" under certain conditions, and "no" under others, the judge will sustain the witness if he says that the question cannot be answered in the form in which it is asked.

If a questionnaire is to be answered intelligently, the conditions must first be stated clearly. For example, suppose the question is "Do you believe that the County Medical Society should support an immunization clinic?" The doctor is entirely right in answering "No". But under certain conditions the answer may properly be "Yes". For an example, see this Journal for September, 1937, page 580, regarding the Hunterdon County Clinics.

A questionnaire regarding "Facts" or matters of record is entirely proper, as was the survey of cancer facilities in hospitals (Journals February, 1937, p. 113, and April, 1937, p. 260).

If a committee sends out a questionnaire relating to "Opinions" and "Attitudes" regarding a new project, it will elicit little response unless the committee first issues a series of instructive articles or letters explaining the project. Only then will the members be able to answer the questionnaire intelligently.

Leadership by the Welfare Committee

The Journal has traced the major features of the development of organized medicine in New Jersey from the foundation of The Medical Society of New Jersey on July 23, 1766, to the formation of the Welfare Committee in 1919 and 1920. It has recently carried three articles on the major divisions of the organization as follows:

The Public Health Committee, Oct., 1937, p. 634.

The Welfare Committee, Nov., 1937, p. 687.

The Trustees, Jan., 1938, p. 42.

These brief articles set forth the constant evolution of older forms and methods to fit new medical needs in keeping with progress in civic affairs along other lines.

BASIS OF LEADERSHIP

The system of medical organization of New Jersey has grown up under the leadership of active practitioners who have been trained in the school of private practice and the county medical society. Every proposal of the State Society has been based on the experience of its leaders, first as physicians in private practice; second, as officers of their county societies, and third, as ex-officers still filling positions of trust in their county societies and serving on State Society committees. These facts account for the evolution of organized medicine in New Jersey in a consistent, orderly manner, with the inspiration arising from the State officers who have risen from the ranks of private practitioners and have returned to the ranks at the ends of their terms of official service.

PRESENT EVOLUTION

The field of the practice of medicine is now undergoing an evolution more rapidly than ever before,—partly *spontaneously* by practitioners themselves, and partly *compulsory* by the threat of direct operation of the system by the Federal Government. The physicians of New Jersey are better equipped than those of any other State to retain control of the evolution of the practice of medicine. This is so because for a period of 171 years the State Society and its component county societies have always been progressive and wise in the development of the organization of its members for the purpose of distributing efficient medical service to all classes of people. New Jersey is almost the only State in which the Federal officials have permitted the practicing physicians to manage and administer the execution of the Federal Security Act. This is because, when the law was passed, The Medical Society of New Jersey already had complete machinery in operation along the lines which was proposed by the Federal officers. This form of organization centered in the *Welfare Committee,* which is, in effect, a union of all other committees engaged in the services of public health and public relations.

MEETING OF THE WELFARE COMMITTEE

The Welfare Committee is the one whose activities are concerned the most intimately with the daily practice of the general practitioner. The principal subjects which were discussed at its meeting on December 19, 1937, were the means by which physicians in general practice may enlarge their fields of activity so as to include preventive medicine and those forms of practice which have heretofore been left to specialists, such as venereal diseases, crippled children, and the serum treatment of pneumonia. The members of the committee gave close attention to the reports of work already done, and of plans for the future. But in order that the good work may spread and flourish, the delegates must become home missionaries to their county societies; they must inspire their colleagues with a knowledge of the progressive methods and a zeal for applying them in their daily practice.

Locating for Practice

Inquiries about opportunities for medical practice in New Jersey frequently come to the Executive Offices of The Medical Society of New Jersey; and in order to answer them with accurate facts a study was made of the supply and demand of physicians in New Jersey as compared with conditions in other States.

A brief study was made in 1934, based on that year's issue of the Directory of the American Medical Association. This review showed that the number of physicians practicing in New Jersey had increased 13 per cent during the last three years; and then came New York, with eight per cent increase, Massachusetts, six per cent, and Pennsylvania with 4.6 per cent increase; while the increase for the whole United States was three per cent. (Jour., Sept., 1934, p. 501.)

A more extensive study of the number of physicians in New Jersey, New York and Connecticut has just been made, based on the A. M. A. directories of 1936, 1934 and 1929. This study confirms the impressions of 1934,—that the increase in the number of physicians has outrun the increase in population and the opportunity to practice. The results are set forth in the full-page set of tables on page 4.

FUNDAMENTAL CONSIDERATIONS

New Jersey is located between the two great metropolitan areas of New York City and Philadelphia, which are ninety miles apart. These two cities are great centers of manufacture and trade; and their prosperity is shared by the great cities of Newark, Jersey City and Elizabeth and their surrounding municipalities, and also by Camden and other municipalities adjoining Philadelphia. New Jersey seems to offer two great inducements for a successful medical practice:

1. Business opportunities.
2. Human need.

These are the major incentives for physicians to settle in New Jersey.

The State of Connecticut is also included in the study, for a large part of it is in the metropolitan area of Greater New York City. The whole State of New York is included, because each of the great cities from New York to Buffalo is also in fact a great center of population and business. Indiana is added because it is nearly like New Jersey in population.

POPULATION PER DOCTOR

The number of persons per doctor is taken as the fundamental basis of judging of a physician's prospect for a successful practice. On this basis, New Jersey would seem to offer an attractive field of practice, for its average number of people per physician is greater than that of its sister States, and also of the United States as a whole. However, when the increase is reduced to percentages, as in the second column of the table, the result is not so attractive.

Certainly no one can claim that in 1929 the people of New Jersey suffered from the lack of available physicians. Yet while the population of the State increased 10.7 per cent during the years 1929 to 1936, the number of physicians increased 27.8 per cent, and the number of persons per doctor decreased 13.3 per cent, or one-seventh.

In the same period New York State showed an increase in population of 13.1 per cent, the number of physicians 17.7 per cent, and the number of persons per doctor decreased 8.6 per cent.

Connecticut showed an even greater tendency to an over-increase in medical service, for its population decreased seven-tenths of one per cent, while its number of physicians increased 20.4 per cent, and the population per physician decreased 16.9 per cent.

The tables on page 4 give the corresponding figures for the entire United States, and show a nearly stable population per physician.

CONCLUSION

The supply of physicians in New Jersey is rapidly increasing beyond the actual need of the people; and a physician seeking an attractive field of practice had better seek a locality outside of the great metropolitan States of New Jersey, New York and Connecticut unless he can become associated with an established practice to which he may eventually expect to succeed.

CHANGE IN THE DISTRIBUTION OF PHYSICIANS—1929-1936

Yr. of A.M.A. Directory	No. Drs.	Population	Pop. per Dr.
New Jersey			
1929	4,045	3,821,000	944
1934	4,915	4,195,000	853
1936	5,171	4,231,000	818
New York State			
1929	19,817	11,550,000	585
1934	22,812	12,965,000	568
1936	24,013	13,059,000	535
Connecticut			
1929	2,011	1,667,000	829
1934	2,312	1,646,000	711
1936	2,401	1,655,000	689
Three States, N. J., N. Y., Conn.			
1929	25,873	17,038,000	658
1934	30,039	18,804,000	623
1936	31,591	18,945,000	591
All Other States			
1929	126,630	102,974,000	813
1934	131,320	106,788,000	821
1936	133,572	107,479,000	805
The United States			
1929	152,503	120,012,000	782
1934	161,359	125,692,000	779
1936	165,163	126,424,000	765
Indiana			
1929	4,102	3,176,000	774
1934	4,049	3,291,000	813
1936	4,025	3,304,000	821

	Per Cent
New Jersey	
Population	+10.7
Number of Physicians	+27.8
Population per Physician	—13.3
New York	
Population	+13.1
Number of Physicians	+17.7
Population per Physician	— 8.6
Connecticut	
Population	— 0.7
Number of Physicians	+20.4
Population per Physician	—16.9
Three States, N. J., N. Y. and Conn.	
Population	+11.2
Number of Physicians	+22.0
Population per Physician	—10.2
All Other States	
Population	+ 4.4
Number of Physicians	+ 5.8
Population per Physician	— 1.0
The United States	
Population	+ 5.3
Number of Physicians	+ 8.9
Population per Physician	— 2.2
Indiana	
Population	+ 4.0
Number of Physicians	— 1.8
Population per Physician	+ 6.1

Cast Your Bread Upon the Waters

At the last meeting of the Welfare Committee, a majority of the Advisory Committees to the Sub-Committee on Public Health made reports. As I sat back and listened to these reports of work done or contemplated in the field of preventive medicine, service to the poor, and the coöperation with governmental agencies in various fields of public health, it was impressed upon me more and more how many of our men were engaged not only in work which was not remunerative to themselves so far as actual time spent was concerned, but also in work which was deliberately aimed at cutting down the amount of possible future efforts which they might otherwise make at a return to themselves. What a contrast this is to other lines of human activity! What business is there whose workers and salesmen would spend time for which they are not paid to cut down their own market?

Then, as this thought was turned over in my mind, I remembered a group of women in one of our suburban towns before whom I had the pleasure of appearing recently. They were quite interested and much enthused over statements that were made to the effect that we did have this large number of committees and men actively interested in improving the health of the citizens of New Jersey, reducing the morbidity rate, and all in all making our State a more healthful place in which to live.

If organized medicine wishes to be consulted in regard to matters medical, they must assume the leadership in all public health lines.

I believe our citizenry would rather hear from the medical profession on such subjects than from laymen engaged in similar lines; but if we do not stand ready and willing to give the aid and assistance they are looking for, we cannot blame them for obtaining it from whence they can.

Such work as our Public Health Advisory Committees are doing cannot help but make large sections of our public health-conscious, if we but let them know of our efforts. So, perhaps it may prove that in doing this public service with no immediate personal return and with the definite aim of lowering the morbidity rate, we may still educate the public to pay more attention to their physical well-being; and when they are in need of medical care and medical advice, to come to us instead of depending on self-medications, patent medicine, or cult therapy. Then will the Biblical saying be exemplified, "Cast thy bread upon the waters, for thou shall find it after many days."

W. G. Herrman, *President,*
The Medical Society of New Jersey.

Freedom of Medical Practice

The American doctor of today shares with his professional brothers the world over an age-old tradition,—the Hippocratic code of ethical conduct. Although the world often misunderstands the code, it is a simple one in which the welfare of the patient transcends all else.

FREEDOM OF MEDICAL KNOWLEDGE

The American doctor shares with the doctors of the world another age-old tradition,—a zealous devotion to progress. A medical truth once proved is immediately disseminated to all parts of the civilized world.

By no means all of the discoveries in medicine were made by doctors. Many laymen have brought incense and myrrh and precious gifts to the healing art. Truth may be discovered in the retorts of a lay Pasteur or brought to light in the dark corridors of Scutari by a lady with a lamp. Truth may be torn from the bark of a tree by a Jesuit priest. No matter whence it comes, doctors the world over accept the proven truth, charlatans to the contrary notwithstanding. This is really scientific and scientifically real.

Yet another traditional heritage handed down to the doctors of all lands is the princely privilege of caring for the unfortunate lame, halt, and blind who can ever hope to pay for their care except in gratitude. The code of ethics, the eagerness to spread medical knowledge, and the willingness to help those in distress are characteristics of doctors in Japan, Italy, Spain, Germany, America,—of doctors everywhere.

AMERICAN SCIENTIFIC MEDICINE

But, notwithstanding these characteristics common to doctors of all lands, the American doctor is becoming increasingly different from his Old World confreres. The American doctor works in an atmosphere of freedom,—freedom of speech, freedom of thought and freedom of actions. His initiative is not destroyed by dictatorship or by bureaucracy. His professional progress is not hobbled by governmental red tape. His ambition is not stifled by collectivism and his effectiveness is not marred by lay control. The American doctor of today, unlike his professional brothers abroad, is spurred by the friendly competition of his colleagues. His livelihood depends not upon a check from the government, not upon political preferment, but rather upon his ability to keep abreast of the times. In the old days American doctors went to Europe for post-graduate study. But now the tide has turned. The doctors of Europe who can afford it come to America, for here medicine is on the march, as yet surprisingly free from governmental regimentation and lay supervision. American medicine is where it is because it has thrived in freedom.

Our forefathers carved out a free land where any man could seek and find and speak the truth; where any man could lift himself and his children to higher social and economic levels by honest toil; where a poor boy could become independent and an underprivileged youth could become President. This was one of the monumental achievements of the ages.

Freedom is priceless and must be preserved at any cost. Complexity of life has narrowed the *range* of individual liberty, but nothing must ever destroy the *love* of freedom, which endows us with the right to become self-supporting, self-reliant and self-respecting. But, today, even in America, leaders in high places would pull us about like puppets on wires regardless of tradition, heritage, ambition, or personal capacity. The sacrifice of self-reliance and self-respect is too great a price to pay for temporary and synthetic prosperity.

AMERICAN DISTRIBUTION OF MEDICAL SERVICES

The medical profession and the public are aware of the present high standing of *scientific medicine* in America. But there is a widespread dissatisfaction with its *distribution*. Not all of the rich, not all of the great middle class and not all of the ten million unemployed in America receive all the scientific medical help available. To meet the failure in distribution, there have been proposed literally thousands of schemes. Sociologists, economists, politicians and organized medical groups each have proposed panaceas. Some would federalize the practice of medicine and make all doctors officers of the government; some would permit laymen to buy medical services and sell them for uniform premiums; some would subsidize all the physicians of counties and have them treat all residents, rich and poor alike; some would have compulsory health insurance and pay for it by billions of tax-levied dollars; some would furnish medical care for government employees with taxpayers' money. These are but a few of the plans proposed. In appraising all these schemes, let us not mistake *change* for *progress*. Because distribution is imperfect, let us not destroy the most perfect medical product in the world today,—American medicine. Let us, therefore, not take from the American doctor the freedom to work unhampered by political control. Let us not regiment him and destroy his initiative, nor rob him of the stimulus of competition. Let us not interpose between doctor and patient any third party. And what is even more important, let us not take from any free American the absolute freedom to choose his own doctor.

The Medical Society of New Jersey has a plan for adequate distribution of medical services modelled after the old E. R. A. It awaits adoption by New Jersey. Meanwhile, the plans of the Welfare Committee and the Sub-Committees are bearing fruit in cancer control, mental hygiene, crippled children, tuberculosis, child hygiene, venereal disease control, maternal health, adult health education, and pneumonia control.

Wm. J. Carrington, *President-Elect,*
The Medical Society of New Jersey.

Martyrs and Dictators

It is often but a step from martyrdom to dictatorship. A martyr of the Middle Ages had the choice of either persisting in the open assertion of his independence, or withdrawing from his fellows and living the lonely life of a hermit. The early colonists of Massachusetts had the spirit of hermit martyrs who did not hesitate to banish or even hang their brethren who differed from them in what we consider to be unessential beliefs. Seeking freedom for themselves, they were intolerant of those who differed with them in either thought or action.

It is unfortunate that today there are medical practitioners who prefer to live the hermit's life rather than join their brethren in a common system of fraternalism. Charging the leaders of the medical society with practicing dictatorship, they themselves assume the rôle of dictators in asserting their own individuality and independence of thought and action. But, after all, their attitude is largely temperamental. They are simply individualists. They are born so, and any form of coercive force only intensifies their persistence. They are seldom militant opponents of coöperative action. They are medical hermits who must be won with tolerance if they are to be won at all. It is better that they be in the medical society rather than be permitted to pose as martyrs to alleged domination.

ORIGINAL ARTICLES

COLLOIDAL THORIUM IN RADIOLOGIC PRACTICE

By Raphael Pomeranz, M.D., Newark, N. J.

Read before the Section on Radiology of the Annual Meeting of The Medical Society of New Jersey at Atlantic City, April 29, 1937.

The present discussion is undertaken for the purpose of reviewing and evaluating the clinical and experimental data reported in the last six years on the use of colloidal thorium as a radio-opaque medium. The accumulated literature on this subject is so vast that we can but mention a few of the more significant reports.

"Thorotrast" is the commercial name for colloidal thorium oxydsol, in electronegative, 22 per cent solution. It is used for the visualization of the reticulo-endothelial system. Its radioactivity is small, as 100 cubic centimeters of thorotrast is equivalent to only 1.24×10^{-6} grams of radium; and its half value is reached in ten [10] years. With blood, it is miscible in any dilution, and produces no toxic effects, immediate or remote.

Injected intraperitoneally or intravenously, it is retained by the reticulo-endothelial cells of the body, chiefly the liver, spleen, and bone marrow. Its elimination, which is very slow, occurs largely through the lungs and bile. The bulk of the injected thorium, however, is retained throughout the life-time of the individual. Recently it was suggested by Robins [1] in a preliminary report that its elimination might be hastened by decholin. With the aid of this preparation, the thorium is excreted into the gastro-intestinal tract, where a large number of thorium granules can be found.

Radt and Oka [2] were the first to use colloidal thorium in the visualization of the liver and spleen. Since then much animal experimental work has been performed both in Europe and in America. While the European investigators, notably Einhorn,[3] Buchner,[4] Held,[5] Kadrnka,[6] and Leipert [7] have been occupied in visualizing parts of the reticulo-endothelial system and in studying the rates of distribution and retention of the thorium, we here in this country have been studying the tissue changes in animals. This was stimulated by Martland's report [8] on luminous dial workers. Menville,[9] Pomeranz,[10] Pohle,[11] and Ritchie [12] have presented evidences of degenerative and cirrhotic changes in the liver and spleen occurring in from six to eighteen months after the injection, and attributable to thorium overdosage. In some cases the amount used was as much as ten times the average quantity. On this point, the recent work of Naegeli [13] is illuminating. He reported on tissue changes in the liver of a dog killed five years after the injection of thorium. The organ revealed peculiar degeneration adenomata containing clumps of thorium. There were also adhesive changes around the splenic and hepatic capsules. Clinically, however, none of his animals showed any ill effects. On the other hand, Robbins, Tripoli, and Hamm [14] found no untoward tissue changes resulting from radioactivity six months after injection. They question the interpretation of the tissue damage found by others, suggesting that similar hepatitis and cirrhotic changes could be produced by other substances, such as tetrachlorethan. Indeed, a specific instance of this type of damage has been reported by Bollmann and Mann.[15] These authors all agree that the thorium does not produce any functional damage to the reticulo-endothelial system in cases of infection.

The liver and spleen, containing large numbers of reticulo-endothelial cells, will retain the bulk of the injected thorium. The radiographs then show a homogenous shadow of these organs, which enables us to determine their size, shape, and position. After the thorium has been retained a year or more, it is redistributed to the regional hepatic and portal glands, and later to the peri-aortal nodes. This and other experimental data indicate that the absorption of thorium is not a wholly stable process. Part of the thorium is apparently again thrown into the blood stream and taken up by the reticulo-

endothelial cells in other places, such as the bone marrow. Any pathological changes producing replacement or destruction of the hepatic or splenic parenchyma will be seen as a translucency in the otherwise uniform shadow of these organs. By this means, we can determine the following conditions: In the *spleen,* secondary malignancy, cyst, thrombosis of vessels, or infarct; in the *liver:* malignancy, abscess, cyst, leukemia or other blood dyscrasias, cirrhosis, syphilis (hepar lobatum), and infarct. In the *peritoneum:* areas of metastases and localization of pancreatic or retroperitoneal tumors.

DOSAGE

A small dose, i. e., amounts of from five to fifteen cubic centimeters, may be used in such diagnostic procedures as arterio-venography, neurography (Saito [16]), and visualization of serous cavities, especially the peritoneum (Pomeranz [10]); pleura, lymph nodes, spinal canal, and even the cerebral surface (Lohr and Jacobi [17]). Recent experimental work reflects the use of minute amounts of thorium for the study and visualization of small traumatic and infectious bone lesions in animals. Solotukhin [18] found a wave-like density over the point of injury of the shaft of the femur of a dog seventy-two hours after the injections of two cubic centimeters of thorium. I have just completed a series of similar experiments, the results of which are soon to be reported. For hepato-splenography, the dosage was formerly 75 cc., but this has been reduced to 40 or 50 cc., calculated as from 0.4 cc. to 0.6 cc. per kilogram of body weight. The material is injected in two or three installments, on successive days. Smaller doses, totalling from five to fifteen cubic centimeters each, may be used in other diagnostic procedures.

HEPATOSPLENOGRAPHY

Extensive use has been made of thorium in the problem of visualizing the spleen and liver. Rigler [19] reported 174 human subjects, observed for three years. Yater and Odell [20] recently presented their experiences with 200 cases. They predict that hepatosplenography with stabilized thorium dioxide sol will eventually be recognized as an essentially harmless and clinically valuable procedure. Some of their patients who had carried the thorium for four or five years were reported to have had no ill effects. Teschendorff,[21] in a book published in 1937, omits all discussion of liver pathology associated with hepatosplenography, stating that the final action of thorium is unknown. In his opinion, pneumo-peritoneum can furnish the same help in the differential diagnosis of abdominal tumors as can hepatosplenography.

RADIOACTIVITY

Thorium is a radioactive substance. A bottle containing 12 cc. of thorotrast will blacken a film and produce an image of interposed metal in seven days. Kadrnka,[6] Oliver, and (according to Yater and Odell [19]) even the Bureau of Standards, however, consider its radioactivity negligible. On the other hand, Taft [22] had demonstrated recently by means of the Geiger counter that the ashed substance of the human liver injected with 75 cc. of thorotrast contained 1.37 micrograms of radio-active material. Martland,[8] Schlundt,[23] and the American Medical Association [24] have warned the profession of the hazards inherent in the intravenous use of any radio-active substance. Their opinion was based chiefly on experiences with the luminous dial workers, who developed regenerative types of pernicious anemia; and later, bone malignancies, due to the retention of the radio-active substance in the bones. The decomposition of this material into meso-thorium was probably a factor. According to Martland,[8] the danger lies in the continuous bombardment of the bones with alpha rays of thorium. When prolonged over a period of many years, this enhances the induction of malignant bone tumors. The smaller the initial dose, the less the danger, and the longer the latent period before the onset of symptoms. Some of the dial workers developed bone sarcoma ten years after exposure with as little as two micrograms of radio-active substance in the bones. Gye [25] recently reported the experimental production of osteosarcomata in animals with thorium dioxide sol. The elapsed time of seven years is, in the opinion of Martland,[8] a criterion entirely insufficient for the

establishment of the harmfulness of the thorium.

HARMFUL EFFECTS

From this brief review, it is apparent that on the question of the safety of this medium there are two schools of thought. One considers it hazardous, the other thinks it harmless. Evidence can be cited to support either contention. What is our own stand in this matter? I shall formulate it in this manner:

The routine, indiscriminate use of colloidal thorium is prohibitive because the drug is definitely radio-active, and may induce late bone malignancy. The time factor is contingent on the dosage; lack of development of malignancy seven years after injection is not evidential of the menace of the drug, nor is it proof of its harmlessness.

Doses of about fifty cubic centimeters, suggested in hepatosplenography, should be employed only in elderly patients with incurable diseases. This dosage might also be used preoperatively for diagnostic purposes in cases of abdominal or breast malignancy. In a word, dosages of such magnitude may be used in incurable conditions where it will help in the diagnosis, because in these cases, the lowered life expectancy of the patient necessarily reduces the hazard of radio-activity. In such cases, every effort should be made to secure an autopsy for further study of the tissue changes. Many of these patients will live more than five years, and microscopic studies in such instances are especially valuable.

Dosages of about 15 cc. should be used diagnostically only when other methods have failed. Here again, the subsequent study of the case should be thorough, with particular regard to the accumulation of histologic data.

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CONDUCT DISORDERS IN CHILDHOOD

By Leslie B. Hohman, M.D., Baltimore, Md.
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Read before the Pediatric Section of The Medical Society of New Jersey at its 171st Annual Meeting, April 29, 1937, in Atlantic City, N. J.

The pediatrician and the psychiatrist are each interested in the treatment of the psychologic difficulties of children. The pediatrician, however, is really more in need of a sound understanding of the normal psychology of children than is the psychiatrist, because the doctor in contact with both physically sick and well children must needs be educator, and only rarely does he have to be quasi psychiatrist. Furthermore, it is the work of the pediatrician to be a prophylactic psychiatrist. Therefore, I feel that it is important that the pediatrician become acquainted with the methodology and outlook of psychology,—particularly medical psychology. I think the pediatrician should occupy a position in psychology analogous to the school physician in the physical health set-up of the schools. The heads of the physical education department provide normal and wholesome exercise, and proper ventilation and adequate play. The school physician is interested in the control and prevention of disease. The treatment of disease is a field for the physician divorced from the school.

EMOTIONAL TRAINING

Now, on the mental side the educator is primarily oriented toward the acquirement of intellectual technic, and the expression of normal emotional needs. He is not very interested in the prevention of mental abnormality. Between the field of the development of intellectual technics and the treatment of abnormal conduct disorders there is a large field of psychologic need which neither the educator nor the psychiatrist can fill. This is the job of the pediatrics psychologist and it is to him that I would direct this talk.

Whenever I talk about the training and direction and correction of children, I find myself driven to discuss before all else the problem of hereditary or constitutional endowment. I find myself frequently overstating my case against the hereditary and constitutional elements of human endowment. I ask myself, "Why do I get driven to this position?" I do not believe it is stupidity on my part, or unwillingness to face frankly what is inborn or purely dispositional in human beings; nor do I think I am blinded by an undue optimism.

I believe my attitude comes as a reaction against the psychologic blindness of the present-day beliefs about the directing of human conduct and behavior.

Who would today recommend so inefficient a method of educating children in the intellectual fields and technical skills as that which we follow in the field of emotional and behavior training of children?

If I were to suggest to you that all children be given their intellectual education by remaining at home with their parents, servants, and neighbors, and that instruction be given the children when by accident the child had a desire to know something or when his lack of knowledge made him unable to buy a pound of sausage, or unable to look up a movie list in the newspaper for his parents, and then to let the adult give him a few minutes of inconsistent instruction, I am sure that you would think I was as mad as my hospital clientele. Or if I were to suggest that piano playing could be learned by simply relying upon the inborn musical ability of the child put into a room with a piano without any insistence upon practice or instruction, you would say that I didn't know anything about education. Would I be remotely justified in concluding, if the child in the room with the piano, without practicing and without instruction, did not learn to be a brilliant musician, that the child was born without musical ability? Yet we know that some children do pick up quite a bit of information without being taught in school, and do learn to play the piano by ear without instruction.

Now the method of intellectual and technical-skill learning just suggested is not far from the

method used by the average teacher, doctor, parent, or nurse in the field of emotional and behavior training.

As some children just happen to pick up information without any schooling, or just happen to learn to pick out tunes on the piano, just so some children "happen" to "behave" reasonably well emotionally, and happen to be able to learn the ability to get along in the world without training. But I insist that nobody is today willing to leave the learning of knowledge or special skills to the "just happening". If we did, we would conclude that the native or inborn educability of human beings both as regards knowledge and special skills was very low. There certainly would be a very low general level of knowledge in the community, and no musicians at all.

But in the field of the emotions and human behavior, we are ready to accept the "chance" level of emotional and behavior educability and to regard it as fixed and for the most part the result of inborn disposition.

TRAINING TEACHERS TO TEACH

Again in the field of education and the teaching of special skills we require very special training for the teaching of children. Teachers must be educated thoroughly in educational theory and practice through several years of college training. For the teaching of special skills we require even higher standards. Yet in the field of emotional and conduct training practically anybody, no matter how unlettered, no matter how unstable, no matter how untrained, is regarded as qualified to guide. Leaving aside the average parent who has no training whatever for raising children, how much training has the average nurse girl or servant for handling any problem in the emotional sphere? Parents may happen in the rare case to be intuitively skillful in this field, but this is only the very rare case. Actually how much does the average physician or pediatrician know about scientific psychologic theory or practice? Even the best of parents and physicians are apt to say that good common sense is all that is required. Now how much value has good common sense in the treatment of children's diseases without a knowledge of bacteriology, immunology, surgery,—in fact, all the special technical knowledge of pediatrics? I hardly know one good or bad pediatrician who does not feel himself qualified to discuss the psychologic training of children without any special knowledge of psychiatry or psychology. Almost invariably when children begin to turn out badly in the emotional or conduct spheres, the parent and the teachers and physicians are surprised that loving common-sense care should have failed; they immediately conclude that the child was born inferior, or unstable, or criminal.

I feel that if we make the comparison between medieval and modern medicine, we would find that most of our concepts about psychologic training belong to the medieval side.

PURPOSE OF BEHAVIOR

Perhaps now it might be wise for me to tell you some of the things that I think you should know, rather than quarrelling with you about the things you think you know.

I have formulated a rule about the training of children which I know to be empirically true. Empirically, I say, because I have tried it often enough to make me certain that it is a fact. The rule is to the effect that no child holds onto any pattern of behavior (including emotional, or conduct response) unless it serves the child some useful purpose. Now that purpose is frequently bad for the child, and more frequently worse for its future adulthood; but there is always a purpose served. As soon as the environment robs the behavior of the possibility of serving this purpose, the pattern of behavior drops out, and will be reinstated again only when satisfaction is permitted to accrue to a repetition of the behavior.

How long does a baby cry at night? Only so long as it has a chance of being picked up, or being fed, or getting attention.

How long will a child continue to have temper tantrums? As long as a tantrum will produce a stick of candy, or the achievement of some desire, or the reversal of some parental command.

How long will a child refuse unliked food?

As long as there is a chance to get other food of its liking.

I have asked these questions to you as pediatricians because I take it for granted that the answers are matters of common pediatrics knowledge.

Now let me ask some analagous ones, the answers to which may seem less obvious.

How long will a child remain fearful of the dark?

How long will it be fearful or shy of strangers?

How long will it be tearful or pout after it has been thwarted or injured?

How long will it remain excited at a birthday party? Or again to turn from the purely emotional sphere to conduct?

How long will it invent fanciful tales or tell lies?

How long will it be impudent?

How long will it be rude?

How long will it steal? How long will it be disobedient?

Let us consult our rule,—*only so long as the pattern of behavior serves some purpose of satisfaction for the child.* Rob the behavior, be it in the conduct sphere or the emotional sphere, of its end or aim, and the pattern disappears. I am sure that many of you will not believe that I am correct in this because you will say what purpose or aim can unhappiness serve? What purpose can fear serve? The answer is—the same kind of purpose that the crying of the infant does, when it wants to be picked up; or the purpose that is attained by refusing any kind of food; or the purpose that is served by a temper tantrum.

Let me give you examples. Frankly, I do not expect you to believe me because your human sympathies will be aroused, and you will be saying to yourself, "How unsympathetic to treat a sensitive child in this way. I don't believe it will work."

Here are two little girls both eleven years of age—both fearful and unhappy about death. Both children are very well behaved, obedient, thoughtful, very intelligent, gentle, and friendly. Both are models in school and at home. Neither could by any stretch of the imagination be thought of as a problem child.

The one had always been afraid of the dark. For two years before the appearance of death fears (accompanied by anxiety symptoms of shortness of breath, palpitation, and the sense of impending death) I urged the mother of the little girl that she was unwise in yielding to the child's desire to have a light in her room at night. The mother felt that the child was too sensitive to force the issue. As friend and not physician I volunteered no further advice. But two years later a pediatrician asked me to see the child professionally because on the several preceding nights the little girl could not sleep, had developed anxiety symptoms, and was afraid she was going to die,—because she couldn't get her breath and thought her heart was going to stop. The pediatrician could find nothing wrong and therefore asked me to see her.

What does the rule say? Get rid of the satisfactions accompanying any mode of behavior. What are the satisfactions here? Attention from the mother, and sympathy from the mother. Rob the pattern of these satisfactions, and the pattern will go. We did this! We closed her door at night, turned out the light, and assured her that no amount of fear or crying would bring her mother to her, and it did not. Within three nights she was back on normal sleep. The fears, as far as objective observation or behavior could indicate, were gone. In fact, two years later there was no memory of the fears. At least when she teased a younger sister about a minor fear, I could elicit no memory in her of her former fears.

The second little girl became fearful of the imminence of death after her intimite friend, a child a year older, had told her of the possible death of a cardiac grandmother. My patient reassured her friend, but fell heir to the same fear when she discovered accidentally that a friend of her own mother had dropped dead suddenly. She began to fear for the life of her own mother, and then for her own life. The school physician helped her by reassuring talk, but the fear recurred in a few days and the unhappiness became so profound that the school physician thought she should see a psychiatrist especially when she found that she could not reassure the child a second time.

Interesting facts in this child's background were these—the mother had had some unreasonable fears herself; also, in addition, unhappiness was able to compel sympathy and attention in the household. There was not much unhappiness in the household; but when it did exist, everybody gave sympathy and attention. The mother was really a very intelligent woman and gave evidence of her intelligent handling of this child when she had refused to permit her to be promoted into a higher grade in which the child could have competed successfully on the intellectual, but not on the emotional and social side.

Now we used the same rule. We told the little girl that we could not give her real reassurance about the danger of death—nobody could. We insisted that people did not and could not live in the aura of potential danger, but had to live as if there was not to be catastrophe. We then told her that if she insisted upon being unhappy she would have to have the experience alone. As soon as she felt as if she must weep or appear downcast, she was to go to her room and stay until she had mustered sufficient control to conduct herself as if she were cheerful. Four hours the first day, and then one hour the second day were enough to change the mood. Nobody had paid the slightest attention to her, and nobody showed any signs of sympathy. Every bit of accessory satisfaction was eliminated from the dramatic unhappiness, and the unhappiness disappeared.

Why should unhappiness disappear, or why should fear disappear when accessory satisfactions are eliminated? I insist that this follows from the nature of the conditioning of emotional behavior.

REINFORCED CONDITIONING OF REFLEXES

If we return to the classical experiments of Pavlov on the conditioning of the alimentary reflex, we must realize that even the most thoroughly set conditioning requires reinforcement from time to time. That is even if we so condition the animal that it responds regularly with salivation when a bell is rung, nevertheless it is necessary from time to time to give the dog meat. If we fail to reinforce or offer reward after repetitions of the conditioned stimulus the reflex is extinguished; i. e., the dog will not salivate when it hears the ringing of the bell. Now the whole set-up of the conditioned reflex requires the use of reinforcement,—and reinforcement is just a type of reward or aim. The failure of reinforcement or reward means the extinguishing of the reflex temporarily, and finally permanently. This holds as true for desirable as for undesirable conditioned reflexes. All conditioned reflexes are builded in the same manner. They always make use of an unconditioned response, and the simultaneous use of a new stimulus. The unconditioned reflexes, as you know, are present at birth, or appear in the course of growth development, and do not have to be taught or learned. The first time food is put into the mouth of the newborn, alimentary reflexes are set going. The first touching of the lips of the infant starts sucking movements. The group of unconditioned reflexes is not limited to the alimentary responses, but includes in addition to the secretory and the motor group, a definite group of emotional responses. Release the support from a new-born infant, or let it hear loud noises, and a response is elicited which resembles what we call fear. Restricting the free movements of the infant causes a reflex which looks like anger. Pain or hunger arouses something very like unhappiness—fondling and stroking something like happiness.

The infant or animal has only these unconditioned emotional responses to start with, but immediately the process of connecting itself with the outside world begins, and this is done by means of its cerebrum—through the mechanism of the *conditioned reflex*. These unconditioned reflexes exist in the absence of a cortex, but not so the conditioned responses. Destroy the cortex, and you destroy the ability to establish conditioned reflexes—those reflexes which orient the child to the outside world.

It is important to stress the idea of "reflex", because widespread cortical connections can, and are, made without any intervention of purposive or so-called conscious activity. The conditioned reflex works as automatically as any other physiologic function. The range of stimuli is great in cerebral physiology, and the possible number of combinations is very large,

but the patterns formed are automatic and understandable.

An interesting example of cortical connection is given in the following:

If we inject morphine into a dog, we will get sweating, salivation, vomiting, and then sleep. Apparently there is some sort of center in the brain which controls vomiting and sleep when stimulated through the blood stream by the morphine. Now at the same time that the dog is receiving the injection of morphine he is receiving visual and auditory stimuli from the presence of the experimenter. After a number of injections, just the presence of the experimenter with the hyperdermic needle will arouse the same train of responses as did the internal physical stimulus of morphine given through the blood stream. It is clear that two separate portions of the brain—that giving rise to vomiting and sleep, and that connected with seeing and hearing,—got connected by some pathway, so that the two separated stimulated regions in the brain resulted in the same final pathway; i. e., that leading to vomiting and sleeping.

In this experiment, which was first observed accidentally and only later was subjected to experimental proof in Pavlov's laboratory, we see how very accidental and bizarre is much of conditioning.

To give an example from the emotional sphere—a little boy two and a half years of age suddenly became afraid of what was formerly his beloved goldfish. For a long time no explanation could be found until his mother remembered that just at the time that the fear developed the child had been playing with the fish during a thunder storm. Immediately the explanation was clear—loud noise had conditioned the child with fear against the fish. I think that a realization of the accidental nature of conditioning will make us understand that we do not have to assume an inborn disposition everytime we find an odd trait in the child.

As we study the conditioned reflex intensively we find that there is a constant interplay between excitation and inhibitory stimuli and often a stimulus that is excitory under one set of circumstances may under other circumstances become inhibitory. A stimulus which at one time might elicit an unconditioned response of defense may in turn become a conditioning stimulus for positive food responses —i. e., e. g. pain can be made to cause salivation if an association with food is arranged.

All conditioned responses tend to become extinguished if they are not followed by reinforcement or reward. For example, if food does not remain associated with pain by giving meat from time to time, the association is broken.

Now if we put these rules about the conditioned reflex together and look at the emotional sphere, we can see why and how our rule is made to work.

Anger, and fear, and tearfulness are unconditioned responses which are ready from birth for conditioning. Mainly by accident I suspect they get connected with a variety of circumstances in the outside world; and if rewards follow invariably or sufficiently frequently, the reflex or behavior become firmly conditioned. If reinforcement does not take place in the way of rewards, the forces of inhibition come in and the pattern is destroyed or extinguished. Inhibition of rage takes place when no stick of candy follows. But on the contrary, pain may lose its painful quality if a stick of candy does follow. Now in many situations the stick of candy may be represented by a pleasant emotion; and the pleasant emotion becomes the reinforcing reward. Leave out the *reward* of the pleasant emotion, and the unpleasant emotional pattern will be destroyed or extinguished. I feel that this explanation of the nature of conditioning the unpleasant behavior accompanied by unpleasant mood, by means of the pleasant mood reward, explains the reason why "bad" behavior patterns get eliminated without positive punishment. I think it also explains why many apparently destructive patterns go on existing—we ignore the existence of the pleasant component. Often it is difficult to find or to see easily what the pleasure component is. But if we bear in mind that all condition reflexes are outside world orienting, and that they will dis-

appear if not reinforced by reward,—then the search for the reward element will be more often successful.

Let me add another point about the nature of the conditioned reflex; quantitative and qualitative strength of stimulus and strength of unconditioned reflex play an important rôle. To extinguish or destroy a strong positive reflex requires equally strong inhibitionary influences. What will destroy a weak or new conditioning will not inhibit a long-continued or strong conditioning.

Modern parents and child guiders today are trying the experiment of using words (they call it reasoning) as the omnipotent inhibiting influence. As far as I can see, this is like using a fountain spray to extinguish a raging fire. The extinguishing inhibition is not strong enough. Try to talk a child out of eating after it has been starved for two days—that is when the hunger drive is powerful. Of course the same words may be effective when the child has just been fed. Talking a child out of a temper tantrum is about as sensible as allaying hunger with an oration. The inhibiting influence must be of the same order of strength, as the positive conditioning. Furthermore, the very nature of the type of the conditioned reflex may eliminate from usefulness such inhibiting factors as time or talk. I don't believe that the criminal impulse which is built upon strong defense reactions can ever be counteracted by the weak inhibiting force of words.

Words if continually used as part of a compound strong stimulus do attain high degree of inhibiting influence; but the important part of the compound stimulus is not the words. To say the thing quite simply—advice and exhortation by the parent are effective in just that measure that the child knows the parent *means business*. If the parent always means business, the words are always effective.

In the vast majority of cases of parental talk there never has been any action, and probably never will be. Talk is not part of a compound stimulus,—it is parent-sung solo without any sustaining accompaniment.

PUNISHMENT

Frequently in emotional and behavior conditioning you cannot reproduce the simplicity of the laboratory experiment. Forces are entering the life picture of the child so that one cannot work with the simple passive inhibition of "no reward"; other influences enter to distract the order of the making or unmaking of simple reflexes. Just as a dog's positive reaction to the sight of meat may be upset by the entrance of a stranger to the experimental laboratory, or just as a negative response to this sight of meat may be made positive by the same circumstance, just so changing circumstances may affect the child's patterns. Furthermore, in practical life we often do not have time for the slow method of oft and long-repeated stimulus; and what is more important, few parents have the patience and energy for the slow method. Then we must make use of the negative inhibition which we call *punishment*. Rats will learn more rapidly if we not only reward the search for food when they enter a green-lighted chamber—but punish when they enter a red-lighted chamber.

A temper tantrum pattern will disappear if no reward ever follows—tearfulness and unhappiness will go if no rewards ever follow. But it is often too difficult to arrange the environment so that rewards cannot follow. The old grandmother is always ready to interfere and offer solace or sneak a piece of candy to the child. The child will often have a tantrum when strangers are in the house and the mother feels she cannot afford a scene. Impudence in front of strangers is to be avoided at all costs, or will be used just as the parent is getting the child ready for a party at the boss's house; or children have been invited in for a picnic, and ad infinitum. Life is too complicated for waiting, and for the patient and slow conditioning method. We must be ready to use strong, negative inhibitory conditioning,—in the form of punishment.

If parents and educators understood the nature of the conditioned reflex, they would not always seek for the gentle, noncoercive methods. If you could keep the child isolated like a laboratory animal, these slow, patient methods might work; but you can't keep the

child isolated, nor can you give to the parent the patience and interest which the laboratory experimentor has. We have to use the methods which are workable in a rapidly changing environment when there is a premium on speed. Therefore, you must use punishment as well as reward to meet the needs of the world in which we actually live.

Why do I emphasize speed? Because I think that human material loses its maleability as it approaches adolescence. Patterns tend to get progressively more fixed as the child progresses from infancy to the age of fifteen. It does not acquire absolute fixity, but almost complete rigidity. This is in part due to the nature of the animal, but also in part due to the inability of the environment to continue to act as a moulding force. Issues in adulthood are no longer decisively drawn. The adult can frequently escape that environment which tries to draw the issue. The parent and school is in position to educate a child in language, but the adult is only rarely educated about correct speech.

Lying can be made an issue with a little boy, but the adult can usually find somebody who will bear with it. Even if the adult loses a job through lying, the employer won't tell him the truth of why he lost the job, or the offender will have an excuse that will satisfy him.

At any rate, I feel certain that any behavior patterns can be effectively altered before the twelfth to the fifteenth year; and few can be changed after that time.

This is additional reason why we cannot wait for the slow method, but must have the courage to use the punishment method. Time is truly "in child training" an essential element of the contract.

Let me conclude with two or three examples. First, a girl of eleven years, who is doing very poor work in school. Her teachers think she is dull, and her mother is fearful that they are right. In addition to this, she is mean and disagreeable. The teacher reports that she cannot make her concentrate on her lessons.

A detailed analysis of the origins of her behavior is impossible because of lack of time, but these facts are true: She is overdeveloped socially, so that she has a ready capacity for making superficial human contacts. She has an enormous overwhelming desire to be in the limelight at any cost.

The combination of these two desires absorbed all her energy and interest up to the time of the reconditioning experiment.

Our problem was to divert the useless behavior into work interest.

How was it to be accomplished? We had to make our approach by putting this child in a vice-like routine. From 5 to 5:30 she took her bath; from 5:30 to 6 she did her piano practicing; from 6 to 6:30 she had supper; from 6:30 to 7 she did arithmetic; from 7 to 7:30 she did geography; and from 7:30 to 8 she did reading. If the arithmetic before supper didn't get finished, she didn't get any supper. If the rest of the routine failed, the week-ends were devoted to her bed, more arithmetic, and more geography. Any evasion of work brought isolation and deprivation of any entertainment. Once the routine confined her successfully so that her energy was dammed up completely, it had only one escape and that was through work. Her school work began to pick up rapidly, and interest began to flow into sewing and reading. Her capacity to enjoy a book was increased to the point where she actually took pleasure in books and wanted new ones. Two months earlier she could not thread a needle or sew a simple seam. By the end of two months she was making creditable dolls' clothes for a school exhibition.

One of our chief problems in this case was to persuade the mother that the adequate stimulus was not talk, but action. It would interest you to listen to this mother with her child. Imagine that you could hear it as if it were a strange foreign language. As long as the mother puts out words, the child is paralyzed; she cannot act; she can only make sounds herself. The minute the mother's talk stops, the child begins to move into constructive action. It's just about that automatic.

Another example:

We have a child of eight diagnosed as defective by some of the best psychiatrists and schools in the country. A more silly-acting moronic child you can hardly imagine. She could barely do first grade work at eight. She

didn't answer questions:—would ask the same question over and over; never listened to an answer; just giggled and simpered like an idiot. She went to bed at eight after much struggle, screamed until ten—with a bright light burning; arose at 4:30 to awaken her mother and be entertained until rising time; spilled all her food at the table; with other children she devoted her time to screaming, etc., etc.

Her background, in brief, was prolonged illness in infancy (probably hypothyroidism), an unhappy, over-indulgent mother and grandparents. I became convinced as soon as I observed the child that the degree of defect was being markedly exaggerated if any existed. There were too many habits which were well executed; she was able to put on her coat skillfully; she was able to execute four commands successively; the use of her hands gave the impression of a rather high degree of skill.

It was also evident that she had differential uses for her silliness. With her mother it served to avoid any obedience; with the nurse it served to command promises and rewards; with me it served no purpose and was promptly left off. Commands from me were quickly executed.

Within one week she was asleep five minutes after going to bed and with no light; in the same time she stopped awakening her mother in the morning. She no longer spills at the table; the silliness was reduced to about one-tenth; her capacity in schood was markedly increased; and her attention span has been increased from zero to fifteen or twenty minutes.

The plan of procedure was this: We felt that the child was using defective behavior for her own purposes. It kept her in the center of the stage, and bound her mother to her with cords of steel. We began by robbing silliness of any success. Instead of attention or affection, she began to find silly behavior resulted in isolation and maternal displeasure. If she screamed for a cake, she didn't get a cake,—she got bed; if she spilled at the table, all food was removed; if she didn't eat soup, there was no further food available; if she asked questions to which she knew the answers, she didn't get attention, she got only silence—etc., etc.

She is being conditioned as if she were a laboratory dog, and is beginning to resemble a human being.

I would summarize by saying that I believe that the more we understand the physiology of the human brain as the physiology of the conditioned reflex, the more intelligently and successfully we will train the child. We must recognize the tremendous possibilities of the conditioned reflex, especially in the emotional and conduct sphere.

Any pattern, no matter how bad, can be changed if the child is caught early enough (before twelve years of age), but speed is important, and fortuity cannot be trusted—fortuity can work badly as well as benignly.

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THE SELECTION OF TREATMENT FOR THE TUBERCULOUS PATIENT

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Modern diagnostic and case-finding methods are bringing, and will bring, to physicians more tuberculous patients in earlier stages of the disease, and it is hoped and expected that the present task of treating most patients in the advanced stages will gradually change. Added to this prospect is the accumulation of a far broader knowledge of the origins, ways of progression, and modes of healing of tuberculosis than we have possessed heretofore. Then, too, therapeutic procedures have multiplied and become more effective. All this change places upon the physician new obligations in selecting the proper treatment for the individual patient. The once-accepted idea that this consists of running a certain gamut of

procedures in regular order must be entirely discarded. We are now at the place where a fine discrimination in adapting the treatment to the patient and to his lesion is possible and necessary. Today this is the only attitude which can be considered medically sound and scientific.

BASIC PRINCIPLES

The following discussion is not intended to include complete and comprehensive details, but rather to suggest a system of reasoning which may be applied in any case where the question of treatment arises. It is only by consideration of these basic principles that one can arrive at the point of good and accurate discrimination.

It is assumed first that a tuberculous lesion has been detected in the chest. It is also assumed that, if tuberculosis is found in some other part, the physician understands the necessity of an examination of the chest, including an x-ray, since the first lesion is almost always located here, and is likely to be the source from which lesions elsewhere take their origin.

The great desirability of *early diagnosis* cannot be overstressed. Advanced disease usually leaves some permanent disability regardless of the success of treatment and by whatever brilliant methods this may be accomplished. It is only by finding and treating the case in the very early stages that such disability is likely to be avoided, and a true and complete clinical cure accomplished.

Investigations of late years emphasize more and more the wisdom of considering tuberculosis a *systemic disease*. In many or perhaps the majority of cases tubercle bacilli escape into the bloodstream at some time, soon or late, after the first infection has occurred, and may, therefore, set up secondary lesions in tissues outside the lungs. These may never exceed the size of microscopic tubercles. In other instances small caseous foci are left, to remain dormant for a time but to become a real threat in future years. In still others, the secondary hematogenous lesions progress at once with local or systemic manifestations. These, of course, should be identified by the complete physical examination which every tuberculous patient should have. If the disease is confined exclusively to the lungs, the problem of treatment is that much simpler, but there should always be an alertness for possible developments in other parts.

EVALUATING THE LESION

The diagnosis of tuberculosis must be followed by the formulation of judgment concerning the need for treatment. Here again one must think of the fundamental pathogenesis of the disease, and try to determine just what position in the pathogenetic picture is occupied by the demonstrated lesions. Obvious questions are: Does the lesion represent the old residue of a calcified primary complex? Or, does it represent an early infiltration resulting from a new infection from without or by a reawakening and extension of an old lesion within? Often the answer can only be presumed, but even this is useful.

An estimate of the potentialities of the discovered lesion should be made. A scarred or calcified lesion in a man of fifty is usually not a great hazard; but a small infiltration in the lung of a young girl which shows only in the x-ray as a patch of cloudiness not more than one or two centimeters in width, is a serious and immediate menace, because it is by the rapid caseation and excavation of this early infiltration with aspiration of infectious discharges into the surrounding air spaces that the extension of tuberculosis into advanced stages occurs; and this is most striking in the adolescent or young adult person. Potential hazards are visualized on the basis of a thorough knowledge of such facts.

Existing and immediate hazards are more obvious. Thus the danger of hemorrhage is easily appreciated because of the frequent sequel of posthemorrhagic tuberculous bronchopneumonia, and the hazard of spontaneous pneumothorax is apparent because of the striking clinical picture of distressing dyspnea. More or less concrete examples of cases are cited below to indicate how the estimate of the need of treatment may be made.

CALCIFIED LYMPH NODES

Treatment is obviously not required in healthy children who, on x-ray examination, are found to have *calcifications* in the lungs or bronchopulmonary and tracheobronchial lymph nodes, indicating the residues of old primary infections. During the pre-adolescent years it is seldom that such lesions progress. Often, however, the healing is not as complete as it looks, or there are associated and invisible *caseous* lesions, especially in the lymph nodes, and these constitute a certain threat during adolescence and early adult life. It is wise, therefore, to advise a chest x-ray once a year as a part of a health examination.

A positive *tuberculin* skin test in children may be taken, alone, as evidence that a lesion is present, even though minute and, therefore, not diagnosable. The x-ray and other examinations are negative, but, nevertheless, such children are entitled to similar health examinations, especially during adolescence. This follow-up is the best means of determining whether the lesions remain stabilized, and of detecting dangerous extensions in their earliest phases.

Treatment obviously is not required in healthy adults over thirty years of age who on x-ray examination show small isolated calcified or scarred tuberculous lesions in the lungs. Repetition of the x-ray once a year is a sensible part of the health examination.

FIBROTIC LESIONS IN ADULTS

Treatment is probably not needed in most persons past thirty who have moderate lesions involving localized areas, sometimes in both lungs, as long as the general health is good, and the lesions appear *fibrotic* and there is no evidence of fresh infiltration or excavation. At times, a few râles may be heard in these areas, but tubercle bacilli are not present in the sputum, if there is any. Nevertheless, such patients should be observed closely. They may be allowed to continue their usual activities, but should have examinations, including x-ray, every two to six months until the stability of the healing is assured; then once a year.

There are more advanced lesions of a fibrotic character producing disability which can be called mainly *mechanical*. These are cases of healed and fibroid tuberculosis in which there is considerable dyspnea, weakness, and possibly some cyanosis resulting from the decrease of respiratory capacity. This is due not only to the fibrosis, but also to the associated emphysema and immobilization of the chest by pleural adhesions. The tuberculosis, in itself, may require no treatment, and the only need is for a sheltered environment to guard against physical strain and acute respiratory infections which, when they affect such lungs, may be disastrous. Periodic medical observation is indicated mostly by the subjective symptoms.

SMALL SCARS AND NODULES IN ADULTS

Treatment is probably not needed in apparently healthy people between twenty and thirty who carry only small scars in the lungs or tiny discrete nodular deposits at the apices. However, there is a certain threat in these lesions and it is not always easy to decide whether the scarring is real or just an x-ray appearance. While an active life need not be forbidden, it is desirable to have a series of roentgenographs, once a month for the first three months, then every three to six months, and finally every year.

Treatment is probably needed in people over twenty who are found to have lesions one centimeter, more or less, in diameter, where there is reason to believe that fibrosis has not been established. Except for the roentgenogram, which is properly a part of the physical examination, there may be no abnormal physical signs, but, if there are vague symptoms of underweight, loss of weight, or lassitude, with or without fever, it is best to advise a period of several months' observation, during which time the patient should be resting. In some cases this had better be bed rest. X-ray examination every two weeks to one month will determine with considerable certainty whether or not the lesion is stable, and information may be gained by periodic estimation of the red cell sedimentation rate. It must be remembered, however, that a potentially serious lesion definitely in need of treatment may not cause an acceleration of the sedimentation rate if the patient stays in bed.

It is good practice to divide so-called *observation cases* into those which may be observed without interrupting the usual activities, and those who are observed under conditions of rest, sometimes strictly in bed.

BRONCHO-PULMONARY NODES

Careful management is obviously needed in infants and young children with apparently recent and fresh lesions in the lung or broncho-pulmonary nodes. Except where home conditions are grossly unsuitable, institutional care is not necessary, and the important thing is to keep up the nutrition and carry out faithfully what would be considered an ideal pediatric and hygienic routine. Even though the lesions may be considered due to primary infection, they should not be regarded lightly. After such children are removed from the sources of infection, there is still a threat that all may not go well. This is more true of negroes than of white children.

FRESH, ACTIVE LESIONS

Prompt and active treatment is obviously needed in any patient of whatever age with fresh tuberculous infiltration in the lung,—a cavity, positive sputum, fresh pleurisy with effuson, or any other active extra-pulmonary tuberculous lesion.

EARLY INFILTRATIONS IN YOUTHS

Special stress should be laid on the necessity of treating the early small infiltration discovered in adolescent youths or young adults. Prompt and proper treatment of these lesions would do more than anything else to prevent the development of advanced cavernous tuberculosis.

It may be repeated that these early infiltrations in adolescent youths are more likely to caseate and progress, than they are to absorb, unless treatment is instituted. Physicians often hesitate to advise the sacrifice of time and expense necessary for treatment in these cases, particularly if physical signs are lacking and symptoms are vague or absent; yet we have every evidence that postponement of treatment invites advancement of the disease, much more sacrifice of time, much more expense, a shortening of life, and, when the cavity and positive sputum appear, the infection of others. A third-year medical student knows then that treatment is needed. The mature physician should know that the intelligent thing is to treat tuberculosis before this event.

Treatment must be whole-hearted and without compromise if a cure is to be expected. This means strict bed rest, even though symptoms subside and the red cell sedimentation rate becomes normal; to be continued for at least two to three months and sometimes longer. Young people do best to spend the time in a good sanatorium where education in a way of life is a recognized and important part of the regimen. Most of these patients get well without pneumothorax or surgery. Proper observation, with roentgenographs taken every one to four weeks at first, soon distinguishes the patients in whom the lesion is doing well and the few who will need pneumothorax or phrenic nerve interruption because of a tendency to progression or excavation. The time required for adequate arrest and healing is usually close to a year, and this is true regardless of the method of treatment if the physician is planning not merely to secure an arrest but rather to secure an arrest which will be durable and not likely to be followed by a relapse in later years.

SURGICAL TREATMENT

In more advanced cases, particularly if a cavity is present, the question of supplementary pneumothorax or surgical treatment arises at once. I stress the supplementary place for such therapy because there is no justification from eperience for the view that these measures are substitutes for the rest cure. If the disease is serious enough to require pneumothorax or surgery, it is serious enough to require rest, usually for a few months in bed.

That a certain number of patients with moderately advanced, and a few with far advanced tuberculosis and small cavities recover without artificial collapse of the lung, is a well-known observation. Once an arrest has been accomplished, these people are to be considered fortunate that they did not have to undertake the hazards of such treatment, because it will

not be denied that there are such hazards. It is desirable, therefore, always to raise the question whether there is a reasonable prospect of recovery without pneumothorax or surgery, and it may be preferable to sacrifice more time rather than to undertake these treatments, though recovery may be accomplished either way. In this choice, the patient should have a part. There are those who clearly cannot recover without supplementary aid, and then the physician may use all of his persuasive powers in order not to pass by the opportunity. These are usually the cases in which the disease has extended with excavation beyond limits where recovery otherwise can be expected, and those in which a certain and perhaps marked degree of healing with fibrosis has occurred, still leaving, however, the open upper lobe cavity which is a potential source of trouble.

PHRENIC NERVE SURGERY

Evulsion of the phrenic nerve for permanent paralysis of the diaphragm, once popular, is now seldom employed. Temporary paralysis by crushing the nerve has a limited place. This is preëminently in the case in which there is a rather isolated, fresh, thin-walled cavity situated some distance from the pleura, and without much surrounding infiltration. If the cavity is situated close beneath the pleura, and the pleura is adherent over it, then for obvious mechanical reasons, paralysis of the diaphragm is seldom effective.

In the presence of very extensive pulmonary lesions, phrenic crushing is almost always futile and may only increase respiratory embarrassment. Likewise, in dense fibrotic upper lobe lesions, paralysis of the diaphragm leads only to reduction of the capacity of the healthy lower lobe, and therefore is contraindicated. When a thoracoplasty is contemplated in the near future, a paralyzed diaphragm is a positive hazard since it increases the chances of postoperative pulmonary complications.

ARTIFICIAL PNEUMOTHORAX

Artificial pneumothorax is generally accepted as the preferred and most effective supplementary means of relaxing or collapsing the lung in moderately or far-advanced cases, provided pleural adhesions do not interfere. Its effectiveness varies not only according to conditions in the chest, but also according to the training and judgment of the physician. In inexperienced hands it is likely to do more harm than good. The technic of giving pneumothorax, while important, is simple to master in comparison with the judgment which must be exercised in the management of the treatment; and, for this, one should know the characteristics of various types of tuberculous lesions and a good deal of pulmonary physiology. With the more acute lesions, for instance, there is an optimum time to start pneumothorax which may require waiting a few weeks or months.

Pneumothorax is often the best means of treating the *hemorrhage case,* but, if reasonably safe, it is best to wait until accumulated blood is cleared from the lung; otherwise, the course may be febrile and stormy from the start. In fact, we are just starting to learn how to use this excellent treatment with proper discrimination. Sufficient collapse may be hindered by small string-like adhesions, or by the resistance of infiltrated or fibrotic lung. It should be appreciated that much may be accomplished in such cases by the proper spacing of refills, realizing that gas is absorbed rapidly from the pleura in the early stages of the treatment. During the first one to three months refills, given daily for a week or so, and then every other day, frequently accomplish a harmless stretching of adhesions and closure of cavities. The purpose of such frequent refills is to maintain pneumothorax at a fairly constant level, and to avoid the alternating partial expansion and collapse of the lung when air is given only once every week or so. In other cases the refills must be increased in quantity as well as frequency to produce expiratory pleural pressure above atmospheric. Thus, a maintained pressure of plus four to eight cm. of water accomplishes the purpose in an additional number of cases. Higher pleural pressures are not needed or used except where the pleura is thick and rigid, and seldom are of much advantage. Given prematurely and carelessly, they are attended by actual danger.

Inadequate pneumothorax, continued too

long, is to be condemned. A pleural pocket holding only 100 to 200 cc. of air usually is an indication that pneumothorax cannot suffice except perhaps as an emergency, and it is futile to continue. Even if the pleural space is large, pneumothorax will seldom prove adequate when there are broad surface adhesions holding the lung close to the chest wall and preventing the closure of cavities. Occasionally it may lead to temporary amelioration of symptoms and may serve as a preparation for thoracoplasty, but otherwise it should be abandoned. As a rule, this can be determined within a week to several months. Persistence may lead only to complications, especially pleural effusion, which is a disadvantage when thoracoplasty is undertaken.

PNEUMOLYSIS

I cannot view the Jacobeus or *intrapleural pneumolysis* operation as favorably as some other persons do. Adhesions which are easiest to sever by this means usually can be stretched. Stretching, accomplished carefully, as suggested above, is not usually risky, but it takes more time. Aside from the fact that adhesions may contain blood vessels or lung tissue, they also usually contain tuberculous tissue and tubercle bacilli, accounting for the high incidence of tuberculous serofibrinous pleurisy and empyema, sometimes with bronchopleural fistula, following the Jacobeus operation. It is fair to say that these complications are minimized when the procedure is carried out by those who have the longest experience and most highly developed skill. The procedure has a place, but is usually not justified merely to save time when properly continued pneumothorax would accomplish the same result.

The bane of pneumothorax treatment is tuberculous effusion and empyema. At best, fluid is absorbed and the pneumothorax goes smoothly. At worst, the empyema becomes chronic and intractable. In between we see many effusions which lead to fibrous organization of the visceral pleura and interfere seriously with the reëxpansion and functioning of the collapsed lung. Therefore, pneumothorax should not be given unless there is a real need. The assumption that it shortens the period of treatment is too often a myth. It is often a life saver, but when life and health may be saved without it, it is not often a time saver.

THORACOPLASTY

Thoracoplasty is not to be discussed here at length. The point I should like to emphasize mainly is that time should not be wasted in trying other measures beyond the point where these are obviously futile. Temporizing may only rob the patient of the chance which thoracoplasty offers him, and it must be remembered now that this operation has many variations and can be adapted to be effective in different situations. Clearly, there are patients who need thoracoplasty within a month after the diagnosis is made, usually those with chronic fibroid unilateral cavernous tuberculosis, the general health being well preserved and local symptoms not severe. At the other extreme, the usefulness of thoracoplasty may be questioned when the prospect is only for closing a cavity and rendering the sputum negative temporarily, though it is obvious that the patient will be completely disabled functionally.

CONCLUSION

The manner of selecting the treatment for the tuberculous patient has changed.

Selection should be based on fine discrimination between individual cases, on a familiarity with the modern knowledge of the pathogenesis of tuberculosis, and on experience which enables one to judge the existing and potential seriousness of the lesion.

The early lesion is still the most completely curable one; but the possibilities for the more advanced cases are bright with properly selected and applied treatment.

Prompt and proper treatment of the early lesion, even in the absence of physical signs and symptoms, does more than anything else to prevent advanced tuberculosis.

Artificial pneumothorax and surgical treatment are distinctly supplementary, but often vitally important. They are to be selected and applied not in a routine order, but with discretion and discrimination according to the special needs of the case.

MEDICAL ASPECTS OF COMA

WITH PARTICULAR REFERENCE TO THE RESPIRATORY DISTURBANCES

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A consideration of the medical aspects of coma entails, first, a definition of coma and its relative importance. Coma is a state of unconsciousness, temporary or permanent, from which the patient cannot be aroused by stimulation. It presents a medical situation of puzzling nature. Because it may be part of a critical phase of an illness, its proper analysis is not only necessary, but immediately necessary.

The illness and the associated coma may be sudden in onset, such as from spontaneous or traumatic hemorrhage of the brain. The illness may be far advanced and the comatose state a terminal and moribund phenomenon as in pneumonia or in Bright's disease; or the condition of coma may be a significant feature of an illness, such as meningitis or diabetic acidosis, which by requiring diligence of medical care will promote the treatment that may be life-saving.

CAUSES OF COMA

The causes of coma may be classified into two main groups:

I. External agents, which comprise:
   1. Traumatic injuries, chiefly fracture of the skull or subdural hemorrhage.
   2. Injury with hemorrhage and shock.
   3. Electric shock, sunstroke, heat exhaustion.
   4. Intoxication from external agents, comprising alcohol, carbon monoxide, sedatives such as barbital and its derivatives, morphine and other poisons.

II. Disease or internal agents, which comprise in their order of frequency:
   1. Cerebro-vascular conditions (hemorrhage, thrombosis, embolism).
   2. Epilepsy.
   3. Pneumonia.
   4. Meningitis.
   5. Cardio-vascular disease.
   6. Diabetes mellitus.
   7. Uremia.
   8. Miscellaneous conditions such as delirium tremens, abscess or tumor of the brain, eclampsia, cirrhosis of the liver, encephalitis, lead encephalopathy.

Alcohol is the most common cause of coma, at least insofar as records of certain city hospitals may indicate; in such institutions it is the cause of 60 per cent of the admissions of comatose patients. Of the non-alcoholic conditions, *trauma* is the most common, cerebro-vascular lesions the second most common, and poisoning from gas or other agents the third most common. The relative frequency and the mortality rate of the medical causes of coma have been considered in the studies of Bissell and LeCount [1] and of Solomon and Aring.[2] In the group with the more definite medical aspects—that is, with conditions other than alcoholism and trauma—*cerebro-vascular lesions* are the most common.

Of the group affected by external agents, the mortality rate in patients with fracture of the skull is 32 per cent; in those with hemorrhage and shock, 100 per cent; in those with alcoholic poisoning, two per cent; in those with other sources of poisoning such as carbon monoxide, nine per cent. In the group of patients with disease, the mortality rate with cerebro-vascular conditions is 77 per cent; with epilepsy, no fatality; with pneumonia, 90 per cent; with uremia, 100 per cent; with cardio-vascular disease, 71 per cent; with eclampsia, 43 per cent. In the patients entering the hospital with meningitis and coma, the mortality rate of 100 per cent is given.[2] But this is unusually high because of the terminal state that brings on deep coma. In cases with stupor rather than coma, chances of recovery are

much greater. With diabetic acidosis, the mortality rate of 55 per cent is shown; but this is for those severely ill and deeply comatose.

It is obvious that the medical conditions of uremia, pneumonia or cardio-vascular disease, if they have once produced unconsciousness, have practically run their course, and recovery from coma would alter slightly if at all the fatal outcome. In such conditions as meningitis or diabetic acidosis or eclampsia or severe poisoning, effective treatment may have life-saving value.

There are other less frequent causes of coma; if properly analyzed and properly handled the results may be most satisfactory. For instance, there is the occasional and often mystifying sudden coma in children which may develop after a mild case of measles. It is *post-measles encephalitis,* which has an incidence of about one in one or two thousand cases of measles. Recovery usually occurs in 90 per cent, and is aided by glucose solutions intravenously, and by drainage of spinal fluid. A similar and more rare occurrence is post-vaccinal encephalitis, which may appear in epidemic form, though the total number of cases will be few.

Accurate diagnosis of the cause of coma is of great importance; immediate and accurate diagnosis is of even more importance. In the study of Solomon and Aring [2] at the Boston City Hospital, 688 of 690 comatose alcoholic patients were correctly diagnosed on admission. Of 477 non-alcoholic patients, sixty-four, or 13 per cent, were not correctly diagnosed. Of the sixty-four non-alcoholic and the two alcoholic patients not correctly diagnosed, forty-seven died. It was considered that eighteen deaths might have been prevented if an early and correct diagnosis had been made and treatment had been instituted at once.

DIAGNOSIS

The procedure in the diagnosis concerns (1) the history, which is not obtainable directly from the patient and only indirectly from witnesses or relatives, and is often lacking completely; (2) the physical examination, which is always possible; (3) the laboratory findings, which may be, but usually in emergencies are not, obtainable. The physical findings are the most essential phase of the examination, and because always obtainable should receive concentrated attention. Although the history is of considerable aid, the lack of it does not prevent accurate diagnosis and treatment, and laboratory data for use in diagnosis are even less essential.

There are certain features in the physical examination that one may stress. Obvious signs of injury make such causes of coma as fracture of the skull more apparent. The odor of the breath in alcoholism is another definite diagnostic sign. In the medical causes of coma obvious features are lacking. One may consider the depth of coma, the condition of the pulse, or of the pupils, or of the reflexes. These vary without relation to the degree of unconsciousness or its cause, and do not have much diagnostic import.

RESPIRATION

In the course of a study on the respiration in dyspnea, changes in the respiration were observed which have been of some aid in the diagnosis of comatose states. Graphic records* illustrate the respiratory variations which are readily observed.

During *normal respiration*—that is, in normal adult people in the state of relaxation—the rate of breathing is 15-20 breaths per minute; the rhythm is regular and even; and the volume or depth of each respiration is moderate, being one-half to three-fifths of a liter. In children, the rate is more rapid, depending upon the age,—at birth it is usually 35 per minute; after one year, 27; after two years, 25; after six years, 22; and after twelve years, 20.[4] To the eye of the observer, normal respiration is manifest in the customary moderate excursion of the chest and abdominal muscles. There is no difficulty or delay in timing the rate while one watches quietly.

During *normal sleep* the rate is slower, being 12-15 breaths per minute, the rhythm is somewhat irregular and the depth somewhat variable. In pathologic sleep, such as in the post-

* Illustrations shown in the General Scientific Session are available in other articles. See reference (3).

encephalitic syndrome, the irregularity in the slowing of the rate and in the rhythm and depth are more apparent.

During *narcosis* the slowing becomes more marked, and the volume small. In narcosis from luminal poisoning, the rate may fall to eight or ten, the rhythm becomes very irregular, and the volume may be one-half normal. In poisoning from illuminating gas the rhythm is irregular and the volume small, but the rate may be normal or increased, depending upon the degree of anoxemia. Morphine poisoning causes the rate to be very slow—usually 6-8 breaths per minute, and in fatal amounts as slow as one or two breaths per minute, while the rhythm remains irregular and the volume small.

In conditions in which disease is the causation, the variations may be more marked. Commonly the rate is increased. During coma from *apoplexy* the number of breaths per minute is usually 20-25, the rhythm irregular, the volume variable but not large. The appearance of deep breathing may be given by the stertorous quality. Noisy breathing does not mean excessive respiratory activity, nor does quiet breathing mean normal respiratory activity.

In conditions in which the lungs are affected, as in pneumonia or congestive heart failure, the respiration is rapid, regular, but not deep. In *pneumonia* the rate is usually 25-30, when the illness is not too severe and only stupor is present. In the more serious phase, when coma supervenes and the prognosis is grave, the rate may increase to 50 or 60 breaths per minute.

Congestive heart failure, when severe, produces very obvious disturbances of the breathing, which may appear to be very irregular. However, graphic records will show marked regularity, the rate being 30-35 for minute after minute or even hours; the volume will be small,—usually one-half to two-thirds normal. During acute congestive failure, for instance the acute dyspnea of left ventricular failure in hypertensive heart disease, the rhythm is regular, the volume normal or a little below normal, but the rate increased to 40-45. When the heart failure results in cerebral anoxemia, the rhythm becomes intermittent or Cheyne-Stokes in character; the rate speeds up and slows down, averaging 30-35 for the minute; the volume increases and decreases correspondingly.

In *diabetic acidosis* the regularity of the respiration is a striking feature, though the rate is 30-35 and the volume of each breath two or three times normal. In *uremia,* the rate is moderately increased, varying from 20 to 25 or 28, depending upon the degree of acidosis; the rhythm is variable; the volume is moderate and variable. Uremic coma does not have the marked irregularity and stertorous quality of apoplexy, with which it is often confused. *Asphyxia,* such as from submersion, usually leads to apnea with periods of slow, heaving respiration.

There are other infrequent causative factors. *Hysterical coma* may present a peculiar intermittent variation; though this may have a Cheyne-Stokes character, cessation of breathing occurs during inspiration, usually seen in infants and children in a crying fit of temper. With unconscious cessation, periods of apnea occur in the expiratory position.

In *meningitis,* the respiration is almost always disturbed, and may be pathognomonic of the disease. In more severe cases, especially when coma develops, the rate is moderately increased, the volume normal, but the rhythm shows sudden recurrent interruptions,—the Biot type of respiration. This form is especially found in *tuberculous meningitis,* so much so that the combination of a child in coma with such rhythmical interruptions is pathognomonic of this disease. In milder cases of *meningococcus meningitis,* the variations are less marked; so frequently do they occur, however, that definite irregulartiy of the rhythm of the respiration in stuporous, or comatose, ill children should always suggest meningitis. Though moderately rapid breathing often occurs, interrupted breathing is more typical; in delirious patients the rate may be very rapid. The breathing is then usually nasal with the mouth closed. In pneumonia, in which the increase of rate may be the same, the breathing is oral and nasal.

Of these various features of the respiration during coma one may make a rough grouping for aid in the diagnosis of comatose states. If the respiration is shallow, slow, and irregular, conditions affecting the cortical region and depressing the respiratory center, such as illuminating gas or sedatives or morphine or encephalitis, for instance of the post-measles type, usually are present; diffuse subarachnoid hemorrhage over the surface of the brain may have the same effect. In the early stages of poisoning from external agents such as the sedatives, the respiration is *slow and shallow.*

In severe and prolonged narcosis there may be disturbance of the heat-regulatory center with marked rise in temperature and *rapid* respiration—so much so that it is difficult to be convinced that the complication of pneumonia is not present; disturbances of heat regulation from other sources, as sunstroke and heat exhaustion, may produce similar effects.

If the respiration is *rapid* and not deep, but regular, one will find severe pulmonary disease, such as pneumonia, or severe cardiovascular disease with heart failure present. Cheyne-Stokes respiration often appears with coma in the late stages of heart disease, particularly of the hypertensive, arteriosclerotic and luetic types. If the respiration is very irregular but not deep or rapid, hemorrhage in the brain is usually present. If the respiration is rapid and deep and regular, acidosis is most likely occurring. The disturbances of meningitis have been discussed.

There may be variations in the severity, or complications in the course of the disease that may alter the usual respiratory disturbance. For instance, there may be alcoholic stupor along with fracture of the skull, or a patient may be in diabetic coma developing shortly after, but not the result of, taking alcohol. In the latter case rapid breathing of diabetic acidosis will predominate, while the alcoholic odor will be present on the breath. Delirium tremens may develop during acute infections; very rapid breathing, especially on stimulation, then results from the hyper-excitability of the nervous system, including the respiratory center. Again one may find meningitis complicating lobar pneumonia; irregularity of respiration instead of the usual rapid, shallow breathing becomes then a diagnostic sign.

Disturbance of the respiration may have a prognostic as well as diagnostic value. Patients with heart disease and acute paroxysmal dyspnea, for example, have progressed so far in the course of the heart disease that the average length of life is less than two years, and often only one.

OTHER PHYSICAL SIGNS

Other physical findings naturally should receive due attention, and often provide more diagnostic aid, at least for specific conditions. Marked equilateral contraction of the pupils is an important sign in morphine poisoning. Rigidity of the neck is significant of meningitis. The uriniferous odor of the breath may indicate renal failure with uremic coma. The acetone odor of the breath may indicate diabetic acidosis, which can be diagnosed so definitely by laboratory examination. The cherry-red appearance of the lips may indicate carbon monoxide poisoning.

SUMMARY

In the diagnosis and prognosis of comatose conditions, variations in respiratory activity may be of value. The use of such variations has been explained. Effective treatment of coma often depends upon prompt and accurate diagnosis. Readily observed physical signs, such as disturbances in the respiration, may therefore be most helpful.

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A HISTORICAL NOTE ON CORONARY THROMBOSIS

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To adequately treat the historical aspects of the development of our knowledge of coronary artery disease is beyond the scope of a paper such as this. Therefore, I shall only touch in the briefest fashion upon the highlights of medical progress in this direction.

The throb of the heart and the beat of the pulse have long been known, and probably no mechanism in the entire mammalian structure has aroused greater speculative interest, awe and reverence than the orderly beating of a human heart. But superstition clouded man's vision and for centuries thwarted man's efforts to understand his own material makeup, within which the heart played so important a part. Forgotten were the early attempts at scientific medicine under the benevolent rule of Ptolemys and for close to 1400 years knowledge of heart function and its diseases rested comfortably and securely in the bosom of ignorance, carefully nurtured on the preposterous concepts of Galen and his many disciples. To disagree with any of these, even in the slightest degree, was to court the most vituperative criticisms, abuse, and revilements, not forgetting the dangerous proximity of the Inquisition, with its all-convincing purification by fire. Thus, any departure from these firmly implanted ideas was considered revolutionary, heretical, unnecessary, and what's more, damaging to the prestige of the medical luminaries of that murky period.

GALEN AND THE HEART

And what, may we ask, were some of these concepts? I shall dismiss the theories of Aristotle, Praxagoras, Erasistratus, and Hippocrates; their influence was but a momentary rift in the clouds of misconception. Let us pause for a moment and see what Galen had to say concerning the heart and its function.[1]

"The heart", he said, "is as it were a lamp or light in the middle of the body, blood being the oil that feeds the flame, and the inbreathed air that which keeps it burning. The object of respiration, therefore, is to keep the flame of the heart alive and to engender the vital spirits, not to fill the arteries with the air in substance."

Galen did not think the auricles important, he considered them merely as dilatations of the great veins,[2] while the ventricles existed for the sake of blood and the vital spirits. One of the ventricles he endowed with the function of alimentation, the other was the instrument of the vital spirits.[3] The right ventricle had, he said, a much larger charge of blood than the left one had of spirit. He also made the observation that the heart does not need any air in substance, but for coolness only, whereby it is refreshed, and this is the purpose of respiration.[4] Strange as it may seem, this absurd theory of respiration was not completely dispelled until the discovery of oxygen by Priestley, and the combustion theory announced by Lavoisier.

THE CORONARY ARTERIES

Nevertheless, to the lasting credit of Galen, be it remembered that he was the very one to describe and name the coronary arteries.[5] Although Winslow [6] gave them the name of "cardiac arteries", the earlier designation remained.

Then came an age when dogma and theory fell before a later energy provoked and stimulated by the ceaseless thirst for knowledge. Science, painfully and haltingly, came into its own. Medicine arrived; born in superstition, yet thriving in an environment of crude empiricism, it finally unfolded and developed a fuller splendor. In this manner evolved also our knowledge of the circulation. What is applicable to the whole nature of medicine is repeated in its parts; and the history of cardiac development, and finally, the crowning achievement of American Medicine, namely, our present knowledge of coronary disease, is but a miniature of the larger picture.

After the description of the coronaries by Galen,[7] little if any attention was paid to these

except for some short space devoted to them by da Vinci [8] and Vesalius [9] at the very end of the fifteenth century. However, neither of these men seemed to realize the true function of the coronaries, and it remained for Harvey, in 1628, in his "De Motu Cordis", to describe them more fully and point out their mission.[10] Thereafter, in comparatively short order, the rest of the maze was soon worked out. Lower,[11] in 1671, first demonstrated the anastomoses of the branches of the coronaries and was soon followed by Malpighi,[12] who definitely established the circuit of the blood by the discovery of the lung capillaries, thus forever ending any further disputes on the continuity of the blood flow.

Ruysch,[13] in 1704, introduced the corrosion method of blood vessel study, thereby adding much to our knowledge as well as giving us a very efficient method for future investigations. At the same time, our anatomical knowledge was materially enriched by the description of a collateral circulation in the form of those small vessels leading from the heart chamber into the myocardium by Raymond Vieussens.[14] Thebesius,[15] in 1707, described the channels from the veins to the cardiac chambers which still bear his name, and was followed by von Haller,[16] who called attention to the coronary branches communicating with the other great vessels of the thoracic cavity.

While all these great advances were being made in the field of anatomy, the pathologists, as a rule, occupied themselves with only the grossest of heart lesions, practically no attention being paid to the less striking coronary changes. However, as always, there were a few men ahead of their times who did note such deviations from the normal. Bellini [17] and Lancisi,[18] for example, mention atheroma and sclerosis of the coronaries. De Senac,[19] as early as 1749, describes ossified coronary arteries, while Morgagni,[20] anticipating the great work of Heberden by quite a few years, records cases of coronary changes and symptoms closely resembling angina pectoris, in 1760. In spite of these excellent observations, most of the clinicians of that day were inclined to ascribe the pains about the heart to the lungs or digestive tract, feeling that the king of all organs could suffer no disease.

By the middle of the nineteenth century, we find the anatomists deeply involved in the academic though important question as to whether the coronaries were end-arteries or not. Cohnheim [21] and Hyrtl [22] stubbornly adhered to the end-artery theory; this was later absolutely disproved by Spalteholtz,[23] Crainicianu,[24] Gross [25] and many others. With the aid of a special technic, Meigs [26] demonstrated the capillary bed of the heart in 1899; this method of study was improved upon by Wearn [27] in 1928, so that this intricate system can now be demonstrated in all its minutiae. However, not all of our anatomical questions are answered, for though von Luschka,[28] in 1852, described blood vessels in the valves, and his findings are upheld today by Wearn [29] and others,[30, 31] he has been opposed just as vigorously by Gross,[32] Antopol, and Sacks.[33] Thus, even now, men like Minot, Lewis, Mettier, Grant, and others, are busily engaged in further studies pertaining to the anatomy of the coronaries.

It was also in the middle of the nineteenth century that Cohnheim,[34] Weigert,[35] and Ziegler[36] began to describe coronary changes in greater detail and it was then that Cohnheim performed his now famous experiments on dogs in order to clarify the relationship between certain changes in the coronary arteries and the myocardium.[37] But it remained for Rene Marie,[38] in 1896, to give a comprehensive description of the end-results of coronary occlusion in man. This was followed by the great work of Maximillian Sternberg on the same subject.[39] The investigations on coronary changes produced by infection were conducted by Cowan,[40] Warthin,[41] Gross,[42] Karsner,[43] and Gouley,[44] in the present century.

PHYSIOLOGY OF THE CORONARY ARTERIES

While the anatomists and pathologists were struggling with the coronary puzzle, the physiology of coronary action was being neglected. Not until 1872, when Rebatel [45] first approached this subject from the experimental point of view, was there any real progress made in this

direction. Many devices had to be invented, as well as perfected, to facilitate such studies. Wiggers [46] introduced a cannula into the coronary veins, observing changes in the flow under varying conditions. Morawitz and Zahn [47] used the coronary sinus with the method devised by Wiggers. Starling [48] lent great impetus to these investgations by his heart-lung preparations, and the more complete understanding of mechanics and electricity enabled men like Anrep,[49] Rein,[50] Herrick [51] and Gregg [52] to perfect newer and more accurate devices. Having first perfected their technic, Anrep and Segall,[53] Evans and Starling,[54] and many others, were able to prove that the coronary flow was almost entirely dependent upon the vasomotor changes rather than the mechanical effects, as had long been believed. It was mostly through their work also that the question of time necessary for greatest coronary filling was settled. It was Brown-Sequard [55] who most definitely established the vasomotor control of the coronary flow, thus stimulating further studies on the exact innervation. Much of this was done by Porter [56] in 1896, to be followed by Woolard,[57] Greene,[58, 59] Drury and Smith,[60] Wiggers,[46] Ivy,[61] and Danielopolu.[62] However, in spite of this imposing array of medical luminaries, the exact action of the sympathetics and the vagi in the control of the coronaries is still an open subject with no lighted guideposts to lead the way out of the fog.

While these men were trying so inconclusively to work out the action of the nerves to the coronaries, another group was equally intent upon the studies of the pathways not only for the control of these arteries, but also for the pain sensations experienced in angina pectoris and coronary occlusion. Ranson and Billingsley,[63] Sutton and Lueth,[64] Stöhr,[65] Heinbecker,[66] White, Garrey and Atkins [67] were the men, who both in the human and in animals, experimentally worked out the pathways for pain. Adrian's studies,[68, 69] in which he recorded the nervous impulses coursing along any given nerve fibre advanced our knowledge of this subject enormously. The further work of Bronk in this field is also extremely valuable.[70, 71] Heinbecker, Bishop, and O'Leary,[72] using other methods of investigation, added considerably to our present physiological concepts of this involved topic. Although the evidence from the experimental work on this subject seems to favor the fact that the pain sensation arises in the walls of the heart or the sheath of the vessels, distention of the aorta as the cause has not been entirely eliminated.[73-77]

The next important step was to find out the exact factor initiating the pain. Here the names of Katz,[73] Lewis, Pickering and Rothschild,[78] Tennant,[79] Wiggers,[80] and Resnik [81] stand out. The evidence thus far seems to strongly favor the view that the pain is due to chemical irritants arising from the cessation or reduction of the blood supply to any given area, the so-called anoxemia theory.

DRUGS AND THE CORONARY ARTERIES

The pharmacological attack upon the coronaries has gone hand in hand with the physiological advances, with many of the same men working in both fields. The nitrites were introduced by Lauder Brunton [82] for the first time in 1867, and their pain-relieving qualities in angina pectoris were based upon the vasodilator action of amyl nitrite as observed in the frog. Prior to the introduction of this drug, the generally accepted panacea of phlebotomy was practiced quite generally, with the usual reports of results good, bad, and indifferent. These drugs were followed by the introduction of nitroglycerine by Murrell [83] in 1879, and sodium nitrite by Hay [84] in 1883. A great deal of work had to be done before the physiologic effect of these three drugs was crystallized in the treatment of angina pectoris with the concrete and correct physiologic conclusions that they were instrumental in reducing arterial pressure as well as in dilating the coronary vessels.[85-87] In the last analysis, however, in the true coronary occlusion the relief of pain by any of the above agents is ineffective. The ambiguous statements of many writers that these may relieve the underlying cause of angina pectoris is meaningless until we actually learn the true cause. Whether these agents, through regular administration, im-

prove the coronary circulation is also decidedly problematic.

The introduction of the xanthine derivatives in the treatment of coronary thrombosis forms the next pharmacologic advance, and credit goes to Babcock,[88] who was one of the first to employ Diuretin. Many observers followed the introduction of this group of drugs by numerous experimental and clinical studies, and it would be rather burdensome to mention each of them by name. It is important to note in this connection that, despite the many favorable reports concerning the use of these, the controversy as to the action they exert upon the coronary circulation is still very great. Worthy of mention are the experiments conducted by Fowler, Hurevitz, and Smith[89] with artificially produced infarctions in the dog; in these studies the infarcts were materially reduced in size through the use of aminophyllin. In passing, may I add that the introduction of these drugs was followed by so many favorable reports that their employment is to be encouraged in all types of coronary occlusion and paroxysmal dyspnea. We must bear in mind, however, that no single drug must be favored to the exclusion of all others, and all accepted means at our command should be given a chance in the effort to restore myocardial integrity.

Since the monumental discovery of digitalis by Withering,[90] this wonderful drug and its derivatives have formed the chief bulwarks to lean upon in cardiology. Their indications and contraindications form an interesting topic for heated and controversial discussion. An excellent review of this subject is to be found in Luten's recent book.[91] The writer is in accord with many that great caution is essential in the use of digitalis, and so far the indications are no different in coronary disease than in any other heart condition, namely, congestive failure and auricular fibrillation.

The introduction of glucose therapy was the next forward step in the pharmacologic advance on angina pectoris and coronary thrombosis.[92, 93] About the same time that glucose became popular, some men began to use it in conjunction with insulin for the relief of the stenocardial symptoms[94, 95]; the danger of such practice as a routine procedure was pointed out by Parsonnet and Hyman,[96] and reiterated later by Soskin, Katz, Strouse, and Rubinfeld.[97] Lowered blood sugar levels seemed to produce anginal pain even in those cases which previously had no such symptoms.

I shall pass over the great mass of pharmacologic studies on epinephrine, and only call attention to the clinical work of Levine and Ernstene[98] in 1930, and Cottrell and Wood,[99] in 1931. But together with ephedrine, until we learn more about the concrete indications of these highly complex agents, it is the prevalent opinion of most of the authors and experimental physiologists that these drugs are to be used with great caution.

MORPHINE

Morphine and the other related alkaloids isolated from opium and used in the treatment of coronary disease, deserve a short historical comment at this point. Though opium had been in use for many years, morphine was not isolated until 1803, and Charles Derosne is credited with its discovery. Serturner pointed out its chemical affinities in 1806. But as so often happens, no further attention was paid to the drug until 1817, when Gay-Lussac focussed the interest of the scientific world upon it again.[100] Magendie, in his Formulaire published in Paris in 1821, gave the results of his pharmacologic studies on morphine and thus helped to advance the subject further.[101] In 1827, morphine finally became available to the entire profession with the start of wholesale manufacture of the drug by Merck (Darmstadt). Allbutt, on rather empiric grounds, was the first one to recommend the use of morphine hypodermically in 1869 (the syringe was invented by Wood in 1855). Later, Loomis in 1873, and Stephen Mackenzie in 1889, reëmphasized the value of the drug in cases of cardiac failure.[102]

With the advances of our knowledge of the varied actions of morphine, such as its tonic effects on the heart muscle itself and its relief of coronary spasm, as well as its action upon the central nervous system to relieve pain,[103] its use in coronary artery disease has spread remarkably. With the better understanding of

the importance of controlling the pain factor, morphine became the drug of choice in the initial treatment of an attack of coronary thrombosis. No matter what views the physician in attendance may hold concerning the underlying physiopathology of this condition, all have agreed upon the efficacy of a hypodermic injection of a fairly large dose of this drug to combat the immediate stenocardia.

Another opium derivative which came into use more recently is *papaverine;* this was to supplant in great measure the widespread use of the xanthine group of drugs as coronary dilators. Pal was one of the first to suggest the use of small doses of papaverine throughout the convalescent period after the initial attack.[104] Macht made extensive studies of this drug and noted the marked coronary dilating power which it exerted as well as its power to improve cardiac tone.[105] Papaverine was also found to be the only non-habit-forming opiate, and thus may be given over long periods of time with safety.[106]

Just a word concerning the so-called cardiac hormone first introduced by Haberlandt[107] and Schwartzman.[108] This remedy enjoyed but a short and rather hectic popularity and is now practically discarded by all as absolutely worthless.

HISTORY OF CORONARY DISEASE CONCEPT

I have deliberately avoided until now any reference to the historical development of the clinical concept of coronary disease because of the fascination of this story. Though Galen was wrong so many times, it was he who first ascribed the symptom of palpitation to cardiac malfunction, yet for many years thereafter the heart was rarely accused of any symptoms. One of the earliest allusions to pectoris dolor was made by Bonetus[109] in 1679, but like his predecessors, he ascribed it to things extracardiac. Even in Senac's extensive work on the heart, published in 1749, there is not a word on cardiac pain or disease of the coronary arteries.[19]

With the unconscious modesty born of true greatness, William Heberden, in 1768, penned his immortal symptom-complex, "angina pectoris", and even he was totally oblivious to the fact that these chest pains might have been due to changes in the coronary arteries. He published his observations with a careful description of this condition in his "Commentaries on the History and Cure of Disease", where this classic may be found.[110] It is interesting that further along in his work, he actually describes a case, which we now feel was an instance of true coronary occlusion rather than one of angina pectoris.[111] Heberden felt that angina pectoris was caused by spasm and unrelated to inflammation, yet he dared not venture a guess as to where the seat of such a spasm really was.

Strangely, it remained for Jenner, whom we associate more commonly with vaccination, to discover the connection between coronary sclerosis and angina pectoris. Though Jenner[112] made this discovery in 1772, he did not announce it until 1799, out of regard for his friend, John Hunter, whom he did not wish to alarm and who was suffering unmistakable symptoms of angina pectoris at the time. Because of such devotion to a friend, he lost priority in the literature, and it was Black[113] who published the connection between angina pectoris and coronary sclerosis in 1795. However, Jenner's description of the autopsy which caused him to subscribe to the theory of coronary change is very interesting and worth quoting:

> "I was making a transverse section of the heart near its base, when my knife struck against something so hard and gritty as to notch it. I well remember looking up to the ceiling, which was old and crumbling, conceiving that some plaster had fallen down. But on further scrutiny the real cause appeared: the coronaries were become bony canals."

Parry[114] and Fothergill[115] also subscribed to Jenner's ideas; in fact, it was Parry, who in 1799, first proposed the theory of ischemia of the heart muscle as the chief cause of anginal pain. Since then, the argument has raged unabated; even such men as Allbut,[116] Wenckebach,[117] Schmidt[118] and Vaquez[119] stuck tenaciously to the aortic theory of pain. They were anticipated by Burns[120] and Kreysig,[121] who wrote in 1809 and 1811, respectively, stressing the coronary artery theory of angina pectoris. Incidentally, Burns did the first experimental

work in the attempt to prove this theory by ligaturing the vessels of one limb of an animal.[120] Then followed another and final school of thought made up of Corvisart,[122] Laenneck,[123] and even Stokes [124] and Hope,[125] who felt that angina pectoris was to be explained on a nervous basis rather than upon an arterial one. I have already mentioned some of the more recent studies along these lines.

Although these findings and arguments arose so soon after the description of angina pectoris, more than a century passed before anyone recognized the symptomatology of coronary occlusion with myocardial infarction. Isolated cases had been reported by Leyden [126] in 1884, and even diagnosed by Hammer [127] in 1878; and it is now easy to wonder why coronary occlusion, long recognized pathologically, had not been correlated earlier with its clinical picture. It was in 1910, that two Russian physicians, Obrastzow and Straschesko,[128] described the clinical aspects of coronary occlusion; their work was ignored. In 1912, our own Herrick [129] published a splendid paper, discussing in detail the symptoms, signs and pathology of coronary occlusion, only to find himself a prophet in the absolute wilderness of conservatism and stagnation, no one paying any attention to his work except Libman. It was not until 1919, after many lectures and another paper by Herrick,[130] that the profession awoke like the sleeping princess after the kiss, to wonder why they have not seen the light much earlier.

Head [131] and Mackenzie [132] helped our understanding as to why we found at times cases of marked coronary sclerosis without anginal symptoms, and vice versa, by stressing the factors of individual sensitivity to pain determining the severity of the symptoms. In this country, especially, there has been much work on the subject of coronary artery disease, in an effort to prolong life through its earlier recognition; papers by Riesman [133] and others on myocardosis [134, 135] are worthy of mention.

And so, though the start was slow, and jogging along the same old ruts had to be overcome, we have finally become sensitized to this subject and our clinical advances have been quite rapid.

THE ELECTROCARDIOGRAPH

There remains only the history of an instrument of precision which made it possible to recognize coronary artery disease with greater accuracy,—the electrocardiograph. The foundations for this method of study were laid back in 1856, when Koelliker and Muller first demonstrated the action current of the heart.[136] Then Waller, using his simple but impractical capillary galvanometer, proved the possibility of registering the heart beats graphically.[137] He showed that it was not essential that the electrodes be placed directly upon the exposed heart; in fact, he pointed out sixteen possible places from which electrical impulses could be successfully recorded, such as hands, feet, nose, ears, mouth, rectum, and vagina. For all practical purposes, however, the two arms and left leg were found best and entirely satisfactory. The method of Waller was entirely superseded by Einthoven's discovery of the string galvanometer in 1903.[138, 139] The perfection of this instrument is chiefly responsible for the gigantic strides electrocardiography has made, and is making up to the present time, in helping us to make early diagnoses of coronary artery disease as well as true thrombosis.

This short historical note does not aspire to cover the subject and should serve only as an introduction to a better understanding of the slow development of our knowledge concerning this all-too-prevalent condition. Today, especially in our own country, the work on the physiopathology and treatment of coronary thrombosis is being carried on at a very high level, so that we may hope to reach a better means of combatting this group of diseases in the near future.

3 Madison Avenue

THE HERITAGE OF HEALTH

By William G. Herrman, M.D., Asbury Park, N. J.

Abstract of an address before the New Jersey Congress of Parents and Teachers, in the Hotel Ambassador, Atlantic City, N. J., on November 5, 1937

The printed program of this conference bears the slogan "Health, the rightful heritage of every child". These words mean that it is just and morally proper that every child succeed to a sound, healthy organism. If this is a true statement, we should cease to worry about the present generation of children, and should devote all our care to adults, in order that we may attain our end in seeing that children of future generations really do inherit complete health.

ANCESTRAL TRAITS

Every child living today is but the product of its ancestors. It is not really the product of its two parents, since the genes which make up the physical and mental characteristics of each one of us were handed down to us, not by our parents, but by our grandparents or more remote ancestors. When a child is born, its germinal cells already contain the genes which are unalterably fixed, and which it in turn will use to produce the next generation of human beings. Thus we see that, in order to hand down absolutely perfect health to a child, we must provide that child with ancestors who can hand down nothing but perfect physical characteristics through successive generations. We cannot, therefore, say that every child actually inherits perfectly sound physical characteristics, since I do not know any adult who is perfect physically.

Maude Slye, working under ideal laboratory conditions, bred and interbred mice for twelve years, or over fifty generations of parent to child, until she could foretell their characteristics and the diseases to which they were susceptible or immune. Then she began experimenting with strains of cancer, and was able to prove that susceptibility to mouse cancer was definitely hereditary and a recessive characteristic, so that she was able to eliminate those strains of mice which were susceptible to developing malignancy. As a result of these demonstrations, Maude Slye tells us that if we hand over to her the human race for three generations, she can wipe out cancer. Now you and I know no one can hand over to her the human race, and you and I know we have very little to say as parents, as educators, or as physicians as to who shall marry whom; and we cannot prevent matings that will accentuate a weakness or susceptibility to diseases. We can, however, as parents, as educators, and as physicians, strive to see that young people about to marry understand the laws of heredity, and we can try to urge them not to deliberately increase susceptibility to certain diseases by the marriage of those with like susceptibilities, thus sometimes changing recessive characteristics into dominant ones. But complete health cannot, at the present date, be the heritage of anyone.

If we go to our dictionary and take up the word "health", we will find the definition to be "a helping, a healing, or sustaining power". Using that definition for health, we come closer to making a statement of truth if we say that a helping or sustaining power is the rightful heritage of every child, since no one should be brought into this world without there being someone present to be a helping and sustaining power. Nature intended, of course, that the child's own parents should be this helping and sustaining power. Each human being coming into the world is a potential unit for good or evil to himself and others. We must look first to the parents to be the helping and sustaining power that will make this human being of most use to itself and to society. If there are no parents alive to be this helping and sustaining power to the child, then society should in its own interest take the place of the parents in order that this human being may not be a force of evil to society itself.

PROMOTING HEALTH

We are gathered together here as a group interested in seeing that every child born into this world, over whom we may exert any influence, shall have as much health as possible. We have stated that, since no parents are perfect, and since their ancestors were not perfect, there can be at present writing no perfect, normal human being born into the world. Everyone will have apparent or latent weakness or susceptibility. What can we do, therefore, to offset these inherent weaknesses so that in spite of them every child shall develop to its utmost capacity? We may divide what we can do into the general, and the specific. In other words, there are some things we can do for *all children,* and some things which we can do for the *individual child.*

GENERAL MEASURES

For all children as a group there are five things which parents, teachers, and physicians can do:

1. They can make an effort through educating and teaching the adult to improve parents and parenthood so that the children of succeeding generations will have a better chance than those of our own. This would include an effort on our part to see that parents do not bring into the world more children than they can properly care for.

2. Environment can most certainly magnify or minimize physical weakness or susceptibility to disease. We should therefore make an effort as individuals and organized groups of society to see that the children have a proper *physical environment* in which to grow from childhood to adolescence, and to adulthood of manhood or womanhood.

3. We see a concerted movement down through the years with a tendency to culminate and to wipe out the pernicious practice of child labor so that little children who should be in the open air will not be forced to work in crowded ghettos or factories, in some cases before they are in their teens.

4. We can use concerted effort to see, through the government and other agencies, that the food supply to the child shall be pure, unadulterated, and uncontaminated.

5. Through the use of playgrounds, proper recreational facilities, and physical instruction in grammar and high schools, we can strengthen the best of the physical characteristics of each individual and minimize his weaknesses.

THE INDIVIDUAL

For the individual child there are certain things which we can do well for groups, and others which we can do for the specific individual. For example, you are all familiar with the medical progress in the prevention of diphtheria through the testing of all children for susceptibility to that disease and the immunization of those found susceptible by the use of toxin-antitoxin. Every educated person is familiar with smallpox vaccination, and everyone knows that the unvaccinated child is a menace to the community. You are all more or less familiar in the same line with the use of the Dick test for the determination of susceptibility to scarlet fever. The protection of large groups of children from this dread disease will certainly be a helping and sustaining power to prevent the lessening of degree of health which they do inherit, and to enable them to use their inherited anti-bodies to develop greater immunity to other diseases to which they may be susceptible. Through proper physical examination of the pre-school and school child, individual weaknesses or deformities can be corrected during the growing period, for anyone who has dealt with children and seen fractured bones and other deformities partially corrected by the surgeon and then seen these children later on, will realize the tremendous effort Nature can make to correct her own faults if she is given an opportunity.

I therefore disagree with the slogan that "Health is the rightful heritage of every child", if we use health to mean a condition of soundness inherent to any living organism. I do not believe any child has a rightful heritage to anything more than the parents can give it; and no two parents alive today can give to any child perfect health as a heritage.

If, however, we take the definition of health as a healing, helping, or sustaining power, then we may say, if we are interested in the progress

of the human race and the improvement of civilization, that society must for its own sake see that every child shall be given as much help as is necessary for it to grow to be as near a normal healthy adult as our present knowledge of the science of sanitation, of medicine, and of genetics will provide.

CO-OPERATION WITH THE MEDICAL SOCIETY

In closing, allow me, as President of The Medical Society of New Jersey, to extend the thanks of our organization to the State Parent-Teachers Association, and more especially to your State Round-Up Committee for their co-operation with us and with our County Medical Societies in the use of the pre-school blanks last May. We would like to recommend that the County Round-Up Chairmen of the Parent-Teachers organization get together early this year with the Chairmen of the Public Health Committees in the County Medical Societies so that the good work may go on again this year.

A famous Jesuit saying is somewhat as follows: "Give me a child until he is seven, and I care not who has him thereafter." If this applies in the field of education, it applies even more forcibly in matters of health. In fact, what a person is likely to be physically by the time adult life arrives is pretty well determined by the age of twelve; therefore, the health work which is done for the child in the pre-school years and the early years of school life is twice as valuable as that which is done for the adolescent.

THE PHYSICIAN AND HIS PRESCRIPTIONS

PHARMACEUTICAL ARTICLE NUMBER THREE

THE SULFANILAMIDE TRAGEDY AND ITS LESSON

By CHESTER I. ULMER, M.D., Gibbstown, N. J.
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and
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During September and October of 1937 at least seventy-three persons died as a direct result of taking the drug known as "Elixir Sulfanilamide". Twenty other persons who took the "elixir" died, but it has not yet been established that this drug was exclusively responsible. The ninety-three deaths occurred in fifteen States, as far east as Virginia, as far west as California.

"Elixir Sulfanilamide" was manufactured and sold by S. E. Massengill Company, of Bristol, Tennessee. According to the firm's books, 240 gallons were manufactured. The entire amount has been accounted for.

Before the "elixir" was put on the market, it was tested for flavor, but not for its effect on human life. The existing Food and Drugs Act does not require that new drugs be tested before they are placed on sale.

The commercial distribution of "Elixir Sulfanilamide" was begun on September 4, 1937, and continued to October 15, 1937. The first word of deaths from an unidentified sulfanilamide preparation reached the Federal Food and Drug Administration on October 14. On October 16 an investigator for the Administration telegraphed from Tulsa, Oklahoma, that nine persons had died there after taking "Elixir Sulfanilamide". Seizure of all outstanding shipments was immediately ordered.

Since the Federal Food and Drugs Act contains no provision against dangerous drugs, seizures had to be based on a charge that the word "elixir" implies an *alcoholic* solution, whereas this product was a diethylene glycol solution. Had the product been called a "solution" rather than an "elixir", no charge of violating the law could have been brought.

Of the 240 gallons manufactured, 228 gallons and two pints have been seized under Federal and State laws, destroyed, collected as laboratory samples, or wasted by spillage and breakage. Eleven gallons and six pints were dispensed on prescriptions or over-the-counter sales. Of this amount, about half was consumed and caused the deaths; the other half was retrieved before consumption.

The lethal effect of the "elixir" was due to its content of *diethylene glycol,* which was used as a solvent in making a liquid preparation of sulfanilamide, usually administered in tablet or powder form. Sulfanilamide itself is a valuable drug, and was not responsible for the disaster.

The victims of the "elixir" were ill from about seven to twenty-one days. They suffered intense pain. All exhibited very much the same symptoms:—stoppage of urine, severe abdominal pain, nausea and vomiting, and stupor, with convulsions preceding death in some cases. Many persons who took the drug discontinued its use with the onset of unfavorable symptoms and recovered. One person took as much as seven and one-half fluid ounces without ill effect. One child died from less than two fluid ounces.

The following quotation is from an editorial in the New Jersey Journal of Pharmacy, October, 1937, page 6:

"There is now a disposition in some quarters to place all the blame for the unfortunate results from the use of this preparation at the doorstep of the maker and the dispensers—physicians and pharmacists—when, as a matter of fact, the medical and pharmaceutical professions, the drug industry, our law makers and the general public all must share in the blame for this tragedy. The medical profession has been entirely too ready to rely upon advertising claims for drug products without requiring scientific proof of therapeutic value and safety. The drug-manufacturing industry has been entirely too eager to produce products for profit without due regard for the hazards involved in combining drugs without complete knowledge of the effect of such combinations. Retail pharmacists have been entirely too ready to dodge responsibility for the quality and usefulness of products furnished on prescription or dispensed over the counter, just because they are supplied by manufacturers.

"Law makers have been entirely too ready to listen to and act upon the arguments of constituents with a personal interest in the emasculation of laws and regulations which would provide the kind of control that is in the best interests of the public.

"The people themselves have been entirely too apathetic to the necessity for restricting the manufacture and distribution of drugs and medicines and their exploitation through newspapers, magazines and the radio.

"Of course it is deplorable that so many lives had to be sacrificed in order that the people of the United States might come to a realization that their government is at present powerless to protect them against the promiscuous production and distribution of drugs and medicines of questionable value.

"It would be an outrage if after this heartbreaking demonstration of the lack of supervision by the Government over potent drugs offered for sale to the profession and to the public, there does not result prompt and effective revision of all Federal and State drug laws to prevent a recurrence of the damage to innocent victims which we have witnessed in connection with the marketing of Massengill's 'Elixir of Sulfanilamide'."

In the August, 1937, issue of this Journal, page 505, we presented a summary of current information on sulfanilamide with a case report of poisoning from improper use of this drug. The Board of Pharmacy of the State of New Jersey at that time issued a warning to pharmacists not to dispense this drug except on a physician's prescription, and this warning has been heeded quite generally. Physicians should write prescriptions for this drug when it is to be employed. Under no circumstances should a patient be told to ask for it by name at the drug store. There is no surer way to bring about self-medication with its attendant dangers than to familiarize patients with the names of potent drugs.

TOXICITY OF ETHYLENE GLYCOL

von Oettingen and Jirouch, of the Department of Pharmacology of the School of Medicine of Western Reserve University, published the results of their tests on ethylene glycol and derivatives in the Journal of Pharmacology and Experimental Therapeutics as far back as July, 1931. Their conclusions were as follows:

> Ethylene glycol and its derivatives, diethylene glycol, ethyl diethylene glycol, ethyl ethylene glycol, ethyl ethylene glycol acetate, 1—4 dioxan, and butyl ethylene glycol, depress the muscular and nervous tissue, have hemolytic properties, and produce more or less marked local irritation.

Haag and Ambrose, of the Department of Pharmacology of the Medical College of Virginia, in the January, 1937, issue of the same Journal came to the following conclusions with reference to the physiological effect of diethylene glycol:

> In terms of cubic centimeters per kilogram body weight, the acute minimal fatal dose of diethylene glycol for white rats is, by intramuscular injection, 7 cc.; intravenously, 5 cc.; subcutaneously, 15 cc.; and orally, 15 cc. For rabbits the minimal fatal dose is, by intramuscular injection, 4 cc.; intravenously, 2 cc.
>
> Rats maintained on a standard diet and receiving concentrations of diethylene glycol of one and 0.3 per cent in their drinking water showed a slight enhancement in growth. The ingestion, however, of diethylene glycol in concentrations of 3 and 10 per cent proved rapidly fatal.
>
> In the rat, both diethylene glycol and glycerin lead to an increase in urinary oxalic acid, although it appears that, quantitatively, glycerin is definitely less prone to do so.
>
> In the dog, diethylene glycol fed in the amounts reported herein provoked an insignificant increase in the urinary oxalic acid, much of the drug being eliminated unchanged in the urine.

It will be noted, therefore, that information on the toxic effect of diethylene glycol was available, but even the well-read physician could not have guarded against the "Elixir" catastrophe because of the use of this chemical as a solvent for the sulfanilamide in the "Elixir" was not divulged. No clearer and more forceful argument could be presented in favor of complete formula disclosure on the labels of all drugs and medicines. It is to be hoped that the new Federal and State Food and Drug laws will correct the present unsatisfactory situation on this point.

SULFANILAMIDE A VALUABLE DRUG

As regard sulfanilamide itself, the efficacy of this new remedy is established. However, this efficacy is only within certain well-defined limits, and even within these limits its action is by no means as positive as many physicians and the public have been led to believe. There are a great variety of side reactions possible in the course of its administration. Some are of no great seriousness, while others have definitely dangerous significance.

LATEST INFORMATION

The most recent reliable information on the possibilities and limitations of this remarkable drug is to be found in the latest supplement to 1937 New and Nonofficial Remedies, from which we have taken the following:

> Originally it was reported that sulfanilamide acts against Lancefield's group A strains of hemolytic streptococcus by virtue of an apparently specific effect on these organisms. More recent clinical evidence suggests that the action of this chemical may affect other organisms, especially certain gram-negative cocci. The evidence suggests that its action may be antibacterial.
>
> Sulfanilamide has been used primarily in infections due to beta-hemolytic streptococci, especially in the treatment of puerperal fever, erysipelas, hemolytic streptococcus septicemia, streptococcic sore throat and surgical infections with hemolytic streptococcus. Present studies indicate that this drug is useful in the treatment of gonococcic infections. In some cases the results have been most striking, while in others the drug has not proved especially efficacious. In this connection it is well to note that the reactions following the administration of the drug are at least occasionally of a serious nature (see below). The literature also indicated usefulness in meningococcic infections and possibly gas bacillus infections. It must be remembered however that because of the extensiv application of this relatively new therapeutic agent, its use in these conditions requires caution and careful observation. This is especially true in view of the reactions which are discussed in the following paragraph. The evidence is incomplete at the present time for further consideration of the possible usefulness of this drug in infections by Bacterium coli, Bacterium typhosum, and paratyphosum A and B, as well as all varieties of Brucella. There is some indication that it is useful in pneumonia due to type III pneumococci.
>
> It must be remembered that acidosis sometimes

follows the administration of sulfanilamide. It has been suggested that sodium bicarbonate may prove useful in combating the acidosis produced by the drug. Jaundice and urticaria have also been reported as undesirable side effects following the administration of this drug. Magnesium sulfate should not be administered during the course of the treatment because it is thought to increase the danger of acidosis. Statements concerning the effectiveness of sulfanilamide in the treatment of gonorrhea have appeared in the public press. Unfortunately the laity has been able to obtain the drug for this purpose over the drug counters and sulfhemoglobinemia and cyanosis have followed this uncontrolled use in certain instances. There is also a possibility that methemoglobinemia and granulocytopenia may follow such therapy, and there have been reports of hemolytic anemia following the administration of sulfanilamide. It is advisable in the use of sulfanilamide to examine the blood microscopically for evidence of red blood cell destruction as well as lowering of the white blood cell count, and to rule out both sulfhemoglobinemia and methemoglobinemia by spectroscopic examination of the blood. Until more is known, it should not be prescribed concurrently with other drugs (except in case of sodium bicarbonate as indicated above).

SEQUEL

Many physicians apparently obtain a large part of their therapeutic knowledge from the amiable detail men who represent the pharmaceutical manufacturers. In the matter of pharmaceuticals designed to treat human ills it might be a good plan to discount somewhat the unbridled enthusiasm which accompanys the visit of a detail man with a new pharmaceutical preparation. The scientific and professional personnel in the drug industry should not permit the sales organization to dominate thought and action in this field. Quite aware of its potential dangers, both the medical and pharmaceutical professions should promptly endeavor to make sulfanilamide an exclusive prescription item.

CASE OF PROLAPSUS UTERI COMPLICATING PREGNANCY

MATERNAL WELFARE ARTICLE NUMBER TWENTY-TWO

By Robert A. Cacciarelli, M.D., and William D. Crecca, M.D., F.A.C.S.,
Newark, N. J.

The case which forms the basis of this paper is remarkable because one rarely sees this complication in a primipara. Most of the reported cases have occurred in multiparae, and have usually been spontaneously relieved during pregnancy by the uterus rising above the pelvic brim. There can be no doubt that this case is of congenital origin.

This condition must not be confused with an acute enlargement of the cervix from edema which may be due to trauma or to an angioneurosis.

Another condition that is likely to be confused with prolapsus uteri gravidae is "Hypertrophic elongation of the pregnant cervix". This latter condition may be, and usually is, associated with prolapse of the uterus, or on the other hand, it may exist alone as a congenital condition.

HISTORY OF THIS CASE

Mrs. E. A., aged twenty-six; primigravida, married three and one-half years, was referred by Dr. Rizzoli on April 3, 1937. Her last period was on December 22, 1936. Confinement was therefore expected on September 29, 1937.

Her periods started at thirteen years of age, and have always been regular, recurring every twenty-eight days, and lasting for five days. They are painful and small clots are frequently passed. There is no history of previous accidents, serious illness, or operations. Since becoming pregnant, she has had profuse vomiting and occasional headaches.

Examination at this time revealed a uterus enlarged to a size of a three-and-a-half-month pregnancy, markedly prolapsed and retroverted. The cervix was ulcerated and was pre-

senting at the vulva. A moderate leukorrhea was present. Her weight before pregnancy was 107, and at term reached 117.5 pounds. Her urine and blood pressure were normal throughout her pregnancy.

The prolapsus became progressively worse, so that at five months the prolapsed condition of the cervix became permanent and could not be held back in place by tampons, etc. Some relief was obtained by a bandage worn in vulvar pad fashion.

The general condition of the patient from this time to term was excellent. She complained of no local discomfort except for small ulcerations which appeared on the vaginal portion of the cervix as a result of friction between the thighs and bandages. In fact, she continued to do her usual housework without the slightest trouble.

PHYSICAL EXAMINATION

At full term, the following was found: The cervix filled the vulva completely and extended beyond it for no less than three to four inches. Neither the bladder nor the vagina had any part in the procidentia, as has occurred in previous recorded cases. The cervical walls were markedly edematous and greatly thickened, measuring at least one inch at the central part of the protruded cervix. The tissue felt more solid than normal, especially in the region of the anterior lip of the external os, where it was almost cartilaginous, or fibrous. The external os was dilated and readily admitted the tips of two fingers, which, when carried through the cervical canal, revealed the internal os dilated one finger and the fetal head presenting in R. O. P. position just below the level of the ischial spines. The vaginal portion of the cervix showed desquamation of its epithelium in several areas. The anterior fornix showed numerous punctuate hemorrhages.

TREATMENT

Caesarian section in this case was not considered because of the following:

1. Danger of infection from local ulcerations.
2. Low position of the fetal head.
3. Small size of baby (6 lbs. 8 oz.).

To attempt to forcibly dilate completely such a cervix by hand or bag is risky and difficult, hence it was decided to do a *vaginal section.* This was done on September 21, 1937.

The cervix was dilated manually until a very large Voorhees bag could be introduced through the internal os without difficulty. Using the bag for traction, the bladder was reflected upwards and an anterior cervical incision, six inches long, was made, splitting the cervix in half, and enlarging the lower opening of the uterus. A similar incision was made posteriorly after reflecting the rectum. The distended bag was removed, and an examination revealed a brow presentation with a prolapsed arm. A podalic version was performed, and the after-coming head was delivered with forceps. The child weighed six lbs., eight oz., and cried immediately after birth. The placenta was removed manually and the cervical wounds closed.

The postoperative convalescence was uneventful.

517 Roseville Avenue

SCIENTIFIC EXHIBITS

THE SCIENTIFIC EXHIBITS OF THE 1937 ANNUAL MEETING

ARTICLE NUMBER FIVE

EXHIBIT NUMBER TWENTY

SYPHILIS DIAGNOSIS AND LABORATORY AIDS

By A. J. CASSELMAN, M.D.
State Department of Health, Trenton, N. J.

The New Jersey State Department of Health had an exhibit showing the possibility of standardizing the laboratory diagnosis of syphilis.

Dr. A. J. Casselman exhibited a new model of a darkfield apparatus which shows the advantage of semipermanent adjustments of light source, microscope, and the centering device of the darkfield condensor. The usual time-consuming adjustments are unnecessary if the instrument is built so the various parts can be kept in position by set-screws and other devices. Focusing is the only adjustment which should be necessary. The time wasted by the usual inefficient instruments has kept the darkfield from being employed usually in the diagnosis of early syphilis.

Another instrument which was shown was a miniature model of the lyophile apparatus as developed from the original apparatus of Flosdorf and Mudd. This special model shown by Dr. Flosdorf, of the University of Pennsylvania, and by Dr. Casselman was devised to dry at one time 100 ampoules of one to two cubic centimeters of serum for use in standardizng the Wassermann and flocculation tests for syphilis.

Usually the syphilitic serum is dried in one cc. amounts. The serum in each small ampoule

is frozen and attached to the apparatus, and while still frozen, the vacuum pump is started. The rapid evaporation of the moisture keeps the serum frozen until it is dried. When the serum is completely dry, after the machine has been running overnight, the ampoules are hermetically sealed without destroying the vacuum. Serum dried in this manner retains its properties for much longer periods than liquid serum, and makes it possible to standardize the test for syphilis. No change is perceptible by these tests in lyophile serum kept after standardization for a period of six months at less than 8° C.

Serum is standardized by the mixing of normal and syphilitic serums in such strength as to be called positive only when tested by a test of a certain sensitivity. If the coefficient of sensitivity were too low, that particular test would fail to detect the syphilitc serum present in the standard. Any laboratory having a supply of ampoules of the standardizing serum could at any time determine whether there had been any decrease in the sensitivity of its test by puttng some of this serum through its usual routine. All that is necessary is to add one cc. of distilled water to the dried serum in the ampoule, and to use the reconstituted serum like a fresh sample.

Descriptive charts showed the failures of diagnosis and the neglect of treatment caused by the failure of many laboratories to detect syphilitic serum. The reporting of so many results, ranging from negative to positive on the same specimen, confuses physicians and discredits what is usually the only method of diagnosis,—the serologic tests for syphilis.

EXHIBIT NUMBER FORTY-EIGHT

THE VISUALIZATION OF THE RETICULO-ENDOTHELIAL SYSTEM, WITH SPECIAL REFERENCE TO SILICOSIS

By RAPHAEL POMERANZ, M.D., Newark, N. J.

This exhibit consists of thirty-five transparencies visualizing the diagnostic use of colloidal thorium preparation (Thorotrast). The purpose of this demonstration was to review the advantages and disadvantages of the intravenous use of colloidal thorium, with special emphasis on its potential dangers from its radio-activity, particularly the danger of late induction of bone malignancies. Its radioactive potency was demonstrated by the following experiment: Bottles containing 12.5 cc. of thorotrast were covered by dental films. A piece of metal was interposed. Sharp images of the metal, and secondary radiation of the glass were produced seven days later. The intravenously or intraperitoneally injected thorium is finally retained and stored in the liver, the spleen, and the bone marrow for the lifetime of the individual or animal.

By means of original experiments on rabbits, degenerative changes were produced in liver six months after intravenous injection of an overdose. The absorption of the thorium from the peritoneal cavity, as well as its histologic manifestations, were studied. Its use in incurable conditions for hepatosplenagrophy was demonstrated.

By means of intraperitoneal and intravenous injections of two cc. of thorotrast, a number of original animal experiments for visualization of small bone lesions were also shown.

A reference to silicosis was made to point out that a portion of the silica particles retained in the lungs probably undergoes colloidal solution, and is carried away to other parenchymatous organs containing large amount of reticulo-endothelial cells. This was shown by means of transparencies demonstrating the distribution of silica particles in a silicotic lung, as well as in liver, spleen, and kidneys.

STATE SOCIETY ACTIVITIES

THE DEVELOPMENT OF THE BOARD OF TRUSTEES

The form of organization of The Medical Society of New Jersey was extremely simple from the date of its founding on July 23, 1766, up to the time of its incorporation by the Act of February 15, 1816. During this half century from three to five officers conducted its meetings and managed its affairs. If an activity required sustained attention, it was referred to a special committee, as was the management of the campaign for securing the first law regulating the "Practice of Physic and Surgery", which was passed on September 26, 1772.

The first provision for a more elaborate form of administration was contained in the Medical Practice Act of February 16, 1816, which established a *Board of Censors* to examine candidates to practice medicine and a *Board of Managers* to carry on the business of the Society. On the first Tuesday of May, 1816, the Society met and elected the following Board of Managers: Drs. Augustus Taylor, Lewis Dunham, John Van Cleve, Jacob Dunham, Nicholas Belleville, William McKissack, Nehemiah (Nath'l) Manning, Enoch Wilson, Charles Smith, Peter I. Stryker, Matthias Freeman, Ralph P. Lott, Moses Scott, Charles Pierson, and Ephraim Smith.

On page 147 of the first volume of printed minutes, the duties of the Managers are enumerated,—first, to choose the President and other officers, and prescribe their duties; and second, to make by-laws and regulations for the management of the Society. This plan gave excessive power to a few members, and was changed on February 10, 1818, when the Legislature passed another Act of Incorporation by which the authority of the Society should be vested in four delegates from each District Society. These delegates should have all the authority and privileges given to the Board of Managers under the Law of 1816, and was the germ which developed into the present House of Delegates.

THE STANDING COMMITTEE

On May 9, 1820, the Society adopted a set of By-Laws establishing a Standing Committee whose duties were as follows:

1. Report on the state of health of the citizens, and on epidemics, curious medical facts and discoveries, and remarkable cases.
2. Report all irregularities in the acts of the District Societies or their censors.
3. Decide all matters of controversy between the District Societies, or any doctors.
4. Be guardians of the Society, watch over its rights and privileges, and suggest for its consideration matters which seem fit and proper for the promotion of medical science and the best interests of the profession.
5. Prepare scientific articles for publication.

The first report of the Standing Committee is contained on page 201 of the Transactions of November 12, 1822, and consisted of four pages of reports of the prevailing diseases, together with sixteen pages of reports from the several counties.

At the meeting of May 14, 1822, the Society voted to appoint one member from each District Society to report each year to the Standing Committee the general state of health of the people, the character of the prevailing diseases, and the unusual cases of disease in the course of the year. This was apparently the first mention of reports from county societies.

On page 234 there is an account of a committee appointed to carry out the provisions of the new Act of Incorporation of the State Society passed November 24, 1825.

The Standing Committee at once became the most prominent committee of The Medical Society of New Jersey and continued to function with great activity for eighty-three years, until the adoption of the Constitution of 1903. (Transactions of 1903 and 1904.)

BOARD OF TRUSTEES

The new Constitution and By-Laws provided for a Board of Trustees, to be composed of the Fellows, the President, the First Vice-President and the Recording Secretary (Transactions, 1903, p. 353).

The duties of the Trustees are set forth on page 359 of the Transactions of 1903. These duties are practically the same as they are today.

No mention of the Standing Committee was made in the new Constitution and By-Laws. It seems to have gone out of existence and its duties to have been assumed by the Trustees, and some of them later by the Welfare Committee, which was formed on the suggestion of President Thomas W. Harvey in his annual address in 1919. (Jour., Oct., 1937, p. 687.)

WELFARE COMMITTEE

A meeting of the Welfare Committee was held at the Stacy Trent Hotel, Trenton, at two o'clock on Sunday afternoon, December 19th, 1937, with thirty-six representatives from sixteen counties present, as follows:

Atlantic—
Hilton S. Read, Chairman

Bergen—
Samuel Alexander — Charles Littwin

Burlington—
S. Emlen Stokes

Camden—
Thomas K. Lewis — Reuben L. Sharp

Essex—
William H. Areson — Julius Levy
Arthur W. Bingham — Raymond J. Mullin
Edgar P. Cardwell — E. LeRoy Wood
John W. Gray

Gloucester—
I. Warner Knight

Hudson—
Abraham E. Jaffin — James F. Norton
Charles B. Kelley — Berthold S. Pollak
William W. Maver

Mercer—
D. Leo Haggerty — Charles H. Mitchell

Middlesex—
Henry Haywood — Joseph H. Kler

Monmouth—
C. Byron Blaisdell — Barclay W. Moffat
John C. Clayton — Stanley Nichols

Morris—
Byron G. Sherman

Passaic—
Sigurd W. Johnsen — Frank Ash
Wright MacMillan

Somerset—
Frank L. Field

Sussex—
James H. Spencer

Union—
Clarence Berry — Herschel Murphy

Warren—
William H. Varney—

State Society Officers—
William G. Herrman, President
William J. Carrington, President-Elect
E. Zeh Hawkes, First Vice-President
Watson B. Morris, Second Vice-President
Alfred Stahl, Secretary
Frank Overton, Editor
LeRoy A. Wilkes, Executive Officer

Guests—
William H. MacDonald, State Department of Health
Robert P. Fischelis, State Board of Pharmacy
Donald Benson, Publicity Assistant to Dr. Kler
Miss Crosby and Miss Velckmann, Metropolitan Life Insurance Company.

Reports of committees were given:

1. Maternal Welfare, Dr. A. W. Bingham.
2. Crippled Children, Dr. B. W. Moffat.
3. Tuberculosis, Dr. B. S. Pollak.
4. Venereal Disease Control, Dr. C. Byron Blaisdell.
5. Pneumonia Control, Dr. John W. Gray.
6. Adult Health Supervision, Dr. Edwin G. Dewis.
7. Public Health, Dr. Stanley Nichols.
8. Workmen's Compensation, Dr. J. Irving Fort.
9. Auxiliary Medical Services, Dr. W. W. Maver.
10. Contract Practice, Dr. R. L. Sharp.
11. Legislation, Dr. W. H. Areson.
12. Public Relations, Dr. J. H. Kler.

All these reports were of unusual interest and value, and were either made in writing, or were taken down stenographically. The full reports will be preserved in accessible files in the Executive Offices where they may be readily consulted.

INTRODUCTION BY PRESIDENT HERRMAN

Dr. W. G. Herrman, President of The Medical Society of New Jersey, opened the session with a brief introduction in which he referred to the Biblical parable of the Talents. Every practicing physician is entrusted with some talent which he can develop with profit to himself and his fellow men. The great function of the Welfare Committee is to develop the latent talent which every member of the Medical Society possesses. The reports of the sub-committees will indicate the opportunities for useful service in which every member can invest his own personal talent with the assurance of a profitable return.

1. MATERNAL WELFARE

Dr. A. W. Bingham, Chairman of the Advisory Committee on Maternal Welfare, gave a comprehensive report, as follows:

The Maternal Welfare Committee is carrying out the work as planned. Twenty-two field physicians have been appointed, one for each county and one for special work among colored physicians.

There have been four meetings held with the field physicians,—two in Trenton with the southern group, and two in Newark with the northern group. The field physicians have shown great interest, and are all working.

Conferences for groups of physicians interested in obstetrics are being organized in each county. The Chairman has conducted two of these conferences and has future engagements for conferences in other counties. He has spoken over the radio on a nation-wide hook-up, and also addressed the American Hospital Association, the Federated Women's Club of New Jersey, the Woman's Club of Orange, and the Orange Mountain Medical Society on subjects related to maternal welfare in New Jersey. A number of obstetricians have agreed to lead the discussion in these conferences when requested; and it is hoped that the various groups will avail themselves of this opportunity.

All maternal deaths have been investigated to date by the field physicians, and checked by the Chairman. Although one county has had nearly twice as many maternal deaths as in 1936, most of the other counties have had less than in 1936, and so the average will probably make the rate for 1937 a little better than that for 1936, provided the birth rate is the same.

The committee recommends printing the name of the field physician on each County Bulletin so that the members will know who he is when needed. (The names, addresses, and telephone numbers of the field physicians will be printed on page vi of each issue of The Journal.—Editor's note.)

A special effort is being made to acquaint the physicians with the refresher courses being given at the Margaret Hague Maternity Hospital. Since May, 1936, nurses have been paid for assisting at over 1200 deliveries; and since May, 1936, over 100 consultants have been paid for their services to which they have been called.

On January 17th and 18th there is to be a conference on "Better Care for Mothers and Babies" in Washington, which some of us hope to attend.

On January 20th there will be a meeting of the State Maternal Welfare Committee with all the County Maternal Welfare Committees and the field physicians, and others interested in maternal welfare. It will be held in Essex House, Newark, at 4:00 p. m. This will be followed by dinner at 7:00 p. m. (Dutch treat). And at 8:45 p. m., Dr. J. O. Arnold, of Temple University, will give a talk on "Dehydration Treatment of Eclampsia" at the Academy of Medicine of Northern New Jersey, 91 Lincoln Park, Newark.

2. CRIPPLED CHILDREN

Dr. Barclay W. Moffat, Chairman of the Advisory Committee on Crippled Children, gave the following report:

The work of this committee started in a joint meeting with the Crippled Children's Commission on June 15th. At this meeting, the qualifications necessary for both doctors and hospitals doing work for the Commission were set up. For the professional care, the orthopedic surgeon must be either a fellow of the College of Surgeons in orthopedic surgery, or a member either of the Academy of Orthopedic Surgeons, or of the American Orthopedic Association, or a diplomat of the American Board of Orthopedic Surgery. Work done for the Commission must be in hospitals approved by the American College of Surgeons. A tentative set of blanks for a survey of the crippled children and their needs throughout the State was gone over and changes recommended which were adopted.

The second meeting of the committee was held on September 28th at the Babbitt Hospital in Vineland, at which were present several members of the Commission. Dr. Phelps put on a clinic for us showing what has been done and what he hopes to do in the care of the spastics and athetoids.

The third meeting was held on October 18th in conjunction with the meeting of the Commission at Atlantic City. At this meeting, plans were made for a survey of the physiotherapy personnel doing work for the Commission. There was also an inspection of the physiotherapeutic pool and department in the Betty Bacharach Home.

The fourth meeting of the committee was held on November 13th at the Academy of Medicine in Newark. This meeting was called to take up with Dr. Snedecor the qualifications of a hospital in Bergen County doing work for the Crippled Children's Commission which had not yet qualified under the requirements of the Commission. There are several hospitals in this category which had been doing work for the Commission in the past; and in June at the organization meeting, it was thought only fair to accept these hospitals tentatively, provided they had made applications for approval by the College of Surgeons. Mr. Buch, Chairman of the State Crippled Children's Commission, also attended this meeting at my invitation and was able to clarify the details of the hook-up between the Crippled Children's Committee of the State Medical Society, acting as Advisory Committee to the Commission.

The last meeting of the committee to date was held on December 14, in the Academy of Medicine in Newark,—when the details of the approval of hospitals and their staffs were discussed with excellent prospects that satisfactory arrangements will be made.

The work immediately ahead of this committee is to urge the orthopedic surgeons doing work for the Commission to take the examination of the American Board of Orthopedic Surgery. This is not in any way a requirement by anyone, but may simplify the work of the Commission in caring for the crippled children. The point in the program of the committee is to induce the surgeons doing work for the Commission to send in itemized bills at a very nominal amount to the Commission. These bills will then be turned over to this committee for statistical work, the object of this being to estimate, in dollars and cents, the work done by the Medical Profession and the Commission in the program for caring for the crippled children in

New Jersey. This survey to be attempted is to cover the first six months of this fiscal year which ends December 31st.

As you know, this is the first year that the Commission, operating under the Social Security Act, has been able to furnish hospitalization costs for the indigent. It is hoped that it will be found possible, after the survey of the physiotherapy facilities, to cover the costs of this branch.

BARCLAY W. MOFFAT, *Chairman*
DAVID B. ALLMAN
FREDERICK G. DILGER
ELMER P. WEIGEL
FRANK H. PINKNEY
ERNEST G. HUMMEL
PHILIP S. AVERY

3. TUBERCULOSIS

Dr. B. S. Pollak, Chairman of the Sub-Committee on Tuberculosis, gave a progress report on the project of testing high school students by the Mantoux tuberculin test, and x-ray pictures, with follow-up work of the reactors. He referred especially to the work in Bergen County (Jour., October, 1937, p. 637); and to the extensive demonstration in Hudson County. He presented a printed report of the tuberculosis survey of high school students in Jersey City, and outlined the plan for the extension of the work to Bayonne, Union City, and other municipalities in Hudson County.

4. VENEREAL DISEASE CONTROL

Dr. C. Byron Blaisdell, Chairman of the Advisory Committee on Venereal Disease Control, reported on the progress which has been made in acting with the Bureau of Venereal Disease Control of the State Department of Health in the extension of facilities for providing efficient treatment to all syphilitics. The disease is not self-limited, but it is progressive throughout life. It will yield to treatment, provided that treatment is thoroughly scientific and skillfully applied. It is a public health problem as well as a private one.

Dr. Blaisdell described the measures which the committee has undertaken along the following lines:

1. Coöperation with the State Department of Health in:

a. Its program for Venereal Disease Control.

b. Utilizing arsenicals and bismuth to the best advantage, strongly urging that they be administered according to standard regulations and methods. Their inefficient administration is not only ineffective, but may be dangerous.

2. Acting in full coöperation with:

a. The State Health Officers' Association.

b. Public Health nurses in order to advance the work, and to arouse public health sentiment in its support.

c. Public-health-minded agencies in order to obtain the local support which is becoming increasingly necessary.

3. Revising in some particulars the chapter, so admirably prepared by Dr. Shivers, on Venereal Diseases in the Handbook of Preventive Procedures, so that it will state more concisely the *general principles* on which diagnosis and treatment are founded, but also will outline those details which succeeding experiences have shown necessary for the physician to carry out. Those points in which family doctors need to develop greater skill will be clarified and amplified.

4. The progressive development of a system of clinics, where they are desired by local physicians and health officers, for two purposes:

a. To provide the means of treating indigent cases in localities in which trained specialists or polyclinic hospitals are not readily available.

b. To demonstrate the methods of treatment, and to afford family doctors the opportunities to observe the measures under the guidance of experienced physicians.

5. Coöperating with the State Department of Health in preparing circulars of information on special points of technic. These are to be written in a concise, clear form, which family doctors can safely put into practice. It is planned that a copy of each circular will be sent to every member of the Society. It is urged that each doctor preserve these circulars and keep them in a special folder for constant reference until he automatically recalls important points of daignosis and treatment when he is confronted with a case. The details are not difficult to comprehend and apply, but every doctor should have them consciously in his mind in order to insure efficiency in his treatments and avoid accidents.

6. Continuing the efforts to have every County Medical Society appoint an active Committee on Venereal Disease Control which will promote the active participation of every member in venereal disease treatment and control among his own patients, and will arouse public sentiment to support their work.

The committee reiterates two facts which apply to every doctor.

1. The doctor has a responsibility to treat his patients correctly and adequately.

2. The public expects the doctor to assume his share of the venereal disease problem, by his own improved practices, and by his coöperation with other health agencies.

The principle of premarital medical examinations has been approved by the Advisory Committee on Venereal Diseases and also by the Sub-Committee on Public Health.

5. PNEUMONIA CONTROL

Dr. John W. Gray, Chairman of the Advisory Committee on Pneumonia Control, gave the following report:

A meeting of the Pneumonia Committee was held prior to this meeting to discuss the resolution of the New Jersey Health and Sanitary Association that the Legislature be urged to appropriate $200,000 for the expanding of pneumonia control. The resolution as presented was very broad in its scope. The advisory committee's action was that a special committee of the advisory committee meet with members of the State Department of Health and other agencies mentioned in the resolution, in order to draw up a very definite and detailed resolution for presentation to the Welfare Committee at a later date.

At the request of Dr. Gray, representatives of the Metropolitan Life Insurance Company showed a sound film motion picture which will be released for display in movie theaters to popular audiences. The object of showing the film to the committee was to obtain the reaction of the members of the committee to the project. The picture is an excellent example of the art of making sound movies, and represented a doctor called out of bed on a snowy night to attend a mother in the third day of pneumonia. It showed the doctor in the sick room, and in the laboratory where the sputum was typed, and his comforting prediction that the serum would have a happy effect on the patient. Very few scientific details were shown, but it carried the lesson that here was a means of life-saving which is available in certain types of pneumonia.

The picture was approved for showing to popular audiences.

6. ADULT HEALTH SUPERVISION

Dr. Edwin G. Dewis, Chairman of the Advisory Committee on Adult Health Supervision (Periodic Health Examination), gave the following report:

In accordance with the suggestion of the parent committee, the Advisory Committee on Adult Health Supervision has, up to the present, limited its program to an intensive study of the subject of periodic health examination.

The first problem confronting the committee appeared to be the development and standardization of a *health examination blank* which could ultimately be made available to all the Society members. With this object in mind, numerous blanks in use by various organizations and societies were obtained and carefully reviewed; and it was finally decided that a health examination blank developed same time ago by the Monmouth County Medical Society would perhaps, with some changes and additions, meet the requirements. Copies of this blank are now in the hands of all members of the committee; and when they have had ample opportunity to study the blank and make suggestions regarding its revision, the committee will be in a position to make whatever recommendations it desires to the Committee on Public Health.

7. PUBLIC HEALTH

Dr. Stanley Nichols gave a progress report on the general scope of the work of the Sub-Committee on Public Health. The committee first studies the problem of discovering the health needs of the community; and then it seeks to develop definite plans for meeting those needs, including the participation of civic, welfare and educational agencies, with practicing physicians as leaders.

During the present year physicians are being challenged to show evidences of their leadership in these fields. One test is our ability to supply the trained personnel to do the work in specialized fields, such as child health and venereal disease control. The committee seeks to inform the practicing physicians through their county societies, with each county society studying its own needs, and developing a definite plan of action and enlisting the services of physicians and of lay agencies in health and welfare. The county societies are responding well, and some have demonstrated remarkable examples of medical leadership.

The practice of public health in every community requires that a few physicians shall have special qualifications in some one field of practice. The Medical Society of New Jersey is trying to discover those physicians who are especially interested in some one public health project. The State Society is promoting facilities by which an aspiring physician may acquire knowledge and experience in his chosen line. The State Society is developing the training by three means:

1. Literature, condensed and pertinent.
2. Post-graduate courses.
3. Training centers, including those for diagnosis and treatment, such as immunization clinics and baby keep-well stations.

8. WORKMEN'S COMPENSATION

Dr. J. Irving Fort, Chairman of the Advisory Committee on Workmen's Compensation, sent a written report in which he outlined the activities of the committee since its annual report to the House of Delegates on April 27, 1937.

The committee has conferred with representatives of industry, labor, insurance, and law, and has asked the Governor to appoint a commission to study all phases of the subject, and agree upon a law which would be fair to all parties; but the unsettled political situation prevented anything from being done. The committee will insist that the present legal allowance of $150 for all medical and hospital services to a case be raised to a $300 limit.

The committee plans to work in harmony with the Legislative Committee in drawing up

a suitable bill and sponsoring its adoption by the Legislature.

9. AUXILIARY MEDICAL SERVICES

Dr. William W. Maver, Chairman of the Committee on Auxiliary Medical Services, reported that the committee had considered the four accessory branches,—anesthesia, pathology, physical therapy, and x-ray,—and had decided to develop a questionnaire in each branch in order to ascertain the manner in which they are being practiced in the several hospitals, and their effects on medical economics. (See report, p. 48.)

10. CONTRACT PRACTICE

Dr. Reuben L. Sharp, Chairman of the Advisory Committee on Contract Practice, reported that the committee had held a meeting in August and decided to prepare a questionnaire. The committee reviewed the questionnaire and found that conditions are diversified so widely in the several counties that the variations in the interpretations of the questions would render the replies useless. The committee therefore decided to conduct an investigation by counties. By this plan each investigation will survey a small area in which comparatively uniform conditions prevail.

11. LEGISLATION

Dr. William H. Areson, Chairman of the Committee on Legislation, reported that the committee had discussed the proposed Uniform Medical Practice Act with the State Board of Medical Examiners, and the bill is now ready for introduction in the Legislature early in the session.

Dr. Alexander explained that the proposed bill puts teeth into the present law, and provides adequate penalties for its violation.

12. PUBLIC RELATIONS

Dr. J. H. Kler, Chairman of the Public Relations Committee, reported on the popular publicity work of the committee, including:

1. A weekly feature article in twenty-four weekly newspapers and two Sunday papers.
2. Special health articles in daily papers.
3. Speakers' Bulletins for members addressing lay audiences. Fifteen have now been issued.
4. Loan collections of fifty-nine articles from Hygeia, for the use of speakers before lay audiences.

These features are described on page 50 of this Journal.

Dr. Kler called the attention of the members to the great value of their addresses before local organizations, and to the descriptive health articles in the newspapers. They have immense power in influencing public sentiment in support of efficient medical services.

AMENDMENT TO THE CONSTITUTION

On April 28, 1937, the annual meeting of the House of Delegates of The Medical Society of New Jersey received a resolution introduced by Dr. Maurice Shapiro, on behalf of the Hudson County Delegation, regarding amending Article VI of the Constitution entitled "Board of Trustees". This resolution was as follows (Transactions, House of Delegates, 1937, page 51):

ARTICLE VI—BOARD OF TRUSTEES

Strike out the entire Article and substitute as follows:

This Board of Trustees shall be the Executive Board and shall be composed of twenty-eight (28) members, as follows: The President, President-Elect, two Vice-Presidents, Secretary, and Treasurer, all ex-officio by virtue of their offices, and twenty-one (21) members, one from each component County Society, who shall be elected by the said component County Society, as follows:

One week after the adoption of this amendment, the President of each component County Society shall call a special meeting at which a member to the Board of Trustees shall be elected. At a reasonable time after these elections, the President of the State Society shall call a meeting of all the Trustees for the purpose of organizing the Board of Trustees. At this time the twenty-one (21) elected Trustees shall draw by lot who shall serve for one year, who for two years, and who for three years; i.e., seven (7) for one year, seven (7) for two years, and seven (7) for three years. At this meeting they shall also, from the complete membership of the Board of Trustees, elect a Chairman and Secretary.

As the terms of each elected Trustee expires, each component society so affected shall at the annual election preceding the expiration of the term of said Trustee elect a Trustee for the period of three years.

(Signed) MAURICE SHAPIRO
JOSEPH F. LONDRIGAN.

According to the procedure prescribed by the Constitution, Article XII, entitled "Amendments", this resolution was "Considered by the Committee on Revision of Constitution and By-Laws" and "Submitted in writing" to the House of Delegates on April 28, 1937. It is now "Published in The Journal of this Society * * * at least three months before the annual meeting (that of May 17, 1938) at which final action is to be taken".

PNEUMONIA ADVISORY COMMITTEE

A meeting of the Pneumonia Advisory Committee was held at Trenton, December 18, 1937.

Resolutions from the Health and Sanitation Association regarding action taken by that organization on December 10 were discussed. Following is a copy:

Whereas, Pneumonia at present is the direct cause of many deaths in New Jersey, and

Whereas, The mortality rate from this disease can be greatly reduced by the typing of pneumococci from affected persons and the administration of the pneumonia serum;

Therefore, be it resolved, (1) That the Legislature be urged to appropriate the sum of $200,000 to the State Department of Health for furnishing and further expanding pneumococci typing service and for necessary cost of the purchase and free distribution of pneumonia serum, and

Be it further resolved, That this Association prepare with the coöperation of The Medical Society of New Jersey, the New Jersey Health Officers' Association and the State Department of Health, a bill to this end and have it presented at the next session of the Legislature, and further to secure the coöperation of these and other interested groups in urging its passage as a law.

Dr. Kilduffe suggested that a more detailed resolution should be drawn up including provision for limiting serum to indigents and other provisions for developing such a service. He pointed out that such a service might be expanded to the detriment of clinical pathologists operating private laboratories. Dr. Read felt that the resolutions were merely a general expression of the opinion of the association, which had drawn them in regard to a situation which needs to be met, and that special committees should draft a bill formulating policies. It was moved that the Advisory Pneumonia Committee appoint a special committee to work with similar committees from the State Health Department, the Association of Health and Sanitation, and the Association of Health Officers; and that a bill be prepared by them for further consideration by the Advisory Committee. Drs. Kilduffe, Ten Broeck, and Kain were appointed on this special committee. A meeting for these special committees will take place in the Rockefeller Laboratories at Princeton, January 2, 1938.

Regarding educational pneumonia films, it was moved that this committee recommend to the Welfare Committee that the State Executive Secretary should be authorized to secure certain films to be shown to the medical societies.

Meeting adjourned at 2:15.

Respectfully submitted,
Dr. John W. Gray, *Chairman.*

ADVISORY COMMITTEE ON AUXILIARY MEDICAL SERVICES

A meeting of the *Advisory Committee on Auxiliary Medical Services* of the Sub-Committee on Medical Practice of the Welfare Committee was held at the Executive Offices of the Society, Trenton, Sunday, November 21, 1937, at 1:00 p. m. Dr. William W. Maver, Chairman, presided. Those present were: Drs. William W. Maver, Asher Yaguda, Samuel Barbash, Robert A. Kilduffe, John D. Tidaback, Jerome H. Samuel, and Ord L. Sands.

Four subjects were discussed,—anesthetists, roentgenologists, pathologists, and psysiotherapists. Each subject was presented in a written communcation by a member of the committee. The members then discussed the form of a questionnaire on those subjects, to be sent to hospitals.

ANESTHETISTS

A letter from Dr. F. W. Pinneo (now deceased) was read, outlining the relations of the anesthetist to the hospital and to the other physicians. These relations were discussed, but decision was deferred until further evidence can be obtained.

PHYSIOTHERAPISTS

Dr. Barbash gave a summary of the practice of physiotherapy as it exists in the Atlantic City district, and stated that the problems differed from those arising in Essex County. Dr. Sands discussed problems as they are in Long Branch.

ROENTGENOLOGISTS

Dr. Tidaback discussed the problem of roentgenology. He referred to President Herrman's address before the Welfare Committee on October 3, 1937, on the illegality of the corporate practice of medicine (Journal, Nov., 1937, p. 683). Dr. Tidaback suggested the desirability of a ruling as to what constitutes the legal status of the practice of x-ray diagnosis and therapy by hospitals.

Dr. Maver believed that it is necessary to obtain a list of abuses (real or alleged) as reported by the various men in their respective specialties, and upon these individual lists, a questionnaire is to be compiled and submitted to the full membership before forwarding it to the hospitals.

PATHOLOGISTS

Dr. Asher Yaguda gave a report on the proper field of service of the pathological laboratory. He also called attention to abuses in the field of public health laboratories.

Dr. Yaguda also called attention to two abuses of hospital laboratories:

1. Seeking or accepting specimens from new patients.

2. Industrial plants operating their own laboratories without competent medical supervision.

Dr. Yaguda also suggested that a letter be sent to the public health laboratories, asking them for an outline of the scope of their work, so that the committee can determine to what extent such laboratories are overstepping their bounds.

QUESTIONNAIRE

It was agreed that a questionnaire on each of the four subjects be prepared and submitted to the committee at its next meeting. The four questionnaires will then be reconstructed on a uniform plan so far as possible.

JEROME H. SAMUEL,
Secretary.

HEALTH LITERATURE OF THE PUBLIC RELATIONS COMMITTEE

By JOSEPH H. KLER, M.D., Chairman

1. NEWS BULLETINS

The publication of our weekly health news feature has now begun with twenty-four weekly and two Sunday papers. Each article is in single column, about five inches in length, and is in the form of question and answer as in the following example:

HEALTH QUESTION: HOW CAN THE LAY PERSON HELP TO REDUCE THE CANCER DEATH RATE?

THE M.D. SAYS

It is known that cancer is usually preceded by some form of irritant. Avoidance of irritants is therefore one means of reducing the incidence of cancer. If a person has a jagged tooth which irritates his tongue, he should see his dentist. If he works with chemicals which irritate his skin, he should, whenever possible, wear protective clothing to eliminate that direct contact. He should avoid extremely hot foods which may irritate the lining of the esophagus or stomach.

Women should practice good hygiene with respect to care of the breast, particularly women who have borne children. Cancer of the uterus is almost always due to some irritation, at times caused by childbirth which sometimes tears the tissues. After birth the mother should be examined to be sure the tissues are well healed.

If everyone had a complete physical examination each year, many cancerous conditions would be detected when they were just beginning. This early detection would pave the way for complete and more rapid cure with less expense to the patient than later treatment would require.

The material contained in this feature is prepared by The Medical Society of New Jersey, an organization of physicians of the State.

The purposes of this feature are these:

1. To acquaint the people of New Jersey with disease prevention measures,—a recognized obligation of the medical profession.

2. By repeated suggestion, to educate the public to accept the family physician as the adviser in personal health to both the well and the sick.

3. To secure recognition of *The Medical Society* as a source of reliable health information.

4. To demonstrate to the public that the medical profession has a *social consciousness.* With the medical profession being accused of being reactionary, it is becoming increasingly necessary to inform the public that physicians are keenly desirous of meeting their obligations to society.

In preparing this feature, we painstakingly avoid any discussion of treatment and curative measures. We consistently point out that treatment is a matter of applying medical knowledge to fit the requirements of each individual case. At the same time we want to answer the very questions that the man on the street or the woman at the bridge table will ask about health. We want to answer these questions in the same way that the family physician answers them in his office. This is the type of health feature we wish to develop.

Every feature is approved by physicians, acting as a board of review, before it is sent to the press. This is done in the interests of technical accuracy; and even more important, for the sake of incorporating into this feature

the wishes of the doctors, and the ideals of the Medical Society.

It is also desirable to have this feature reach an increasingly greater proportion of the reading public. It is now being accepted by about ten per cent of the weekly papers of the State. However, the circulation of these papers is more than ten per cent of the total. There is in every community a member of the Medical Society who is a personal friend of the editor of the community paper. It would aid our cause if physicians would personally thank the editors of those papers which use the feature.

2. SPEAKERS' BULLETINS

The Public Relations Committee has prepared bulletins as a guide to physicians in addressing popular audiences, each with a news release to be given to the local editor as news of the lecture. Copies of all the bulletins have been sent to the Chairman of the Public Relations Committee of each county society. The following bulletins are now available:

1. Why Service Clubs Should Be Interested in the Medical Society of New Jersey.
2. Venereal Disease and Its Eradication.
3. Cancer Control in New Jersey.
4. Tuberculosis Control in New Jersey.
5. The Heart Disease Problem in New Jersey.
6. Anemia.
7. The Medical Profession and Child Health in N. J.
8. Reducing the Appendicitis Mortality Rate.
9. Saving our Mothers.
10. Maternal Welfare.
11. Acute Lobar Pneumonia.
12. Weaning the Baby.
13. Prevention of Communicable Diseases in Childhood.
14. Some Health Problems of the School Child.
15. Venereal Diseases from the Physician's Point of View.

3. PACKAGE LIBRARY

The committee has prepared a *Package Library* of material to be used by physicians in preparing health talks for popular audiences. The library consists of articles that have been published in the A. M. A. health magazine,—Hygeia. They are arranged in folders, and indexed. Their titles and identifying numbers are as follows:

H 1. Accidents, Automobile
H 2. Accidents, in the Home
H 3. Allergy
H 4. Anasthesia
H 5. Animal Experimentation (Vivisection)
H 6. Appendicitis
H 7. Athletics and Sports
H 8. Blood, Diseases of the
H 9. Cancer
CHILD HEALTH (separate folders on)
H10. Maternal and Infant Health
H11. Mental Hygiene in Children
H12. Pre-School Child
H13. Five Years to Twelve Age Group
H14. Twelve to Seventeen Age Group
H15. College Students
H16. Colds
H17. Communicable Diseases
H18. Constipation and Cathartics
H19. Convalescence
H20. Crime, Science and
H21. Cripples (see also Infantile Paralysis)
H22. Deafness and Defective Hearing
H23. Diabetes
H24. Diphtheria
H25. Eyes
H26. Foods
H27. Germs
H28. Goiter
H29. Heart Disease
H30. Home Treatment
H31. Immunization
H32. Industrial Health
H33. Infantile Paralysis
H34. Insects
H35. Marriage
Maternal and Infant Health (No. H10)
H36. Medicine, Famous Men of
H37. Medicine, The Practice of
H38. Mental Hygiene in Adults
Mental Hygiene in Children (No. H11)
H39. Milk
H40. Nose and Throat
H41. Nurses
H42. Pets
H43. Pneumonia
H44. Posture
H45. Quackery
H46. Rabies
H47. Radium and X-Ray
H48. Relaxation and Sleep
H49. Rheumatism
H50. Rickets
H51. Sex Education
H52. Skin, Care of
H53. Speech Defects
H54. Teeth
H55. Tuberculosis, in Adults
H56. Tuberculosis, in Children
H57. Vacations
H58. Venereal Disease
H59. Vitamins

Because the demand for these folders is great they must be returned in one week. To secure any folder, please write to J. H. Kler, M.D., Chairman Public Relations Committee, Medical Society of New Jersey, 77 Livingston Avenue, New Brunswick, N. J.

FIELD PHYSICIANS

A list of the Field Physicians, with their addresses and telephone numbers, will be printed on advertising page vi of each issue of this Journal, immediately below the list of officers of the County Medical Societies. These physicians have been appointed by the State Department of Health on the nomination of their respective county societies, and the approval of a special committee of the State Medical Society, for the purpose of stimulating their brother physicians to practice maternal welfare and child health according to modern standards and opportunities. The following outline of the scope of their functions has been prepared by the Bureau of Maternal and Child Health.

A. IN MATERNAL WELFARE

I. Prenatal Care
  a. In private office
    1. Standard equipment
    2. Records
    3. Standard procedures
  b. Development of prenatal centers

II. Arrange—
  a. Obstetrical conferences
  b. Attendance at refresher courses

III. Develop—
  a. Obstetrical consultations
  b. Nurse delivery service (free to low-wage group)
  c. Standard procedures in deliveries
    1. At home
    2. In hospitals

IV. Distribute—
  a. Record forms
  b. Literature for distribution to mothers
  c. Forms for standard practices

V. Study maternal deaths—
  a. For more accurate diagnosis and classification
  b. For discussions with the attending physicians
  c. For obstetrical conferences

B. IN CHILD HEALTH

I. Help physicians to familiarize themselves with methods and procedures by—
  a. Attendance at lecture courses
  b. Attendance at Baby Keep-Well stations
  c. Pamphlets and books
  d. Refresher courses
  e. Pediatric conferences

II. Help physicians to be prepared to give service to well babies by—
  a. Immunizations
  b. Vaccinations
  c. Physical examinations and weighing
  d. Arranging for monthly office visits
  e. Educating mothers in the care, feeding, and management of their babies

NEW JERSEY HEALTH AND SANITARY ASSOCIATION

The annual meeting of the New Jersey Health and Sanitary Association was held in Princeton, December 10 and 11, 1937. Its program was practically that which was announced in this Journal of November, page 694.

Dr. J. R. Morrow, Director of the Bergen County Tuberucolsis Hospital, demonstrated the Mantoux test in a group of children who had been injected at several periods previously.

Dr. J. Berkeley Gordon staged a demonstration of giving mental examination tests to school children, but using normal children who had been coached to act the rôles of mentally defectives.

The subject of the sterilization of mentally unfit adults was discussed on the popular side by George Reid Anderson; and on the more scientific side by Hon. John A. Matthews, L.L.D.

The new officers elected were:

President, William H. MacDonald, State Department of Health

First Vice-President, Joseph R. Morrow, M.D., Ridgewood

Executive Secretary, John Hall, State Department of Health.

CANNABIS INDICA IN PHARMACEUTICALS

In the article on cannabis indica prescriptions in the December Journal, page 748, the Editor made the statement, "It is hardly probable that any physician in New Jersey will have occasion to prescribe the drug." However, an article in the December issue of the *Bulletin of the Bronx County Medical Society*, New York City, calls attention to twenty-eight pharmaceutical preparations which contain cannabis,—many of them with no indication of its presence. The list was compiled by Mr. Marty Sasman, of the Professional Relations Committee of the Bronx County Pharmaceutical Association, and is as follows:

Cannabis; Cannabis seeds; Extract Cannabis
Fluid Extract Cannabis; Powder Extra Extract Cannabis; Tincture Cannabis
Cannabinon; Cannobene
Corn Collodium (Squibb); Corn Collodium P. R. B. I.
Collodium Salicylicum Compound N. F.
Cosadein (Parke Davis & Co.)
Elixir Chloral & Potassium Bromide Compound N. F.
Elixir Bromides & Belledonna Compound (Lilly)
Chloranodyne; Elixir Passiflora Compound
Cannabin Compound, Red; Cannabin Compound, Green
Mixture Chloroform & Morphine Compound N. F. V.
Tablets Chloranodyne; Tablets Chloranodyne half strength
Tablets Sedative Dr. Brown; Tablets Sedative Modified "A" (Lilly)
Tablets Cannabin Compound (Stoddard)
Tablets Hydrastine Compound (B. & W.)
Tablets Menovarian
Tablets Orchic Compound (National Drug Co.)
Tablets Gano-dyne
Cannabin Tannate (B. & W.) (Known as Hydrastina Comp. B. & W.)
Pill Neuralgic (Brown Sequard)
Colic Mixture Veterinary (Parke Davis & Co.)
Utroval (Piscidia Compound) (Parke Davis & Co.)
Syrup Tolu Compound (Lilly)
Syrup Lobelia & Tolu Compound (Lilly)
T. T. Cannabis ¼ Gr.
Hypno Bromic Compound; Neurosine
Bromidia; Bromidonia Elixir (McNeil)
Mentholated Cough Balsam (P. D. Co.)

This list was compiled by a member of the Pharmaceutical Association of the Bronx. In order that a physician may possess any preparation on the list, or write a prescription for it, he must first obtain a special license from a collector of Internal Revenue, and pay a fee of one dollar annually.

IN MEMORIAM, DR. BLASE COLE

At its meeting on November 21, 1937, the Board of Trustees of The Medical Society of New Jersey adopted the following memorial to one of its members, Dr. Blase Cole, of Newton, Sussex County, who passed away on September 30, 1937 (Jour., Nov., 1937, p. 706):

In the passing of Dr. Blase Cole on September 30, 1937, the medical profession of New Jersey lost one of its outstanding members, and the community one of its most faithful servants.

As a physician he endeared himself to his clientele not alone as an able practitioner, but as a friend who had a sympathetic understanding of their problems. His loyalty to country is demonstrated by his early enlistment in military service, and his public spirit is exemplified in his willingness, at great sacrifice to his private practice, to serve as Senator since 1924.

As physician, soldier, statesman, his decisions and activities were rendered with a degree of frankness rarely seen in public life.

His self-sacrifice in his medical work, his loyalty as a public servant, his liberality in the appraisal of his fellow man, together with the magnetism of his personality have left an indelible imprint of love and affection on the hearts of his friends.

Large was his bounty, and his soul sincere,
Heaven did a recompense as largely send;
He gave in service all he had,
He gained from Heaven all he wished, a Friend.

Your committee asks that this memorial be spread upon the minutes, and that a copy be forwarded to Mrs. Blase Cole.

Andrew F. McBride,
W. F. Costello,
Committee of Trustees.

DR. DAN S. RENNER

Dr. Dan S. Renner, Superintendent of the State Village for Epileptics at Skillman, died suddenly on Monday, December 13, 1937, at his home in the institution from a condition which was diagnosed as heart angina.

Dr. Renner was born in Sieston, Mississippi, July 25, 1884. He graduated from the Louisville, Kentucky, Medical College in 1909, and served four years on the staffs of state hospitals in Kentucky and Iowa. He joined the staff of Skillman Village June 28, 1913, and became Superintendent in April, 1929. He was active in The Medical Society of New Jersey, and gave active service on several of its committees. Mrs. Renner, who is a graduate in medicine, is active in promoting the coöperation of the Woman's Auxiliary with the State Medical Society.

Dr. Renner was also active in civic affairs, particularly the Boy Scouts.

The Somerset County Medical Society, of which Dr. Renner was an active member, adopted the following resolutions:

The death of Dr. Dan S. Renner has taken from us a valuable member of the Somerset County Medical Society.

As Superintendent of Skillman Village he gave to us able information from his experience.

As a citizen in his community, he was a leader in all worthwhile activities and particularly interested in young people's welfare.

As a member of the New Jersey State Medical Society, he was alert to its progress and well-being, having served faithfully on many important committees.

As a Past-President of the Somerset County Medical Society and an active member, he attended meetings regularly, served conscientiously whenever he was asked, and rendered valuable service in his wise counsel. He was a good friend to the individual members, and a great physician.

Be it resolved: That this expression of our appreciation of his character and sorrow over his passing be spread upon the minutes of this society, a copy be sent to The Journal of The Medical Society of New Jersey, a copy to the local press, and a copy to his bereaved widow.

(Signed) A. F. W. SFERRA, M.D.
ALBERT W. PIGOTT, M.D.
LANCELOT ELY, M.D.,
Chairman.

LIST OF PHYSICIANS DYING IN NEW JERSEY IN NOVEMBER

Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Jane C. Davis	77	Nov. 1, 1937	Jersey City	New York City	Myocarditis.
Walter P. Havens	56	Nov. 14, 1937	Farmingdale	Same	Pulmonary tuberculosis.
Murray B. Kirkpatrick	53	Nov. 25, 1937	Trenton	Same	Hemiplegia.
Livingston L. Lewis	60	Nov. 9, 1937	Hoboken	Hoboken	Cardiac disease.
Edward Phelan	66	Nov. 28, 1937	Newark	Newark	Broncho pneumonia.
Frank W. Pinneo	71	Nov. 18, 1937	Newark	Newark	Coronary occlusion.
Edgar Seibert	65	Nov. 7, 1937	Orange	Orange	Intestinal obstruction.
Lamar S. Voorhees	43	Oct. 31, 1937	Newton	Same	Suicide.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1937

DIPHTHERIA TOXOID

County	Total to Oct. 31	Month of Nov.	Total to Nov. 30	Average per Month
Atlantic	67	7	74	14.8
Bergen	771	253	1024	204.8
Burlington	63	0	63	12.6
Camden	440	31	471	94.2
Cape May	15	7	22	4.4
Cumberland	629	27	656	131.2
Essex	1631	422	2053	410.6
Gloucester	108	4	112	22.4
Hudson	51	7	58	11.6
Hunterdon	5	3	8	1.6
Mercer	278	105	383	76.6
Middlesex	201	636	837	167.4
Monmouth	341	671	1012	202.4
Morris	133	10	143	28.6
Ocean	21	26	47	9.4
Passaic	728	194	922	184.4
Salem	273	67	340	68.
Somerset	257	164	421	84.2
Sussex	1	1	2	.4
Union	396	217	613	122.6
Warren	48	0	48	9.6
Totals	6457	2852	9309	1861.8

SMALLPOX VACCINE

County	Total to Oct. 31	Month of Nov.	Total to Nov. 30	Average per Month
Atlantic	437	9	446	89.2
Bergen	664	72	736	147.2
Burlington	269	16	285	57.
Camden	1286	108	1394	278.8
Cape May	35	9	44	8.8
Cumberland	280	22	302	60.4
Essex	2221	520	2741	548.2
Gloucester	328	28	356	71.2
Hudson	62	0	62	12.4
Hunterdon	22	5	27	5.4
Mercer	468	133	601	120.2
Middlesex	375	218	593	118.6
Monmouth	906	18	924	184.8
Morris	250	18	268	53.6
Ocean	5	0	5	1.
Passaic	937	161	1098	219.6
Salem	212	1	213	42.6
Somerset	262	0	262	52.4
Sussex	0	0	0	0
Union	1364	194	1558	311.6
Warren	179	4	183	36.6
Totals	10562	1536	12098	2419.6

CONTACTS AND COMMENTS

NEW YEAR GREETINGS

The new year of the calendar comes in the middle of the year of activity of The Medical Society of New Jersey; and the real New Year issue of The Journal will be that of May, just before the Annual Meeting, which closes an old year and ushers in new opportunities and a new outlook and vision.

Time seems to roll on with a speed that is determined by the number of events that happen. Only a few years ago there was often difficulty in discovering a sufficient number of medical society events happening during a month to make a good-sized department of State Society Activities of The Journal; but now the Publication Committee must guard against a department of over-balanced size.

Then, the department of County Society Reports was filled with abstracts and reviews of the scientific papers delivered before the local organizations; but now space is hardly sufficient to record the administrative activities of the local organizations. Evidence of the growth of county society interests is afforded by the index,—that of the activities of the county societies being fifty per cent larger than that of the State Society.

Perhaps the most spectacular evidence of growth of the activities of the organized medical profession of New Jersey is shown by the Executive Offices with its extensive files, and its staff of assistants. To this should be added the offices of the Committee on Public Relations in New Brunswick, which is acquainting the people of New Jersey with the essential importance of the medical societies in the daily life of the people.

This word picture of programs is the New Year's greeting card of the Publication Committee to the members of The Medical Society of New Jersey.

DATE OF PUBLICATION

The Publication Committee has consistently tried to put each issue of The Journal in the hands of the members on the tenth of the month; but holidays and Sundays are no respecters of persons. Some items of interest which had arrived in the editorial sanctum in time for publication under ordinary conditions must necessarily be deferred until February.

The Publication Committee is assigned a budget based on past experience; and this means that the number of pages of The Journal are limited. If the pages of The Journal are already filled at the beginning of the holiday week, additional pages cannot be inserted without displacing items for which space has already been assigned.

It is a good indication of progress that officers and contributors ask for more space than is available. The remedy is to assign a larger budget to the Publication Committee.

CONSTITUTION AND BY-LAWS

Dr. Samuel Alexander, Chairman of the Special Committee on Constitution and By-Laws, has invited every County Society to send its President, or Secretary, or other representative to a meeting of the Committee on Sunday, January 23, 1938, at 2 o'clock in the Academy of Medicine, 91 Lincoln Park, Newark.

The committee will be pleased to receive any proposal which a County Society may offer regarding changes in the Constitution or By-Laws which the representatives may wish to make. It is desirable that any proposed changes should be submitted to the committee before they are offered upon the floor of the House of Delegates in order that the members of the House may have the time and opportunity to give them intelligent consideration.

SAFETY ON HIGHWAYS

Commissioner Arthur W. Magee, of the Motor Vehicle Department of the State of New Jersey, has sought the advice of the officers of The Medical Society of New Jersey regarding the following recommendation of the Eastern Conference of Motor Vehicle Administrators:

We urge the support of the medical associations to coöperate in the removal of persons unfit to operate a motor vehicle on the highways by reason of physical disabilities, by reporting to the administrator the presence of such disabilities in such persons.

We urge the physical examination of person operating motor vehicles for hire used for the transportation of passengers, and that no person be so licensed unless he is over twenty-one years of age.

These proposals and approaches are worthy of the serious consideration by the medical profession. Physicians will do their part in making the highways safe for those who use them, or who cross them as practically every person does almost daily.

CANNABIS INDICA PRESCRIPTIONS

It did not seem that the regulations regarding the possessing or prescribing cannabis indica would affect the physicians of New Jersey; but the article on the drug on page 51 of this Journal shows that dozens of preparations in common use contain the drug with no indication of its presence. Even a popular corn cure contains the drug, although the reason for its inclusion is not evident.

Ignorance of the law is not considered by the courts to be an excuse for its violation. *Therefore*, read the article with care, and preserve it for future reference.

HISTORIES OF COUNTY SOCIETIES

It is several years since the history of any County Medical Society has been written, but interest in the subject is fast reviving. Several physicians are now engaged in collecting data regarding the past, members of their local societies, and these investigators have brought to light a surprising amount of information that has been missed by former historians.

The Publication Committee has approved a search of the official records of the State Society, with the object of discovering the personal traits and accomplishments of its former Presidents. The work so far has been to discover and record the *sources of information* regarding the Past Presidents. It is planned that the list of Fellows (Past Presidents) that is published annually in the Official List shall contain at least the name of the locality or county in which each President practiced and date of his birth and death, and a statement of his outstanding accomplishments.

FIELD PHYSICIANS

The names and addresses of the Field Physicians will be published in each issue of The Journal immediately below the list of officers of the County Societies. A similar list of the executive offices of the county societies would facilitate the transaction of their business, and provide a necessary link in the means of communication between all branches of organized medicine.

OFFICES FOR COUNTY SOCIETIES

Several county medical societies are giving serious consideration to the desirability of establishing an office, with a telephone and a clerk, so that they may be easily reached. The office will also keep files of the activities of the societies in an accessible form. At least four county societies already have established offices with a success which is an encouraging precedent for other societies.

The Publication Committee is considering the desirability of publishing the address, telephone number, and name of the executive clerk in each office that has been established, if the county so desires.

MAPPING FIELDS OF SERVICE

The promptness with which medical society officials respond to the requests of allied organizations for information and advice has a deep effect on the cordiality of the relations between the medical and the lay groups.

Physicians experienced in medical society work are always prepared to inform lay groups regarding the boundaries of their fields of service, and to advise them regarding their methods of work in those fields. Welfare organizations, like physicians, are often confronted with emergencies; and if the official of the medical society delays in giving advice because he wishes to submit the question to the whole committee, the leader of the lay organization is justified in at once giving the service which he deems wisest at the time.

The chairman of a lay organization who seeks advice from the leader of a medical society or committee, rightly expects to get a definite reply as promptly as he gets a prescription from his family doctor.

219444

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

January, 1938				February, 1938			
4	Camden	18	Warren	1	Camden	10	Passaic
4	Hudson	19	Middlesex	1	Hudson	10	Somerset
11	Bergen	20	Gloucester	8	Bergen	11	Atlantic
12	Mercer	20	Morris	8	Cumberland	11	Salem
12	Ocean	25	Hunterdon	9	Mercer	16	Middlesex
13	Burlington	26	Monmouth	9	Ocean	17	Gloucester
13	Essex		Sussex (at call of President)	9	Union	17	Morris
13	Passaic			10	Burlington	23	Monmouth
14	Atlantic			10	Essex		

ATLANTIC COUNTY

E. H. Nickman, M.D., Reporter

The regular monthly meeting of the *Atlantic County Medical Society* was held at the Ambassador Hotel on Friday, December 10, 1937, Dr. Hilton S. Read, President, presiding.

SCIENTIFIC

The Scientific Program was presented by Dr. E. A. Schumann, Professor of Obstetrics, University of Pennsylvania, Philadelphia, whose paper was entitled "Obstetrics in General Practice", which was enthusiastically received by the members and guests, and briefly discussed by Drs. Brown, Carrington and Quinn.

OFFICIAL VISIT OF DR. HAWKES

Dr. E. Z. Hawkes, Vice-President of the New Jersey State Medical Society, an ex-officio member of President Herrman's Cabinet, presented an outline of the program of the State Society and urged the active participation of every member in carrying out this work.

SYPHILIS CAMPAIGN

A communication from the New Jersey Society of Clinical Pathologists with reference to the syphilis campaign was referred to the Venereal Disease Control Committee, and will be reported upon at the next meeting.

DUES

Dr. D. B. Allman, Treasurer, stated that dues were payable on or before December 31, 1937; and if not paid by that date, names of unpaid members will not appear in the Roster of the New Jersey State Society Journal.

REVISION OF CONSTITUTION

Dr. W. W. Hersohn's report on the revision of the Constitution and By-Laws was accepted with the following amendment which was passed: "The Executive Committee shall consist of the President, Vice-President, Secretary, Treasurer, and three members to be elected from the membership at large."

Dr. Allman made a motion, which was unanimously passed, that in appreciation of all the work and advice given Dr. Hersohn's committee by Attorney W. Wilmer Brown, that he should be made an Honorary Member of this society for one year, and a note of thanks is to be sent to him from the Secretary's office.

BERGEN COUNTY

L. W. Black, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Englewood Hospital on Tuesday, December 14th, President Charles Littwin presiding. The Bergen County Dental Association met with us and participated in the program. About sixty members from each society were present.

CONSTITUTION OF STATE SOCIETY

The Secretary read the proposed amendments to the Constitution of The Medical Society of New Jersey. Upon motion the society unanimously approved of the additions.

The Secretary also called attention to the following:

1. The election of Dr. Samuel Alexander to the Board of Trustees of The Medical Society of New Jersey;
2. The resolution proposed by Dr. R. Tether recommending that the American Medical Association sponsor a paid lobby at the National Capital in Washington to advise Congressional leaders on legislation pertaining to health;
3. An open letter of Dr. Stanley Nichols, Chairman of the Public Health Committe of the State Society; and the Public Health Committee report;
4. The post-graduate courses on fractures and venereal diseases, and
5. The health week program of the Bergen County Medical Society.

NEW MEMBERS

The following were elected to membership:

From Junior to Regular—

Dr. Lewis A. Klein, Teaneck

Dr. R. M. Dahlquist, Hackensack

To Regular—
Dr. H. A. Pierce, Leonia (by transfer)
Schuylkill County Medical Society
To Junior—
Dr. Selig J. Ross, Allendale
Dr. T. Alexander Johnston, Englewood

SCIENTIFIC

Gifford Ely, D.D.S., President of the Bergen County Dental Association, introduced A. L. Greenfield, D.D.S., Professor of Radiography, College of Dentistry of New York University, who spoke upon "Interpretation of Dental X-Rays and Its Relation to Systemic Infections". He showed lantern slides of dental x-rays illustrating normal and pathological processes in and around the teeth, and urged more accurate diagnoses and conservative treatment in the presence of systemic symptoms. However, if the teeth were definitely infected, he recommended treatment or removal.

Dr. Walter J. Farr introduced Joseph J. Bunim, M.D., Attending Physician to the Arthritis Clinic, New York University College of Medicine; Assistant in Medicine, New York University College of Medicine, who spoke upon "The Effect of Focal Infection of the Teeth and Tonsils with Special Reference to Chronic Arthritis". He too urged the conservative treatment, so-called, of focal infection. Removal of a focus of infection would not cure an arthritis which was already well established.

The papers were discussed by Dr. C. Whitman, Dr. G. M. Knowles, Dr. James M. Jones, Dr. S. Reich, Dr. S. Franklin, Dr. E. N. Huff, Dr. Charles Littwin, Dr. W. Greenfield and Dr. Walter J. Farr.

Dr. A. L. Greenfield closed the discussion on the dental questions and Dr. J. J. Bunim on the medical.

A collation was served in the dining room of the hospital.

CAPE MAY COUNTY

Warren D. Robbins, M.D., Reporter

The fifty-fourth annual meeting of the *Cape May County Medical Society* was held on Tuesday, November 16, 1937, at the Bellevue Hotel, Cape May Court House, with the President, Dr. John B. Townsend, presiding.

The following members were present: Drs. Bernheisel, Corson, Crowe, Cryder, Dandois, Friedland, Haines, Monosson, Moon, Pettit, Pressman, Robbins, Tomlin, Townsend, Way, Jonas and Hughes. Guests included Dr. W. J. Carrington, President-Elect, and Dr. LeRoy A. Wilkes, Executive Officer of The Medical Society of New Jersey; Dr. John Clark, Asbury Park and Mr. John Frial, Ocean City.

ELECTION OF OFFICERS

The following officers were elected for the coming year:
President, Dr. Hurlbert H. Tomlin, Wildwood
Vice-President, Dr. Aldrich C. Crowe, Ocean City
Secretary, Dr. Warren D. Robbins, Cape May
Treasurer, Dr. Hurlbert H. Tomlin, Wildwood

All committees were reappointed.

Dr. Samuel Hughes, of Wildwood, was appointed Alternate Delegate to the State Society to succeed Dr. Oscar Ziegler.

A Venereal Disease Committee was appointed, the members being Dr. Frank Hughes, Chairman: Dr. A. J. Friedland, Dr. W. P. Haines.

NEW MEMBERS

Dr. Edward C. Jennings, Rio Grande, and Dr. C. Paul Cameron, of Ocean City, were elected to the Society.

Dr. Frank Hughes was reappointed to the Board of Censors for three years. Term expires January 1, 1941.

Dr. George Dandois and Dr. Frank Hughes were elected Delegates to State Society to January 1, 1941.

Dr. Clarence Way was elected alternate to the Nominating Committee of the State Society for 1938.

PROGRAMS AND PROCEDURES

Dr. Carrington brought greetings from the State Medical Society and spoke of the activities of the Society, naming its four major objectives as:
1. Preservation of private practice.
2. Cancer control.
3. Legislation.
4. Improved hospital relationship.

Dr. Wilkes gave his usual interesting discussion of the problems of the State Society, and stressed the fact that physicians should be careful about joining any group offering new resolutions relative to the manner in which medicine should be practiced in this country. Our own State Society has offered a formal resolution to the American Medical Association expressing our views.

Dr. Clark spoke on the State venereal disease clinic, and told in detail the manner in which these clinics are operated in other counties.

SCIENTIFIC

The scientific program consisted of an address by Dr. Carl Fischer, Hahnneman Medical College, entitled "The Acute Abdomen in Childhood". The subject was presented in a most comprehensive and interesting manner.

DUES

The dues of the members of the society for 1938 were set at seventeen dollars.

A resolution was adopted expressing sympathy with Dr. Oscar Ziegler, of Wildwood, and wishing him a speedy recovery from illness.

CUMBERLAND COUNTY

E. S. Corson, M.D., Reporter

The regular bi-monthly meeting of the *Cumberland County Medical Society* was held on the afternoon of December 14, in the Hotel Cumberland, with President Leslie E. Myatt presiding over a large assembly.

Dr. Raymond Simkins, of Bridgeton, was elected an honorary member, since his poor health prevented him from performing the duties of active membership.

VENEREAL DISEASE

The venereal disease program of the State Board of Health was discussed, and a doctor was endorsed to organize a clinic in Vineland and one in Millville.

VISITING DELEGATION

Dr. C. I. Ulmer, District Councilor, gave an interesting talk on the interchange of delegates between the counties of this district, saying it would produce a solidarity among the members and promote a feeling of cordiality.

ADDRESS BY PRESIDENT-ELECT CARRINGTON

Dr. William J. Carrington, of Atlantic City, President-Elect of the State Medical Society, spoke of the benefits of reading The Journal of the State Medical Society and learning of the extension program that has been inaugurated for the benefit of the doctors of the State.

CANCER HOSPITAL

The erection of a State cancer hospital was discussed, and for the present it was advised to patronize the hospitals that have a sufficient supply of radium. It was recommended that one or two doctors be appointed on each board of hospital trustees to make a closer relationship between the board and hospital staff.

SCIENTIFIC

The scientific program consisted of a practical address on common conditions in dermatology by Dr. L. E. Strohm, of Philadelphia.

After the meeting, the members and guests enjoyed a social dinner in the hotel dining room.

ESSEX COUNTY

ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

Franklin J. Tobey, M.D., Secretary

A stated meeting of the *Academy of Medicine of Northern New Jersey* was held November 18, 1937, under the auspices of the Section on Medicine and Pediatrics.

President Henry C. Barkhorn called the meeting to order at 9 p.m. and requested the members to stand and observe a minute of silence in memory of Dr. Frank W. Pinneo.

Dr. Barkhorn introduced Dr. Benjamin Saslow, Chairman of the Section, saying that the officers of the section deserved praise for the excellent programs that they are presenting.

Dr. Saslow introduced the guest speaker, Dr. William P. Murphy, of Boston. Dr. Murphy's paper, "The Diagnosis and Treatment of Pernicious Anemia," was unusually brilliant and of inestimable value to the audience. Moving pictures illustrated the technic of the treatment.

At the conclusion of the paper, Dr. Murphy was given a rising vote of thanks.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The regular monthly meeting of the *Gloucester County Medical Society* was held in The Homestead, Woodbury, on the evening of December 16, 1937, with thirty-two members and eight guests present. President Oran A. Wood presided.

The program began with an informal dinner to the guest of honor, Dr. Arthur C. Morgan, Professor of Clinical Medicine in Temple University, Philadelphia, Pa.

After the dinner Dr. Morgan gave an address on "Acute Cardiac Tragedies", which was discussed by Dr. Ralph K. Hollinshed.

HUDSON COUNTY

J. M. Connell, M.D., Reporter

A regular monthly meeting of the *Hudson County Medical Society* was held on Tuesday, December 7, 1937, at the Carteret Club, at 9:40 p.m., with the President, Dr. W. L. Williamson, in the chair.

PUBLIC HEALTH COMMITTEE

Dr. Jaffin read a communication from Dr. Stanley Nichols, Chairman of the Committee on Public Health of the State Society, calling attention to the fields in preventive medicine in which family doctors may engage (Jour., December, 1937, p. 750).

TUBERCULOUS CHILDREN

An appeal was made by Dr. Jaffin to the members of the Society to enlist their coöperation in the follow-up of all tuberculin-positive children, especially those discovered in high-school surveys. In Jersey City there were about 5,000 tuberculin-positive children, and each one represents a home or a household in which there must have been a source of infection at one time or another. We are more interested in reaching these sources of infection and other contacts than we are in the discovery of the actual number of cases of tuberculous infection in our schools, however important that may be.

NEW MEMBERS

Three proposals of new members were received and referred to the Board of Censors.

The following new members were elected:

Josef T. Bergmeyer, West New York
Edward Faber, Jersey City
Moses H. Holland, Hoboken.

SCIENTIFIC SESSION

Dr. Williamson introduced Dr. Stanley R. Woodruff, Associate Attending Urologist, New York Post-Graduate Hospital, who spoke on the subject, "The Problem of Urinary Infection and Its Treatment", illustrated with lantern slides. Discussors: Drs. Daly, Butler, Markowitz, Donohue, Alter, D'Acierno. Terminated by Dr. Woodruff.

Adjournment at 11:10 p.m.

MERCER COUNTY

A. Dunbar Hutchinson, M.D., Reporter

The regular monthly meeting of the *Mercer County Medical Society* was held on December 8 in the Country Club of Trenton, with President D'Arcy

in the chair. The audited report of the Treasurer, Dr. Harry R. North, was received and approved.

NEW MEMBERS

The following physicians were elected to active membership:

J. R. Burbidge
D. D. Borella
A. L. Clark
J. R. Deitz
W. H. Eames
L. J. Finkle
D. A. Fluck
M. Friedman
G. I. Horhovitz
J. N. Rampona
J. J. Rita

The following physicians were elected to associate membership:

J. A. Burns
H. A. Cotton, Jr.
J. B. Cunningham
G. K. Dean
L. L. Goldman
E. A. Larsson
M. A. Nicholais
G. B. Sharbaugh
W. H. York

One application for active membership and one for associate membership were received.

PUBLIC HEALTH

Dr. Wilbur Watts, Chairman of the Public Health Committee, described a plan of activity received from Dr. Stanley Nichols, Chairman of the Sub-Committee of the State Society. On motion, this plan was approved.

ELECTION OF OFFICERS

The following officers were elected for the year 1938:

President, W. R. Little
Vice-President, T. J. Walsh
Secretary, A. D. Hutchinson
Treasurer, H. R. North

Executive Committee: L. S. Sica, P. B. Reisinger, J. H. McCullough

Members of State Nominating Committee: H. R. North, D. L. Haggerty

Member of Board of Censors: C. H. Mitchell

Delegates to State Convention: D. B. Ackley, H. D. Bellis, R. B. Seely, N. Swern, J. A. Connelly, J. M. Schildkraut.

Alternates: D. D. Lavine, J. H. McCullough, J. F. Pessel, F. E. Proctor, P. J. Warter, W. L. Wilbur

Dr. John Bruyere, a retired physician, of Trenton, was elected an honorary member of the society.

After adjournment, the members enjoyed a buffet supper as the guests of President D'Arcy.

MIDDLESEX COUNTY

Charles Caloin, M.D., Reporter

The regular monthly meeting of the *Middlesex County Medical Society* was held on November 17, 1937, at the home of the President, Dr. John H. Rowland, 11 Stratford Place, New Brunswick, N. J.

PNEUMONIA FILM

Dr. Edward Roberts, of the Lederle Laboratories, presented a film on pneumonia and the serum treatment of this disease. He discussed the use of various types of serum and their effect on prognosis; and following the pictures answered questions presented by various members.

NEW MEMBERS

Three applications for associate membership in the County Society and one for full membership were presented and approved.

COMMITTEE ON CHILD HEALTH

Dr. Uhr reported on a meeting of the Child Health Committee, which committee offered the suggestion that a survey be made of the pre-school child, with a house-to-house canvas made by members of the Parent-Teacher Association, urging that parents send all such children to their private physician for inoculations against diphtheria, the charge of $2.00 to be made in ordinary cases, $1.00 for persons in the lower income brackets, and free service for those financially unable to pay. Where the family has no regular physician, a list of county members is to be presented for free choice on the part of the patient. It was regularly moved and seconded that the report be approved by the County Society.

TUBERCULOSIS

Dr. William London reported on the Special Committee on Tuberculosis, which considered three points:

1. The appointment of physicians who are to do mass tuberculin testing.

We recommend that the Boards of Education and the heads of the parochial schools name the physicians who are to do the testing in their own communities and that they be advised to appoint their own school physicians.

We believe that this is the most practical method of making these appointments. No individual physician will be able to obtain much compensation from this work, so that there is no point in attempting to spread the work among a larger number of physicians.

2. The location, whether mass testing is to be done in doctor's office, or in school.

We recommend that the mass testing be done in the schools. It is the only practical way at present of accomplishing the aim of this work.

3. Whether paper or celluloid films be used.

We recommend that paper films be used for the mass x-ray examination of the positive reactors to tuberculin. It should be definitely understood that the paper film is used only as a screening process, and because it is the only method which is practical at present for such mass work. Although this recommendation is a reversal of the society's previous attitude, we feel that it is justified under present conditions.

We also recommend that all letters, propaganda, etc., to be sent out by the Tuberculosis League and the school boards be approved by the Tuberculosis Committee of the County Medical Society.

It is understood that the freshmen and senior high school students, only, are to be tested.

We believe that this plan will be of great benefit to both the public and the physicians, and that it

will in no way interfere with private practice, but rather that it will aid the practice of the private practitioner.

It was regularly moved, seconded and carried that the recommendations of the committee be accepted by the County Society.

1938 DUES

Dr. Smith discussed the question of bills for 1938 dues. In the past year the dues have been raised to $25.00 per member in order to pay for the services of Miss Kidd, the business executive to the secretary. Various members discussed the necessity for further service by her in order to continue the amount and excellency of work done in the past year by our society. It was regularly moved, seconded and carried that we retain Miss Kidd, and keep the dues at $25.00 during the next year.

MATERNAL WELFARE COMMITTEE

A letter was read from Dr. Arthur W. Bingham, Chairman of the Maternal Welfare Committee, stating that seminars were to be held in various places throughout the State, and requesting that any member of the society interested in obstetrics communicate with Dr. Rowland if he desired to attend such meetings and enter into the discussion.

PUBLIC HEALTH

A letter was read from Dr. William G. Herrman requesting that no member of the County Society take any stand on questions of public health and policy which will be at variance with the decision of the State Society on such matters.

NURSING AND NURSING EDUCATION

Dr. Naulty reported on a plan for the training of nursing attendants drawn up by the Committee on Nursing and Nursing Education and asked that the publicity on the facilities available for such training to girls in Middlesex County be approved by the Medical Society. It was felt by the committee that there was an urgent need for the training of nursing attendants to minister to the physical wants of the mildly sick, the post-operative home patient, the mother and new-born infant, the patient who is not seriously ill, and the aged. To supply this need, women between the ages of twenty-one and forty-five years, and whose minimum of education is that of a grammar school, should be trained. This special field of nursing should include simple nursing procedure, plain housework, cooking, and care of the well child. The salary for such assistance should be $18.00 and $21.00 a week. It was felt that such trained assistants would in no way usurp the place of the trained nurse.

It was regularly moved, seconded and carried that a vote of thanks be extended to Dr. and Mrs. John Rowland for their kind hospitality.

MONMOUTH COUNTY

O. R. Holters, M.D., Reporter

The Executive Committee of the *Monmouth County Medical Society* met for its November meeting on November 8th, at the Monmouth Memorial Hospital in Long Branch, N. J. The following members were present: Drs. Parry, Gosling, Blaisdell, Magee, Pregnall, Albright, Altschul, and Clark.

A letter was received from the Maternal Health Center of New Jersey requesting us to consider inviting Dr. Eric M. Matsner to speak at one of our meetings on Birth Control. Dr. Matsner is well known as a lecturer before Medical Societies, and is the author of a number of publications on the subject. After some discussion, it was decided to advise the Maternal Health Center that our programs for the next several months have already been arranged, but that we would consider the matter at some future date.

FIELD PHYSICIAN

It was moved by Dr. O. K. Parry that the name, address and telephone number of Dr. William Heatley, District Field Physician of the State Maternal Welfare Committee, be printed in the monthly Bulletin. The motion was carried.

It was decided to take no action at this time on the report of Dr. William O'Hanlon, Superintendent of the Jersey City Medical Center, in regard to his investigation of the hospital appropriations in Monmouth County.

DUES

An increase in our society dues seems inevitable for the coming year, and a word of explanation here may save some time and confusion. The House of Delegates at the Annual Meeting of the State Society held in Atlantic City last April voted to increase the per capita assessment from thirteen to fifteen dollars this year. Our meetings as they are now held are more popular and satisfactory than they have ever been, and the increase in attendance and interest warrants that they be continued in the same manner. Therefore, the Executive Committe recommends that our society dues be increased to $20.00.

AUDIOMETER FOR SCHOOLS

The Belmar Kiwanis Club purchased an audiometer for the use of the schools in Monmouth County. Physicians, nurses, and boards of education may make arrangements for the use of this instrument by communicating with the Monmouth County Superintendent of Schools at the Court House in Freehold.

On November 24th, a meeting of the *Monmouth County Medical Society* was held at the Garfield Grant in Long Branch. The meeting was presided over by Dr. O. K. Parry, and an exceptional paper was heard and appreciated by the very large attendance. The subject was "Regional Disease of the Small and Large Intestine". The paper was illustrated by slides, and the guest speaker was Dr. A. A. Berg, of Mt. Sinai Hospital, New York City.

At this meeting an increase in the annual dues was favorably voted upon, increasing dues to $20.00 per year.

NEW MEMBERS

Dr. Alex Jordan, Manasquan, N. J., and Dr. Jacob Lewis, Freehold, N. J., were unanimously voted to membership.

PERSONAL

Dr. A. Podell, Red Bank, has recovered from painful injuries recently received in an automobile accident.

Dr. Albert Schmidt, Manasquan, sustained serious intercranial injuries as a result of a collision of automobiles. However, he is well on the road to full recovery.

Dr. and Mrs. Harold Kazman, of Long Branch, recently returned from a trip to the West Indies.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The monthly meeting of the *Passaic County Medical Society* was held at Valley View Sanatorium, Preakness, on Thursday evening, December 9th, with the President, Dr. Fred Vosburgh, presiding.

COMPENSATION COMMITTEE

Dr. MacBride, Chairman of the Compensation Committee, submitted a six-point program. Among the suggestions made by that committee were that the injured workman have the right to select his own physician, hospital, or clinic; that the physicians of the Compensation Commission be full-time employees of the State; that the employer have the right to consultation at any time; and that a board be created to arbitrate disputes, complaints, and controversies. This report was referred to the State Board of Trustees for its consideration.

MEDICAL LECTURES

Two scientific lectures sponsored by the Passaic County Medical Society were announced for December 16th. The first at 4 p. m., and the subject "The Control of Venereal Disease, Especially Syphilis" by Dr. Mitchell, of Paterson, at the Board of Health meeting room. Another, a Symposium on Maternal Welfare to be conducted by Dr. Bingham, Chairman of the State Committee on Maternal Welfare. This meeting is to be held at St. Joseph's Hospital at 8:30 p. m.

NEW MEMBERS

The following applicants were elected to membership:

Active Membership—

Dr. M. N. Fenster, Passaic
Dr. J. Guerraia, Paterson
Dr. P. H. Simon, Passaic
Dr. W. L. Wethers, Passaic

Associate Membership—

Dr. J. J. Vanderbeck, Paterson

Five proposals for active membership were received and one for associate membership.

CONSTITUTION AND BY-LAWS

A proposed change in the Constitution was then voted upon and approved:

"*Article III.*—Eligibility for membership. Any reputable physician holding the degree of Doctor of Medicine, or equal in requirement as recognized by the American Medical Association, and engaged in any recognized phase of medical practice, whether private, public health, institutional or otherwise, shall be eligible for membership in this society. Various types of membership may be provided for in the By-Laws."

A proposed change in the By-Laws was then voted upon and approved:

"Each endorser shall be required to write a letter to the Chairman of the Board of Censors stating his personal experiences and contact with the applicant, and giving his opinion as to the desirability of the said candidate as a member of the society. These letters may accompany the application, or may be sent directly to the Chairman of the Board of Censors. No application shall be considered complete without such letters from both endorsers. The name of the applicant and the names of his two endorsers shall be published in the regular meeting notice at least one month prior to the vote to be taken on said candidate and prior to the action of the Board of Censors on his candidacy. Any member of the society may transmit to the Board of Censors any information or data relative to the eligibility or desirability of such applicant as a member of this society. The Board of Censors shall seek and welcome such information about applicants. The name of the candidate and the names of his endorsers shall again be published in the regular meeting notice announcing when such vote is to be taken."

SCIENTIFIC PROGRAM

Dr. Vosburgh then introduced Dr. Douglass, Superintendent of Valley View Sanatorium. After a few brief words of welcome Dr. Douglas introduced the speaker of the evening, Dr. Edward Mayer, Assistant Professor of Clinical Medicine, Cornell University Medical College, and Attending Physician at the New York and Bellevue Hospitals. His subject was "The New Rôle of the Family Practitioner in Pulmonary Tuberculosis from the Preventive and Therapeutic Aspects".

Dr. Mayer spoke on the difficulties of the diagnostic problems in tuberculosis, and although there has been a drop in the number of cases in the past decade or two, 80 per cent of the cases admitted to the sanatorium are far-advanced cases, whereas 20 per cent are minimal. The problem is to discover the latent tuberculosis case without symptoms, and to carefully watch these cases before they become active. The general practitioner must carry on his private campaign and must make use of the x-ray and repeated physical examinations.

He spoke on the various methods of infection in tuberculosis and discussed the exogenous and endogenous methods of infection. His own opinion was that tuberculosis was an exogenous infection and that the apical lesions were hematogenous.

The campaign against tuberculosis must be based on individual cases, the isolation of open cases to prevent further spread and the systematic check-up of all latent and contact cases.

The general practitioner must prevent tuberculosis in the patient who is free of tuberculosis, but still has contact with a case in the family. He pointed out that the history and physical examina-

tion may fail to detect manifest tuberculosis, and positive sputum was a late sign. The x-ray should be used more often. He suggested that tuberculin testing should be periodic at six months' intervals. If the test is positive, periodic x-rays should be done for two years. The younger the patient the more serious the infection.

Dr. Grossenfeld, of the Sanatorium Staff at Valley View Hospital, discussed Dr. Mayer's presentation, and showed the films in many cases who had been seen by private physicians. He said that every doctor would find many cases of tuberculosis in his practice if he keeps it in mind by testing and x-raying.

Both presentations were of excellent character and were heard by a very large audience.

The meeting then adjourned to the dining room where a fine repast was served. Valley View Sanatorium, Dr. Douglass, the Superintendent, and the staff are hosts to the Passaic County Medical Society each year; and the fine scientific session and the cordial atmosphere always bring out a large attendance on the part of the members.

SALEM COUNTY

L. C. Hummel, M.D., Reporter

Friday, December 10th, the *Salem County Medical Society* had its regular meeting at the Salem County Memorial Hospital.

There were nineteen members present, which was practically 100 per cent attendance. Reports of the different committees were heard and the usual business transacted.

NEW MEMBERS

Three more applicants were elected to the society,—Drs. R. J. Cox and J. D. Caggiano, of Pennsgrove, and Dr. M. Chesler, of Salem. Our Membership Committee is doing good work.

SCIENTIFIC

After the business meeting we were addressed by Dr. Arthur Phillips, of Philadelphia, on some of the later advances in the treatment of pneumonia. His paper was timely and covered a subject which is always of interest. He discussed the use of serums in the different types of pneumonia, demonstrated typing of the pneunococus, and also displayed some of the different apparatus used for oxygen therapy. The lecture was very practical, and encouraged considerabel discussion.

SUSSEX COUNTY

A. H. Groeschel, M.D. ,Reporter

A meeting of the *Sussex County Medical Society* was held in the Cochran House, Newton, at 9 p. m., November 9, 1937, with twelve members present, as follows: Dr. D. L. Spurgeon, President, and Drs. McCall, Scott, Kaplan, Longnecker, Coleman, Morrison, Eddy, Aitken, Smith, Burn and Drake.

Visitors and guests were Dr. Watson B. Morris, Springfield, Second Vice-President of The Medical Society of New Jersey; Dr. Robert White, Orange; Drs. Kaplan and Lushear, Newton, and Drs. Chappell, Truex, and Preston, Middletown, N. Y.

NEW MEMBER

Dr. Saul H. Kaplan, Newton, was elected a member of the Society.

RESOLUTIONS

Resolutions were adopted in memory of Dr. Blase Cole, a member of the Society, who died on September 30, 1937.

Drs. Coleman, Smith, and Morrison were appointed a committee to draft a memorial to Dr. Lamar Voorhees, of Newton, who died on October 31, 1937.

DUES

On motion, the annual dues of the society were made two dollars.

ADDRESS BY DR. MORRIS

Dr. Watson B. Morris, who was present as a member of the Cabinet of the President of The Medical Society of New Jersey, gave an address on the current problems in the relations of the County Society to the State Society. He emphasized the following points:

1. Each County Society to choose a President-Elect so that he would have one year of experience and education before assuming office.
2. Carry on a selected membership campaign.
3. The principal committees of the county societies to be similar to those of the State Society;—public health, public relations, legislation, child health, etc.
4. Meet the threat of State Medicine by engaging in preventive medicine actively.
5. Support the proposed Medical Practice Act of the State Society.
6. Active participation in Cancer Control.

SCIENTIFIC

Dr. Robert White, Orange, N. J., discussed the subject "Analgesia and Anesthesia in Obstetrics".

The meeting adjourned at 12:30 a. m.

UNION COUNTY

SUMMIT MEDICAL SOCIETY

E. H. Macpherson, M.D., Secretary

The November meeting of the *Summit Medical Society* was held Tuesday evening, November 30th, at the Nurses' Home of Overlook Hospital with thirty-four members present, with Dr. Tidaback presiding.

The paper of the evening was given by Dr. Hiemstra, of Missoula, Montana, on "Rocky Mountain Spotted Fever", a very serious disease transmitted by the bite of the tick occurring from Spring to August throughout part of the Far West. Dr. Hiemstra strongly urged that all persons contemplating a camping trip through that part of the West should receive innoculations several weeks before going, as this practically prevents the disease.

At present the only laboratory preparing the vaccine is located at the Branch State Laboratory, Hamilton, Montana. The vaccine will be forwarded in limited quantities at cost price. As the ticks must be collected individually from the countryside it costs $300 per liter to produce the vaccine.

After the meeting, a collation was served in the nurses' dining room.

THE WOMAN'S AUXILIARY

SOURCES OF LEADERSHIP

It is the policy of The Medical Society of New Jersey that all its activities shall revolve around the President during his term of office (Trustees' report, 1934, in The Journal of May, 1934, p. 263). While each chairman of a committee has the freedom to develop his own plans, yet same overlapping of plans is sure to occur among the thirty or more chairmen. Since the President is ex-officio member of every committee, he is the coördinator in all threatened disagreements.

It is reasonable that the President of the Woman's Auxiliary shall have a similar function, particularly in regard to policies and lines of activities that are to be announced in The Journal's section on the Auxiliary.

It has sometimes happened that two sets of conflicting reports of plans and policies of the Auxiliary have been sent to The Journal. This fact is an excellent sign of increased interest of the officers and committees in the affairs of both the Auxiliary and The Medical Society of New Jersey. It is most gratifying that the Auxiliary members are sincerely desirous of promoting all the good things which are being attempted by the physicians of New Jersey. But the time has come when the broad projects of every committee of the Auxiliary shall be referred to the President for her advice and judgment in regard to the relations of those activities to those of other committees and to those of the State Medical Society. The adoption of this policy will promote mutual understanding and harmony of action among the officers and committees of the Auxiliary, the several county auxiliaries, their members generally, and the leaders of The Medical Society of New Jersey.

An excellent working rule in reporting is:

1. All reports of local meetings and activities may be sent directly to the Editor of the Journal.

2. All proposals for activities or projects that involve the State Auxiliary or the State Medical Society should be submitted to the Journal through the State President of the Auxiliary.

Atlantic County

Reported by Mrs. Morton Major

Mrs. G. Ruffin Stamps, of Pleasantville, entertained members of the *Ecutive Board of the Woman's Auxiliary to the Atlantic County Medical Society* at a delightful luncheon on Tuesday afternoon, November 7, 1937.

Mrs. Lawrence Wilson, President, announced that Dr. Norman J. Quinn would be guest speaker at the regular meeting at the Ambassador Hotel on Friday evening, November 12. His subject will be "Health of School Children".

Mrs. Charles Kaighn was appointed parliamentarian of the society for the ensuing year.

Mrs. Raymond Williams was selected by Mrs. Wilson to act as chairman of the committee for the Auxiliary on the Red Cross Drive.

Mrs. Henry Subin announced that plans have been completed for the card party to be sponsored by the Auxiliary at the Ambassador Hotel on Wednesday afternoon, November 17. This party is being given for the benefit of the welfare fund.

Those present: Mrs. Charles Hyman, Mrs. Raymond Williams, Mrs. Carl Surran, Mrs. Samuel Salasin, Mrs. Lawrence Wilson, Mrs. Allan Reick, Mrs. Daniel Reyner, Mrs. Harry Subin, Mrs. Edward Dyer, Mrs. E. H. Nickman, Mrs. Robert Bradley, Mrs. James Mason 3d, Mrs. Baxter Timberlake, Mrs. Browne Holoman, Mrs. G. Ruffin Stamps, Mrs. Morton Major.

The *Woman's Auxiliary to the Atlantic County Medical Society* met at the Ambassador Hotel on Friday evening, November 12, 1937. Mrs. Lawrence Wilson presided at the meeting.

Mrs. Daniel Reyner, Chairman of Public Health, announced that there are radio talks being given every Wednesday afternoon at 2 p. m., sponsored by the American Medical Association.

Mrs. Harry Subin, Chairman of Entertainment, stated that plans have been completed for the card party to be given at the Ambassador Hotel on Wednesday afternoon, November 17. The committee includes: Mrs. A. G. Merindino, Mrs. Louis Rosenberg, Mrs. Samuel Gorson, Mrs. Ernest Shore, Mrs. William Hersohn, Mrs. Robert Bradley, Mrs. Allan Reick, Mrs. Edward Dyer, Mrs. Raymond Williams.

Dr. Norman J. Quinn addressed the group on "The Health of School Children". He gave a revealing talk on the health of the child in our public schools. Dr. Quinn urged the members of the Auxiliary to help better the situation and keep in close contact with the Parent-Teacher Associations.

The *Executive Board of the Woman's Auxiliary to the Atlantic County Medical Society* met on Tuesday afternoon, December 7, 1937, at the home of Mrs. James H. Mason, 3rd, 5501 Atlantic Avenue.

Mrs. Daniel Reyner, Chairman of Public Health, stated that completed plans had been made for the essay contest on "Prevention of Common Colds", which is open to children of the seventh and eighth grades in all schools of Atlantic County. The project is being sponsored by the Auxiliary to the Atlantic County Medical Society, with three cash prizes to be awarded the best essayists. The contest is to open on January 3, and close January 31, 1938.

Following the business meeting, tea was poured by Mrs. Samuel Salasin, Auxiliary State President.

Members present: Mrs. E. H. Nickman, Mrs. Clarence Whims, Mrs. Samuel Salasin, Mrs. L. M. Walker, Mrs. Daniel Reyner, Mrs. Louis Feinstein, Mrs. Harry Subin, Mrs. Allan Reick, Mrs. Percy Joy, Mrs. G. Ruffin Stamps, Mrs. Lawrence Wilson, Mrs. James H. Mason 3rd, Mrs. Morton Major.

The *Auxiliary to the Atlantic County Medical Society* met at the Ambassador Hotel on Friday evening, December 10, 1937.

"Here's to Crime" by Courtney Riley Cooper, was reviewed by Mrs. E. H. Nickman. In this book, the author stresses the appalling extent of the criminal network and explains that the criminal to whom crime is a business balances jail sentences against income and figures a profit.

Donations were made by the Auxiliary to the following organizations for the cheer of the holiday season: Pleasantville Red Cross, Betty Bacharach Home, Pine Rest, Municipal Hospital, Atlantic City Hospital, Visiting Nurses Tuberculosis Association, Welfare Bureau, Day Nursery.

Mrs. Reyner, Chairman of Public Health, stated that all plans have been formulated for the essay contest to be held in January.

At the close of the business session the members enjoyed a "White Elephant Party".

Attending were: Mrs. V. Earl Johnson, Mrs. Ily Beir, Mrs. John Irwin, Mrs. William Hersohn, Mrs. David Allman, Mrs. Louis Feinstein, Mrs. Samuel Gorson, Mrs. Myrtile Frank, Mrs. L. M. Walker, Mrs. E. H. Nickman, Mrs. W. Blair Stewart, Mrs. Allan Reick, Mrs. G. Ruffin Stamps, Mrs. James H. Mason 3rd, Mrs. Lawrence Wilson, Mrs. Peter Marvel, Mrs. Percy Joy, Mrs. Daniel Reyner, Mrs. Samuel Salasin and Mrs. Morton M. Major.

Bergen County

Reported by Mrs. Francis A. Macaulay

The regular monthly meeting and luncheon of the *Woman's Auxiliary to the Bergen County Medical Society* was held on Tuesday, November 9th, with Mrs. Walter Farr presiding.

Each of our Past Presidents, Mrs. Edward Clarke, Mrs. Michael Sarla, Mrs. Winfield Kilts, Mrs. Joseph Marrow, Mrs. Samuel Alexander, and Mrs. Alvah Bickner, was presented with a President's Pin.

A short business meeting was followed by a demonstration of holiday table decorations given by Miss Rita Bennett, of Hackensack.

Burlington County

Reported by Mrs. Roscius I. Downs

The *Executive Board of the Burlington County Auxiliary* met at the home of the President, Mrs. D. L. LeFavor, of Palmyra, on August 30, to plan the year's program according to the suggestions sent by the State. The number of meetings was increased from four to nine per annum, and the annual meeting was scheduled for March.

Our first gathering in the Fall was at the home of Mrs. J. H. Hornberger in Roebling, where we enjoyed a covered-dish supper. The members were well pleased with the attractive program which Mrs. LeFavor had prepared. A short business meeting followed the supper. A committee was appointed to revise the By-Laws. The members of the committee are Mrs. H. P. Shipps, Mrs. W. C. Wells, and Mrs. R. I. Downs.

The November meeting of the Auxiliary was a luncheon held at Boxwood Lodge, Lumberton, and was arranged by Mrs. G. E. McDonnel, Mrs. R. D. Geary and Mrs. D. H. LeFavor. Our guest of honor was the State President, Mrs. Samuel Salasin. She spoke of the importance of the *public relations meetings*, to which representatives of civic and club groups should be invited.

Mrs. A. Haines Lippincott, of Camden, gave a dramatic reading, and Mrs. Howard Curtis, of Moorestown, rendered vocal solos. Mrs. R. E. Haldeman favored with another of her splendid book reviews, this time on "A Woman Surgeon" by R. S. Morton.

Those present were: Mrs. D. H. LeFavor, Palmyra; Mrs. Samuel Salasin, Atlantic City; Mrs. James H. Mason, 3rd, Atlantic City; Mrs. A. H. Lippincott, Camden; Mrs. Joseph Stokes, Moorestown; Mrs. Daniel Remer, Mt. Holly; Mrs. Walter Zwick, Riverside; Mrs. Luther Hartman, Maple Shade; Mrs. E. H. Mulford, Burlington; Mrs. L. B. Hollingshead, Pemberton; Mrs. D. H. Ulmer, Moorestown; Mrs. C. P. Hogan, Burlington; Mrs. R. E. Haldeman, Mt. Holly; Mrs. J. H. Hornberger, Roebling; Mrs. E. H. Wyman, Burlington; Mrs. A. B. Peacock, Columbus; Mrs. Jacob Davis, Burlington; Mrs. Emlen Darlington, New Lisbon; Mrs. M. W. Newcomb, Brown's Mills; Mrs. W. E. Bray, Pemberton; Mrs. J. M. Kuder, Mt. Holly; Mrs. M. M. Schisler, Florence; Mrs. R. D. Geary, Riverside; Mrs. F. W. Metzer, Riverside; Mrs. R. W. Betts, Medford; Mrs. J. B. Clement, Beverly; Mrs. L. E. Viteri, Mt. Holly; Mrs. E. V. Davis, Vincentown; Mrs. P. M. Scott, Beverly; Mrs. G. E. McDonnel, Mt. Holly; Mrs. F. D. Fahrenbruch, Mt. Holly; Mrs. H. C. Curtis, Moorestown; Mrs. T. J. Summey, Moorestown; Mrs. R. D. Anderson, Burlington; Mrs. E. L. Small, Medford.

The Executive Board will meet at the home of Mrs. LeFavor again on Tuesday, November 30, at 8 p.m.

Essex County

Reported by Mrs. Charles Rathgeber, President

The November meeting of the Executive Board of the *Woman's Auxiliary to the Essex County Medical Society* was held at the Academy of Medicine on Monday, November 22nd, 1937. The President, Mrs. Charles Rathgeber, presided. The following members attended: Mrs. A. S. Harden, Sr.; Mrs. S. Harbourne Baldwin, Mrs. J. Irving Young, Mrs. Don A. Epler, Mrs. Joseph Skwirsky, Mrs. Louis Schneider, Mrs. Samuel Jessurun, Mrs. E. Newman, Mrs. William Minningham, Mrs. J. W. Siegel, Mrs. William Crecca, Mrs. Earl Snavely, Mrs. William Ferguson, Mrs. Gustav Braun.

Mrs. Louis Schneider, Chairman of Public Relations, reported several speakers had been placed from the speakers' bureau in lay organizations. She had received favorable comments from the organizations concerning the speakers.

Mrs. J. W. Siegel, Chairman of Ways and Means, reported that five committee meetings had been held at her home, 96 South Tenth Street, Newark, to discuss the plans for the supper-dance which was held at the Chanticler November 17th, 1937.

She also reported that 341 reservations were received for the dance. As a result, the Benevolent Fund was increased by the net proceeds of approximately $800.

Gloucester County

Reported by Mrs. Ralph L. Moore

The *Woman's Auxiliary to the Gloucester County Medical Society* held a covered dish luncheon at the home of Mrs. J. Harris Underwood, North Broad Street, Woodbury, N. J., October 8, 1937, at one o'clock. The committee in charge included Mrs. Fuller Sherman, Mrs. K. Brewer, Mrs. Don B. Weems, Mrs. E. E. Downs, and Mrs. Ralph Hollinshed.

The regular monthly meeting of the *Woman's Auxiliary to the Gloucester County Medical Society* was held at the Homestead Coffee Shop, Woodbury, N. J., on Thursday evening, November 18, 1937, at nine o'clock.

The President, Mrs. Don B. Weems, of Wenonah, opened the meeting. Reports from the various committees were heard and discussed. The meeting then adjourned and the members enjoyed a "White Elephant Card Party".

The Auxiliary had as guests for the evening Mrs. Alfred G. Gillis, Mrs. Isaac N. Patterson and Mrs. Louis Ruttenberg. Members attending were: Mrs. Don B. Weems, Mrs. Frederick Wandall, Mrs. William W. Pedrick, Mrs. Thomas Gardiner, Mrs. Harry Sinexon, Mrs. B. A. Livengood, Mrs. Ralph Venturo, Mrs. J. Harris Underwood, Mrs. Herman Wright, Mrs. Ralph K. Hollinshed, Mrs. Fuller Sherman, Mrs. Elwood D. Downs, Mrs. Chester I. Ulmer and Mrs. Ralph L. Moore.

Hudson County

Reported by Nellie D. Nevin

The monthly meeting of the *Woman's Auxiliary to the Medical Society of Hudson County* was held on November 1st, Mrs. Charles B. Kelley presiding.

Thirty-eight members were present and Mrs. John Coughlin, Mrs. Ira Goldowsky, and Mrs. Harold Tidwell were welcomed as new members.

Mrs. H. V. Broeser, chairman of program, had as guest speaker Miss Laura Woodruff, Executive Chairman of the Tuberculosis League, who gave an informative and constructive talk on the achievements of the League, illustrated with pictures showing the modern methods used in camps and schools toward advancing health-minded education.

Mrs. Nina Hatfield, the second guest, presented a most interesting review of two popular books,—"An American Doctor's Odyssey", followed by "Doctor Serocold"; and in order that the atmosphere might remain medical, Mrs. Hatfield closed by reading three appropriate poems,—"The Doctor", "Florence Nightingale" and "The Country Doctor".

Guests and members remained to tell of their appreciation and to enjoy tea which followed.

Christmas cheer prevailed at the meeting of the *Woman's Auxiliary to the Hudson County Medical Society* on December 6th, over which Mrs. Charles B. Kelly presided.

After a short business meeting at which one new member, Mrs. Charles Landshof, was welcomed, the afternoon's entertainment opened with Mrs. Harry Perlberg at the piano and the singing of Christmas carols. Two professional dancers, the Misses Dorothy Detzel and Rosaline Becker,—entertained with clever soft shoe and tap dancing, the latter a classical interpretation of the music of "Poet and Peasant".

Miss May Rosecrans, diseuse and harpist, who has studied under masters in this country and Italy, played several harp solos with rare charm, adding to these artistic numbers several character sketches in costume.

Mrs. William Freile and Mrs. Frank Nicholson presided over the tea table, which was radiant in Christmas coloring.

Mrs. Joseph Ruvane and her large committee served, while Mrs. S. A. Reich and Mrs. Henry Broeser were in charge of program.

Mercer County

Reported by Mrs. Leonard L. Friedman

The *Woman's Auxiliary to the Mercer County Medical Society* held an all-day meeting at the nurses' residence of Mercer Hospital, on Monday, November 15th, with forty members present, and Mrs. C. Chester Chianese, President, presiding.

Mr. Fred W. Heffinger, the efficient superintendent of Mercer Hospital, was our guest speaker on the subject "The Running of a Hospital". He praised the doctors and the rest of the workers of an institution for their untiring efforts, and also brought out the relation of the patient to the doctor, and the connection of a physician in the hospital.

A short period was devoted to the continued reading of the Medical Auxiliary Primer by Mrs. George N. J. Sommer. This study is instructive in develop-

ing a better understanding of the activities of the Auxiliary.

Surgical dressings were folded for the hospital throughout the day.

Various reports were heard from committee chairmen. Mrs. Elias and Mrs. Walsh, auditors, reported books satisfactory and approved.

Mrs. Cottone, Health Program Chairman, reported briefly on health talks throughout the State, the radio hour, and the Hygeia situation.

Mrs. Chianese stressed the placing of tentative speakers available for lay organizations, and contacting their clubs if possible and reporting to Speakers' Program Chairman, Mrs. Wilkes.

For social activity, the plans for an elaborate holiday card party were furthered. The affair is to be held at the home of Mrs. Charles F. Adams on Thursday afternoon, December 30th. The President appointed Mrs. N. Donald Cowlbeck as chairman.

Following the business session, a delicious luncheon was served at one o'clock in the din'ng room, with Mrs. Edmund W. Burroughs in charge of arrangements.

Attention was called to the January State meeting. Our next regular meeting will be held at McKinley Hospital. Our work is steadily growing, and an increased desire to do their share is shown by all our members.

The activities of the *Woman's Auxiliary to the Mercer County Medical Society* during December are as follows:

The Nominating Committee held a meeting at the home of Mrs. George N. J. Sommer on Thursday afternoon at three o'clock, December 9. Those present included Mrs. C. Chester Chianese, President; Mrs. George N. J. Sommer, Nominating Chairman; Mrs. A. Dunbar Hutchinson, and Mrs. Walter E. D'Arcy. Mrs. Patrick H. Corrigan was the new Treasurer elected to take the office vacated by the resignation of Mrs. Ed. W. Hawke. Following the session, tea was served by our gracious hostess.

The committee in charge of the holiday card party, to be held at the home of Mrs. Charles F. Adams on Thursday afternoon, December 30th, furthered plans at a meeting at the Adams home. Those in charge are Mrs. H. Donald Cowlbeck, chairman. The assisting committee is Mrs. J. J. Harman, Mrs. A. F. McGuigan, Mrs. E. W. Burroughs, Mrs. C. C. Chianese, Mrs. L. A. Wilkes, Mrs. A. S. Fell, Mrs. L. L. Friedman, Mrs. W. C. Ivins, Mrs. C. E. Clark. Hostesses include Mrs. G. N. J. Sommer, Mrs. A. D. Hutchinson, Mrs. A. S. Fell, Mrs. R. G. Stone.

A lovely basket of fruit will be presented to Mrs. Adams on Chirstmas for her kind hospitality.

During this month modest donations have been sent to the Mercer County hospitals toward Christmas cheer for the patients,—St. Francis Hospital, Mercer Hospital, William McKinley Memorial Hospital, N. J. State Hospital, Municipal Hospital, Orthopedic Hospital, and Princeton Hospital.

Somerset County

Reported by Mrs. C. F. Halsted

The *Woman's Auxiliary to the Somerset County Medical Society* held a meeting prior to the Annual Dinner of the Medical Society, to which they were invited guests, at the "Old Mill Inn", Bernardsville, N. J., Thursday, October 14, 1937. Eighteen members and three guests were present. Mrs. D. S. Renner presided.

After the usual business, the President urged the Public Health and Public Relations Committees to contact the public schools in an effort to present a radio program sponsored by the A. M. A. every Wednesday from 2:00 to 2:30 p. m. on "Youth of America".

Mrs. Don Epler was our guest speaker, who emphasized the duties of the Public Health and Public Relations Committees. She also advised the five-minute health talks before the P.-T. A., civic organizations and clubs. She said these talks were proving very interesting and advisable.

Union County

Reported by Helen M. Murphy

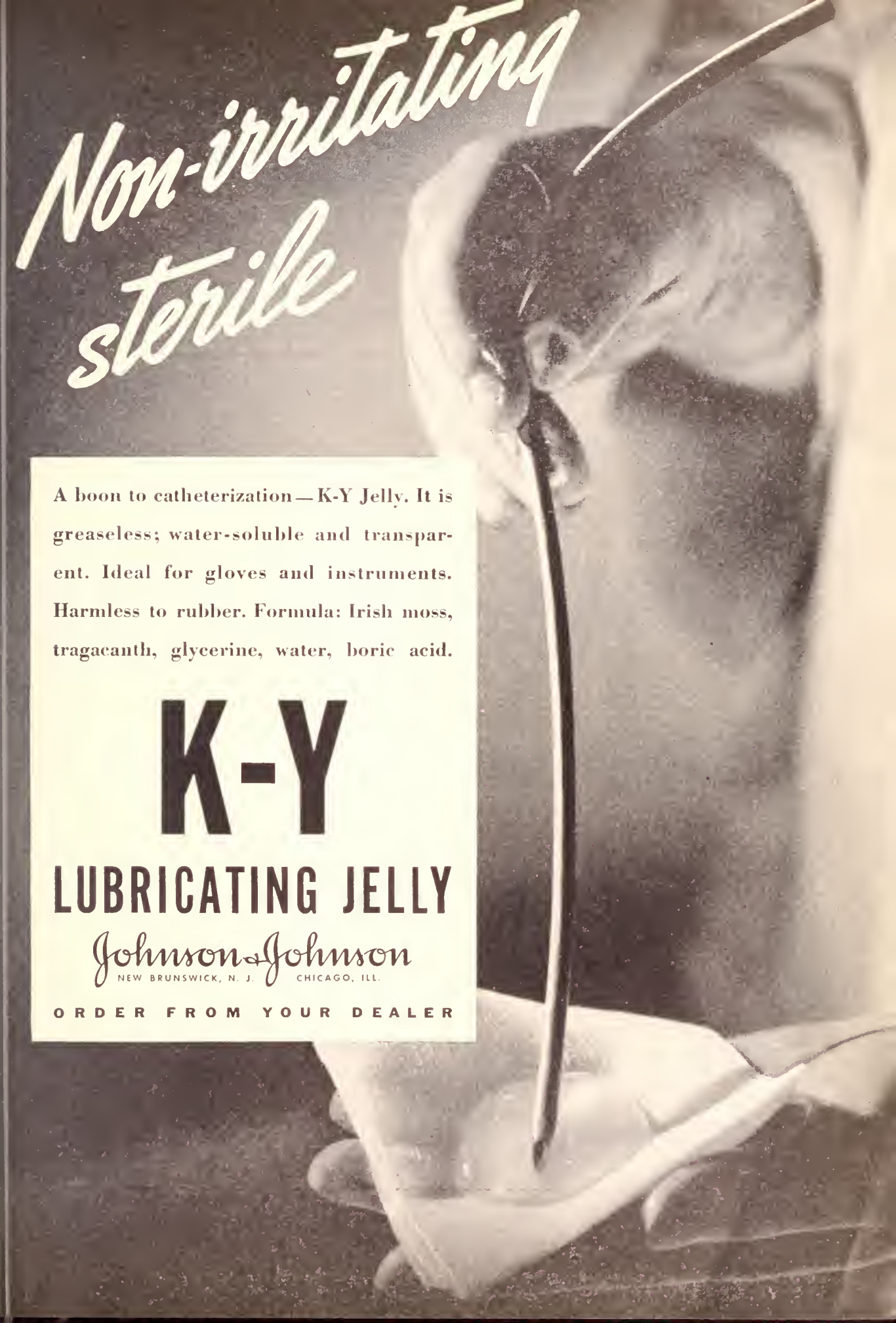
The *Woman's Auxiliary of the Union County Medical Society* held a *dinner meeting* for its members and the doctors of Union County on the evening of November 27th at the Maison Billia in Fanwood. In spite of the very bad weather, about twenty-two people attended.

The Auxiliary was fortunate to have as its speaker Dr. Frederic Quigley, Past President of the State Medical Society. He spoke on the subject of "Organized Medicine?", dwelling particularly on the "Committee of 430". Dr. W. G. Herrman, now President of the State Medical Society, who was present with Mrs. Herrman, also addressed the group on the above topic, giving his own philosophy and ideas. Dr. Henri Abel, President of the Union County Medical Society, and Dr. Gibbs were also guests of the Auxiliary. After dinner, bridge was enjoyed.

On Wednesday evening, December 8th, a regular meeting was held at the home of Dr. and Mrs. George Knauer, of Elizabeth. Mrs. D. R. McElhinney, President, presided. She introduced the speaker of the evening, Dr. A. R. Casilli, of Elizabeth, who addressed the group on the subject of "Recorded Medicine", tracing it from its early beginnings until the present day.

A business meeting followed. Plans were tentatively laid for two card parties to be held in February and April. A motion was made to give each Past President a Past President's Pin at the annual meeting.

Refreshments were then served. Mrs. C. H. Schlichter, of Elizabeth, poured, and Mrs. George Knauer, Mrs. D. R. McElhinney, and Mrs. Edgar Wiegel, of Elizabeth, assisted.



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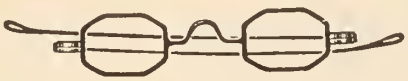

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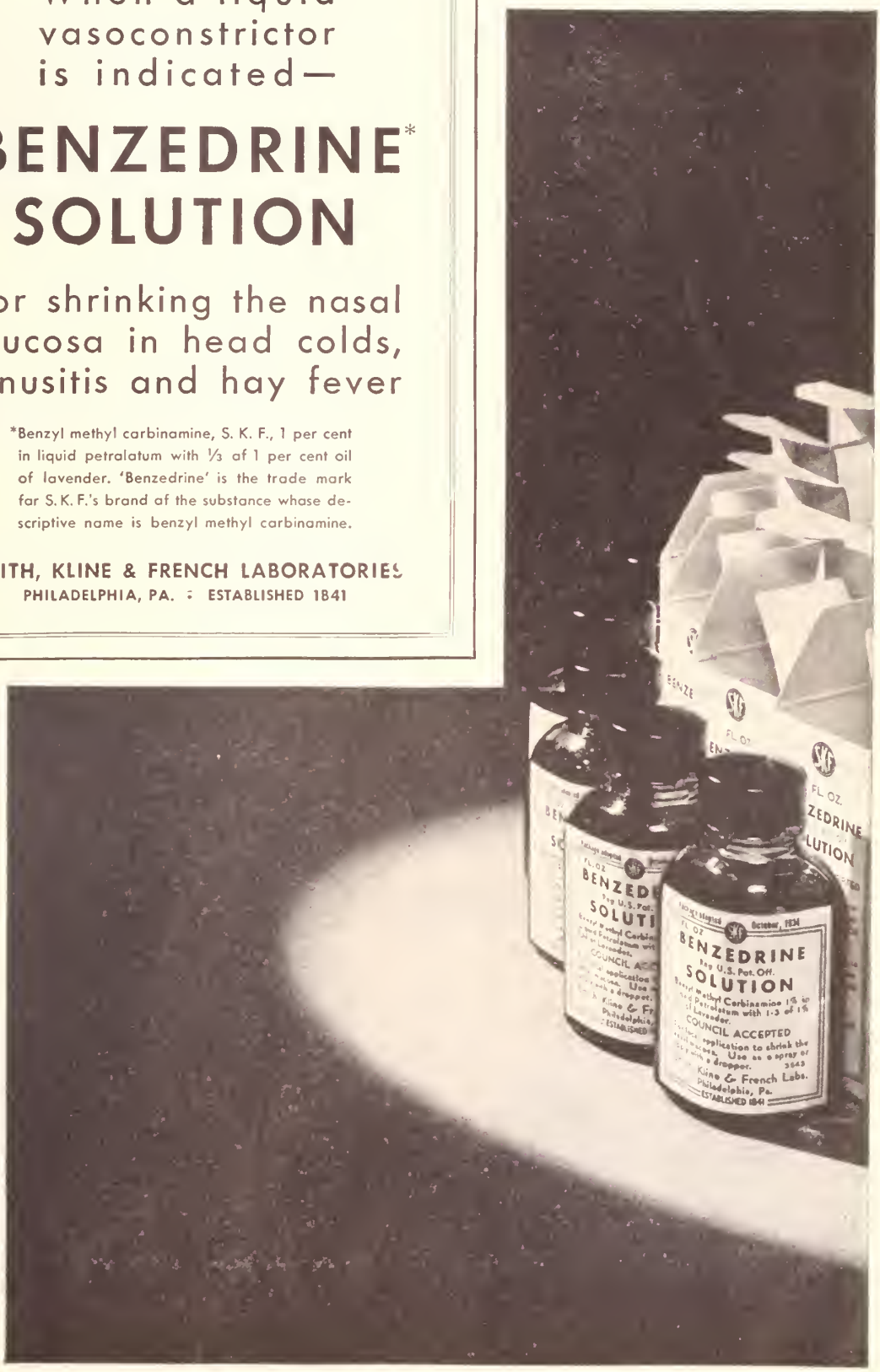

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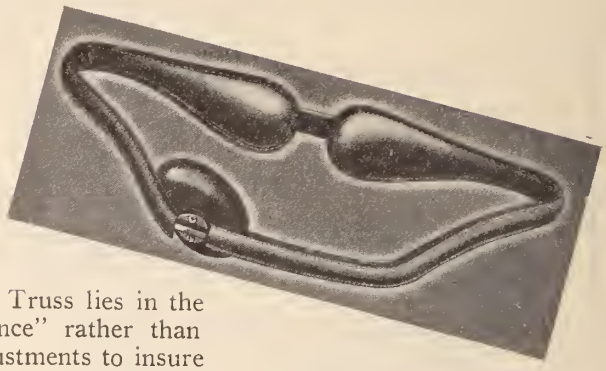

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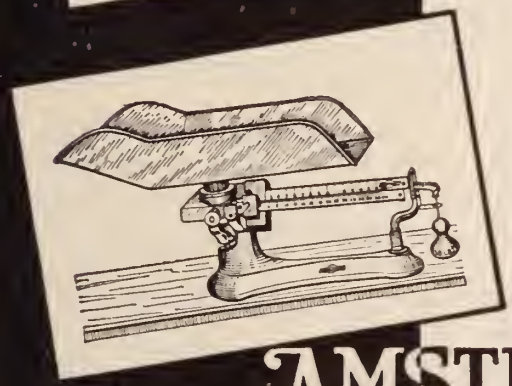

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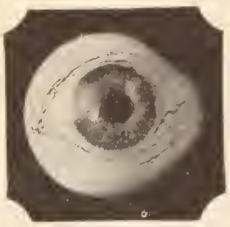

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It Can Happen Here

Example of severe rickets in a sunny clime. Courtesy of E. H. Christopherson, M.D., San Diego, and of "California and Western Medicine."

LEST WE FORGET—we who are of the vitamin D era—severe rickets is not yet eradicated, and moderate and mild rickets are still prevalent. Here is a white child, supposedly well fed, if judged by weight alone, a farm child apparently living out of doors a good deal. This boy was reared in a state having a latitude between 37° and 42°, where the average amount of fall and winter sunshine is *equal to that in the major portion of the United States*. And yet such stigmata of rickets as *genu varum* and the quadratic head are plain evidence that rickets does occur under these conditions.

How much more likely, then, that rickets will develop among city-bred children who live under a smokepall for a large part of each year. True, vitamin D is more or less routinely prescribed nowadays for infants. But is the antiricketic routinely administered in the home? Does the child refuse it? Is it given in some unstandardized form, purchased from a false sense of economy because the physician did not specify the kind?

A uniformly potent source of vitamin D such as Oleum Percomorphum, administered regularly in proper dosage, can do more than protect against the gross visible deformities of rickets. It may prevent hidden but nonetheless serious malformations of the chest and the pelvis and will aid in promoting good dentition. Because the dosage is measured in *drops*, Oleum Percomorphum is well taken and well tolerated by infants and growing children. Rigid bioassays assure a uniform potency—100 times the vitamins A and D content of cod liver oil*. Oleum Percomorphum, moreover, is a natural product in which the vitamins are in the same ratio as in cod liver oil*.

Oleum Percomorphum offers not less than 60,000 vitamin A units and 8,500 vitamin D units (U. S.P.) per gram. Supplied in 10 and 50 c. c. brown bottles, also in 10-drop soluble gelatin capsules, each offering not less than 13,300 vitamin A units and 1,850 vitamin D units, in boxes of 25 and 100.

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CANNED FOODS IN THE CONTROL OF SUBACUTE DEFICIENCIES OF THE ANTI-PELLAGRIC FACTOR

As a result of his classical researches, Goldberger first proposed the name "Pellagra-Preventive Factor" for that component of the vitamin B complex which he found effective in the prevention of human pellagra. Subsequently, the terms vitamin "G" and sometimes vitamin "B_2" were used to designate this effective factor. However, until biochemical research has conclusively established its identity, it is now apparent that we had best return to Goldberger's original designation for that entity which protects the human against pellagra.

In contrast to the other vitamin deficiencies, cases of severe deprivation of the anti-pellagric factor are not uncommon in certain regions of the United States. It is also known that if the intake of food be drastically restricted for some reason—alcoholism, for example—pellagra may be encountered in localities in which the disease is not endemic (1). For these reasons, it is not unreasonable to suspect that subacute or latent deficiencies of the P-P factor may also be existent in this country.

In the absence of typical dermatitis, available means for the diagnosis of deficiencies of the anti-pellagric factor are not entirely satisfactory. The practitioner must rely upon a variable group of less specific symptoms such as glossitis, diarrhea, digestive disturbances, and nervous and mental disorders. However, consideration of these symptoms along with an evaluation of the diet upon which the subject had been maintained, may permit the conclusion that suboptimal intake of the P-P factor should be suspected.

The treatment of severe or perhaps even the mild manifestations of this dietary deficiency may require intensive therapy with food products or preparations known to be rich in the pellagra preventing factor. However, prevention of pellagra and maintenance of the cure appear to be largely matters of dietary regulation. In this connection, commercially canned foods deserve particular mention.

Goldberger and his associates directed considerable attention to evaluation of the pellagra-preventive powers of common foods. The values of foods, many of them canned foods, in the prevention of pellagra have been determined (2) by investigations in which human subjects were used.

In view of these facts, it is apparent that certain commercially canned foods will prove reliable, convenient and economical in the formulation of diets calculated to protect against mild or severe deficiencies of the P-P factor.

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1. 1937. J. Am. Med. Assn. 108, 15. 1935. Ibid. 104, 1377.
2. 1934. U. S. Pub. Health Rpts. 49, 755.

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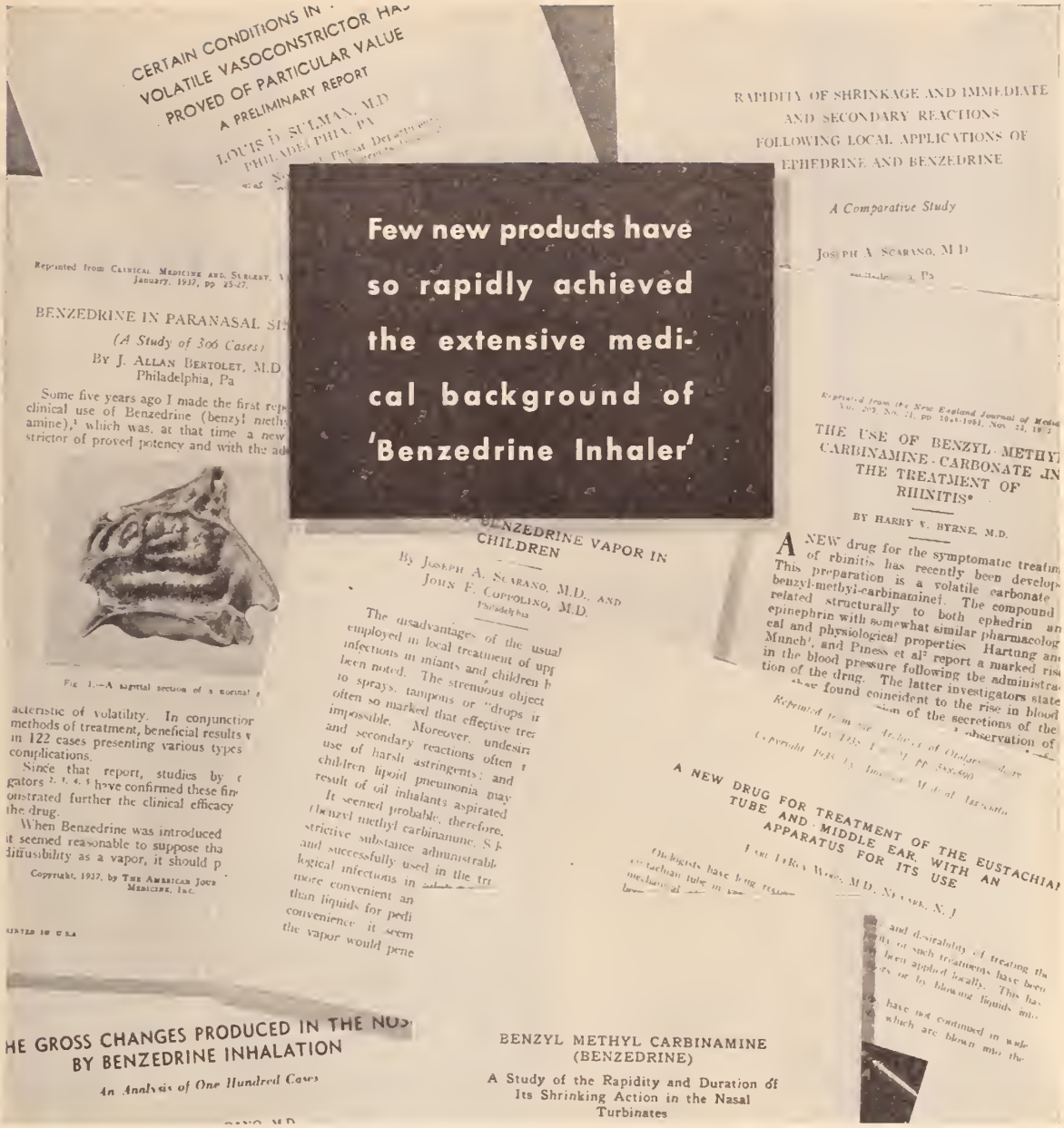

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**Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245*
Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
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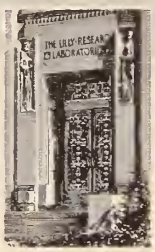

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EDITORIALS

Preserving Files of The Journal

The desirability of preserving files of The Journal of The Medical Society of New Jersey has been the subject of several editorials, and of discussions in the meetings of the several committees of the Society.

The Journal was established in September, 1904, with the object that it should record the monthly transactions of the Society, as well as its annual meetings. Bound volumes of The Journal are on file in the Executive Offices, and are constantly consulted; but it is to be regretted that the records are often incomplete and fragmentary. For example, the official lists of officers and members were not included in the volumes from 1925 to 1933.

During the last four years abstracts of the reports of all committees have been printed in the next isssue after they were presented, and have been fully indexed and cross-indexed at the end of the year. The full reports have been filed in the Executive Offices, but practically every item of information that has been desired may be readily found in the bound volumes and the current issues of the Journal. These records are practically always accepted as authoritative.

Requests come in almost daily for information regarding recent actions by officers and committees of the State Society, and can be readily answered by reference to recent issues of The Journal. Therefore, the following suggestion is made to every County Medical Society:

1. Let each county society keep a complete set of Journals and have them bound into a volume every six months.

2. Include the complete Journal—cover and advertising pages—in the bound volume. The lists of officers and committees are printed on the first five advertising pages of each Journal, and are used by the officers and committee chairmen of the State Society.

3. Let the Secretary be the custodian of the bound volumes, and be responsible for keeping them up-to-date; and let him pass them on to his successor.

It is to be regretted that only one set of Journals is available in the Executive Offices; and it was only with difficulty that missing volumes were secured. There should be a complete set of future issues available in the official files of every County Secretary.

List of Ex-Presidents

The list of ex-Presidents of The Medical Society of New Jersey, which is printed on page 104, was prepared for publication in the roster of Fellows that has been published annually by the Society beginning with the year 1868. The plan which has been followed for seventy years has been to print the name of the President and the year of his taking office. The new list adds details which tend to make each President a living personage. It includes his numerical order on the list, and his address, the years of his birth and death, and his characteristics, so far as they are available by a rapid search of the official records of the Society.

Many of the details are meager or missing, but practically all the missing information may be supplied from local sources. It has therefore seemed wise to publish the list at once, and to request the members to supply the needed data that may be obtained from local sources, such as historical societies, and the survivors of families of the Presidents.

THE FOUNDERS

Eight of the Presidents were among the fourteen Founders of the Society on July 23, 1766. Their names and ages at the time that the Society was founded were as follows:

Robert McKean, 34	Lawrence Vander Veer, 26
William Burnet, 36	Moses Bloomfield, 37
John Cochran, 36	John Griffith, 29
Thomas Wiggins, 35	Isaac Harris, 25

The last surviving founder seems to have been Lawrence Vander Veer, who died in 1815; but it is possible that other founders who did not become Presidents may have lived to a later date.

AGES AT ELECTION

A surprisingly large number of Presidents were under forty years of age at the time of their election, as is shown in the following table, which, however, needs confirmation:

Under 30 years ... 3	36 years.... 2
31 years ... 2	37 years.... 8
33 years.... 2	39 years.... 2
34 years.... 2	

SERVICE OF MORE THAN ONE TERM

The office of President has always demanded a great expenditure of time and effort, and only one, Dr. Williamson, No. 28, served for two successive terms, but the following Presidents were reëlected after an interval of years:

William Burnet, 1767 and 1786
James Newell, 1772 and 1781
Lewis Dunham, 1791 and 1816
Peter I. Stryker, 1808, 1817, and 1824

INHERITANCE OF PRESIDENTIAL ABILITY

There is evidence of the importance of the peculiar temperament and public spirit which are essential for a President of The Medical Society of New Jersey. The following is a list of Presidents whose sons or grandsons served as Presidents:

James Newell, 1772, and his son Elisha, 1795

Jonathan Elmer, 1787, his grandson William, 1860, and his great-grandson Henry W., 1860 (The duplication of the family name William makes it impossible to form an accurate list of the relationships of the later Elmers to Jonathan at this time.)

Lawrence Vander Veer, 1784, and his son Henry, 1836. (More data is needed on the Vander-Veer family.)

James Stratton, 1788, and his grandson, Benjamin H., 1838.

Othneil H. Taylor, 1852, and his son, H. Genet, 1888.

James B. Coleman, 1855, and his brother, Isaac P. C., 1858.

Isaac Pierson, 1827; his son, William, 1864, and his grandson, William, Jr., 1900. (The two Williams held the office of Secretary for sixty-two years.)

James S. Green, 1890, and his son, James S., Jr., 1926.

Elias J. Marsh, 1850, and Elias J., Jr., 1891. A grandson, Elias J., Third, now holds the office of Treasurer.

HISTORIES OF COUNTY SOCIETIES

The histories of eight county societies have been written and published in the printed Transactions of the State Society, as follows:

Camden, 1896, p. 265	Hunterdon, 1872, p. 91
Cumberland, 1871, p. 105	Monmouth, 1871, p. 69
Essex, 1867, p. 77	Passaic, 1894, p. 153
Gloucester, 1899, p. 333.	Warren, 1890, p. 187

Projects are now under way for writing the histories of the County Societies of Atlantic, Bergen, Camden, Cumberland and Ocean.

Channels of Communication

A sentence in an editorial in the Journal of the American Medical Association of November 20, 1937, page 1728, reads:

"Obviously all proposals should come to the American Medical Association in the regular manner, through the State Associations and the House of Delegates."

This editorial was on the subject of the proposals of a self-constituted committee of 430 which were given out by the New York Times, the New York Herald Tribune, and other leading daily papers on November 7, 1937. These proposals were discussed by Dr. Olin West, Secretary of the A. M. A., and Dr. Morris Fishbein, Editor of the Journal of the A. M. A. at the A. M. A. Conference of the Secretaries and Editors of the State Medical Societies on November 19, 1937. (See N. J. Journal, December, p. 743.) Dr. West stated that the proposals were similar to those of the American Foundation Studies in Government, which was issued on April 1, 1937. (See N. J. Journal, April, 1937, p. 292.) Dr. West also referred to a somewhat similar set of proposals of the New York Delegates which had been brought before the A. M. A. House of Delegates on June 7, 1937, and were printed in the N. J. Journal of June, 1937, p. 460. These proposals were rejected by the A. M. A.

The unfavorable decision of the A. M. A. had been discussed by President Herrman in an article entitled "Federalized Medicine" on page 458 of the N. J. Journal of June, 1937. Dr. Herrman suggested:

"If the American Medical Association does not hear from the 'folks back home' its leaders can hardly be blamed for taking it for granted that the action (of the A. M. A.) at Atlantic City meets with hearty approval."

Following up the suggestion of President Herrman, the Welfare Committee and the Board of Trustees prepared a "Communication to the American Medical Association", which was printed in the N. J. Journal of September, 1937, p. 576. This communication expressed a general approval of the action of the House of Delegates in rejecting the proposals of the New York Delegation; but it also suggested that certain explanatory provisions should be added, along the following lines:

1. The American Medical Association should reaffirm the *ten principles* which it had adopted at its annual meeting in 1934, and which were reprinted on page 577 of the N. J. Journal of September, 1937.

2. The New Jersey Trustees outlined the subjects which in their opinion belong to the National Government and those which belong to the States.

The New Jersey communication closed with the statement:

"It is therefore the earnest desire of The Medical Society of New Jersey that the American Medical Association be mindful of its own principles stated in 1934, and qualify its willingness to coöperate with 'any government or qualified agency' depending upon whether or not the plans of such agency are within the bounds so stated."

Attitude of the Medical Society of New Jersey

The officers of The Medical Society of New Jersey have always followed scrupulously every detail of the proper procedure in addressing the American Medical Association, of which it is an integral part. A strict interpretation of Dr. Fishbein's statement in his editorial on November 20 would be that a State Society which sends a communication to the House of Delegates, should not send it to any constituent organization of the A. M. A. until after the House had met and passed judgment upon it. But the House is made up of individual delegates whose action will be wise in proportion to the knowledge which they bring to the meeting regarding the State which they represent, as well as the information which they acquire at the assembly. It is good ethics, as well as good pedagogy, that a State Medical Society should inform all other State Societies of its formal communications to the American Medical Association.

Local Medical History

Local medical history has a strong appeal to physicians of New Jersey, especially in these modern days when the "New Deal" in government is threatening to fix a revolutionary system of medical administration on both the people and their physicians.

Let us imagine that an educated, public-spirited family doctor had assisted in founding The Medical Society of New Jersey in 1766, and had continued to be an active participant in its activities for 172 years while he retained the vigor of his early manhood. The last surviving founder of the Society, Dr. Lawrence VanderVeer, of Somerset County, passed away after an even half century in its service; but his vision and spirit of service have lived on and expanded through the devotion of six generations of his successors as officers and members of the Society which he helped to establish.

The founders of the State and County Societies of New Jersey were highly successful in transmitting their spirit of service and mutual coöperation to their sons and successors. Many medical practitioners of today are descendants of early physicians who transmitted their zeal and earnestness to their own children. There are examples of the leadership of the Society being held in an unbroken line through four generations. But every member of the Society is the inheritor and partaker of the fruits of the wisdom and action of its early members as surely as though each founder had prolonged his life of leadership through the 172 years which have elapsed since he began his acitve service for the benefit of his colleagues and the people.

While the founders of The Medical Society of New Jersey were establishing the present system of medical organization on the eternal principles of human nature and human needs, a group of far-seeing statesmen were similarly engaged in constructing a Constitution under which the liberties of the people have been protected and promoted, while their health and vigor, which enable them to enjoy their liberties, have been conserved by medical practitioners. The founders of The Medical Society of New Jersey are entitled to honor equal to that of the founders of the Constitution.

The Medical Society of New Jersey is a very real *personality* which is the embodiment of the ideals and wisdom of its founders and of the thousands of members whom it has inspired. Its history is in effect a *personal biography* in which its growth is traced from youthful beginnings to a virile manhood, through a constant expansion of its methods and breadth of view in keeping with the growth of scientific knowledge and the opportunities for its application to human needs.

The Medical Society today is stronger and more virile than ever before, and its two hundred officers and committeemen, and the thousand or more in the service of the county societies, are actively engaged in expanding its services by an evolution of existing methods which have stood the test of time and experience. The story of this progressive evolution of these methods through over a century and a half is an assurance that the medical profession of New Jersey will provide all the additional forms of medical service that the people need, and that an educated and enlightened public will support.

It is not mere curiosity that is activating an increasing number of members of county societies to delve into the past histories of their organizations. Medical history is of such practical importance that its promotion may well be placed in charge of a standing committee of The Medical Society of New Jersey.

Community Participation in Medical Services

The following editorial is an attempt at a graphic representation of the progressive attitude of The Medical Society of New Jersey toward community coöperation in the distribution of medical services to the people.

Experience is the best teacher.

The Medical Society of New Jersey has always developed its projects by a system of *evolution,* in which an existing activity that has been tested by experience has been extended in its scope, and in the number of physicians participating in it.

The Society has functioned actively and efficiently for 172 years, in accordance with five principles:

1. The objective of the Medical Society has been the distribution of the highest form of medical services to all persons in need of them.

2. The major means of distributing and delivering medical services has been the *doctor in private practice.* He has always been ready to respond to every call of the sick, the wounded, and the crippled, regardless of the pay that he expected to get.

3. In addition to the strictly medical services rendered directly to the sick by the doctor, accessory services have always been needed in some degree, and have been provided through *community action,* which at first was almost entirely unorganized. These community services included nursing, physical necessities, fraternal sympathy, and education.

4. Physicians have evolved their practice of public relationships into both a science and an art, through their voluntary association into *medical societies.* These societies, in distinction from the individual doctors, are the necessary advisers of the *community* in all matters in which other people than physicians render accessory services to the sick. Throughout this evolution of the public relations of the doctor, the intimate *personal* relation of the physician to his patient has been preserved.

5. The progress of The Medical Society of New Jersey in exemplifying these principles of public relations may be clearly traced through three stages, which are shown in the accompanying charts, one, two, and three. A fourth chart represents the waves of influence radiating in widening circles from The Medical Society of New Jersey and the State Department of Health, whose objective is the efficient delivery of medical and health services to the people generally.

FIRST STAGE—CURATIVE, 1766-1880

During the first century of the life of The Medical Society of New Jersey, medical service was *curative* only. The individual doctor treated an individual patient; and the patient paid the doctor for his services. However, there was also an embryonic system of *community participation* which was efficient, although it was voluntary and unorganized. Nursing was supplied by willing neighbors, charity by churches, and relief to the poorest by the township. Hospitals sprang up during the middle of the century, but only in the larger centers of population.

The activities of the Medical Society during the first century of its existence were directed principally to the *individual doctor,* along three lines:

1. *Scientific*—To improve his professional knowledge and skill, by means of scientific programs.

2. *Legislative*—To establish his legal status by securing the enactment of laws governing the practice of medicine.

3. *Ethical*—To establish and maintain a high standard of ethics of physicians in all the professional relations.

THE INDIVIDUAL DOCTOR ☜ Personal Service to ☞ Pay for Service **THE INDIVIDUAL PATIENT**

MEDICAL SOCIETY ACTIVITIES:

A. Scientific—To develop the doctor's skill in diagnosing and treating diseases of individual persons.
B. Legislation—To insure a high standard of skill and character of the physician.
C. Ethics—To develop standards in the relations of doctors to one another, and to the community.

COMMUNITY ACTIVITIES:

Unorganized services by

A. Neighbors—Nursing, relief, etc.
B. Churches—Charity to the patient and his family.
C. Township, economic:
   1. Relief to patients.
   2. Pay to the doctor for exceptional services.
D. Hospitals (a later development).

CHART ONE—FIRST STAGE—CURATIVE SERVICES TO THE SICK
1766—1880

SECOND STAGE—PREVENTION, 1880-1920

The second stage of community participation in medical practice—that of preventing sickness on a large scale—was made possible in the decade of the early eighties by the discovery of the causes of communicable diseases and the means of their prevention. The Medical Society urged that the State of New Jersey undertake the delivery of *preventive medical services* by the establishment of the State Department of Health, whose staff should be composed of both medical officers and lay officials. Here was *State Medicine* indeed, with all the threats and dangers of bureaucracy; but the evils of the system were averted and its advantages were demonstrated by the close cooperation which was developed between the Department of Health and the Medical Society,—the Department of Health leading in matters pertaining to the control of patients and contacts, and to legal administration, but acting with the advice and coöperation of the Medical Society in subjects that are purely medical.

In recent years a major activity of The Medical Society of New Jersey has been to develop methods of practice of preventive medicine by general practitioners on their own initiative, and among their private patients. The standard methods of prevention which were adopted were:

1. The early diagnosis and treatment of diseases, particularly in maternal and child welfare, crippled children, and venereal diseases.
2. Immunizing well children.

The application of these principles has required the participation of groups of laymen, particularly educators, economists, and welfare workers, under the direction of medical societies.

THE MEDICAL SOCIETY ☜ Mutual help ☞ **DEPARTMENTS OF HEALTH**

A. INSTRUCTION, SCIENTIFIC, to doctors, technicians, nurses, etc.

B. DEVELOP ADMINISTRATIVE PROCEDURES.

C. DEFINE FIELDS OF—
   Family Doctors
   Health Officers
   Welfare Workers

A. BY ITS MEDICAL OFFICERS
   1. Diagnoses.
   2. Immunizations.

B. BY ITS LAY OFFICIALS
   1. Quarantine.
   2. Welfare relief of families.
   3. Providing means of treatment.
      a. In hospitals } tuberculosis, crippled children, etc.
      b. In homes }

CHART TWO—SECOND STAGE—PREVENTION OF COMMUNICABLE DISEASES
1880—1920

THIRD STAGE—COMMUNITY PARTICIPATION, 1920-1938

The success of community participation in suppressing and preventing contagious diseases has been interpreted by some welfare organizations and sociologists as an indication that practically every human disease may be controlled or prevented if the community will pay the price of medical talent to advise everybody who is sick, or threatened with illness.

A large proportion of people expect to receive health as a gift, instead of *achieving health* by spontaneous efforts under guidance of their physicians. "State Medicine" to them means "State Support",—the transformation of the patient from a prospective asset into a permanent liability.

THE MEDICAL SOCIETY ☛ **Advisory Aid—Economic Administrative** ☚ **WELFARE ORGANIZATIONS**

a. Official
b. Voluntary

PRINCIPLES OF ACTION

AS STATED BY THE MEDICAL SOCIETY

Health to be **achieved** by the patient, through effort directed by the physician.

AS STATED BY WELFARE ORGANIZATIONS

Health to be **passively received** by the patient as a gift from the government.

Poverty is the dominant cause of ill health.

REMEDY PROPOSED

By THE MEDICAL SOCIETY—SCIENTIFIC

A. For PHYSICIANS—
   1. A constructive program of actual leadership.
   2. Field physicians and consultants.
   3. Demonstration clinics.
   4. Readiness to give service.

B. For PEOPLE—
   Receive and apply instruction of—
   1. Private Practitioners in conversation with their patients.
   2. Public Relations Committee by means of newspapers, lectures, etc.

By WELFARE GROUPS—POLITICAL

Government to provide—
   a. Money and control of expenditure.
   b. Staff of salaried doctors to give treatment to all.

(STATE MEDICINE)

The progressive evolution of the existing program of The Medical Society of New Jersey will be an effective answer to the threat of STATE MEDICINE.

CHART THREE—THIRD STAGE—COMMUNITY CO-OPERATION IN ALL HEALTH AFFAIRS
1920—1938

In contrast with the program of the sociologists is that of The Medical Society of New Jersey. The Administrators of the Federal Security Act found the New Jersey physicians already organized and doing efficient work in distributing medical services to all the people. These two attitudes are indicated graphically in Chart Three.

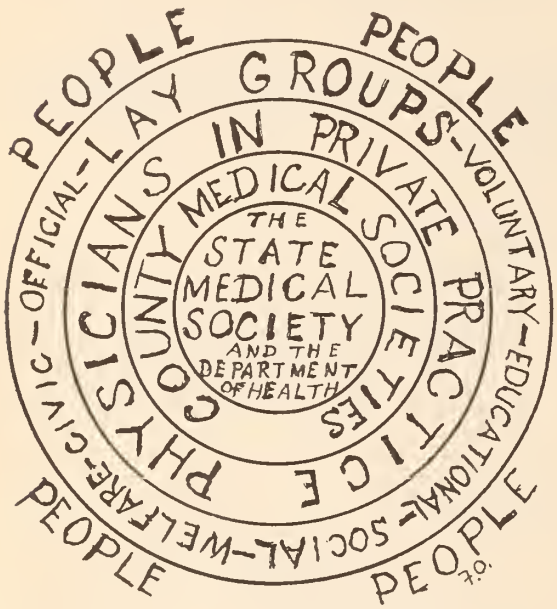

Chart Four—Circles of Influence.

CO-ORDINATED SERVICES

The Medical Profession of New Jersey is now actively engaged in developing coördinated services, methods of coöperation between physicians and lay organizations which are engaged in promoting the distribution of the services of *health* as distinguished from those relating to the treatment of *actual sickness*.

The inner circle of chart four consists of the group of over two hundred officers and committeemen of The Medical Society of New Jersey who have studied the problem of coördinated services, and have developed effective methods for their solution. The efficiency of this group is well-nigh one hundred per cent. Closely associated with the State Medical Society is the State Department of Health.

The second circle or group of physicians consists of about seven hundred officers and committeemen of the twenty-one county societies. This group is developing methods of applying the principles of coördinated services in their own districts. The efficiency in these groups of doctors is constantly increasing.

The third circle consists of the 4000 physicians who are engaged in the private practice of medicine in New Jersey. Some still confine their efforts to curative services. Many are practicing preventive medicine according to the principles and standards developed by The Medical Society of New Jersey.

A constantly increasing number are actively supporting their county and State societies in developing methods of coöperation with welfare and civic groups in providing the necessary services which are accessory to those of a strictly medical nature.

Beyond the three circles which embrace the medical profession, there is a circle of organizations, both official and voluntary, which are engaged in the essential service of bringing the physicians into contact with the people,—who are the ultimate recipients of all medical services. The Medical Society of New Jersey and the county societies seek to maintain a close contact with these lay organizations; and members of their committees are serving on their boards of managers in constantly increasing numbers.

Outside of the groups are the people themselves who are the recipients of the services of the other groups.

A CONSISTENT PLAN

The Medical Society of New Jersey offers its own plan for the hearty coöperation of all groups engaged in the distribution of medical and allied services under the leadership of practicing physicians. Its experience over a period of 172 years will enable it to put its plan into operation with efficiency.

ORIGINAL ARTICLES

AN EIGHT-YEAR ROENTGEN SURVEY OF COLON PATHOLOGY

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and

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Presented at the New Jersey Radiological Society at Atlantic City on April 28th, 1937

This study comprises a résumé of all colon cases admitted into the Newark Beth Israel Hospital from the years 1928 to 1936. The purpose was to correlate the roentgen data with the pathological and surgical findings, and to determine their discrepancies and how closely the findings tallied.

In this eight-year period, 310 patients were admitted with symptoms referrable to the colon. Only two-thirds of these patients were x-rayed. All were not operated upon. Many were referred to our medical ward for appropriate medical care and treatment. Seventy-five cases not only had x-ray reports rendered, but surgical confirmations as well as pathological diagnoses which make the roentgen observations herein submitted. Autopsy reports, wherever possible, are also included.

The colon was examined with dye either by mouth after twenty-four hours, or else by barium-colon-enema. In some cases, both methods were used. The roentgen *physiology* of the colon was better determined by the barium meal, whereas *anatomical* variations and morphological characteristics were better studied by the barium-colon-enema.

Normally, twenty-four hours after barium by mouth is given, the ascending, transverse, and descending colon are filled. The normal segmented haustral markings are clearly outlined, and evenly placed.

Any spasm, bowel movements or atonic variations would alter these segmentations as to size, shape, and uniformity.

EMBRYOLOGY

In order to recognize morphological variations, the embryology of the colon must be understood. It is important to know that, very early in embryological development, the stomach and intestines are high in the hypogastrium. Even before the loops return to the abdominal cavity, the large intestines increase in lumen more rapidly than the small intestines.

As the colon descends, the cecum is carried across to the right, and comes to lie directly below the liver. From the fourth month of embryological life, the cecum grows from its position beneath the liver and forms the ascending colon. The proximal end of the cecum grows relatively faster than its distal portion and soon takes on the appearance of the adult cecum with the retarded distal end now forming the appendix. To know and understand the essential roentgen embryology of the intestines would permit us to recognize such anomalies as Meckel's diverticulum, stenosis, and atresia, as well as high cecum, absence of the ascending colon, trans-position of viscera, failure of cecal rotation, etc.

BARIUM ENEMA

At this point, mention must be made of proper technic in giving a barium enema. During fluoroscopy it is important to note the manner and time in which the barium fluid enters the various coils of the colon, to observe size, shape, mobility, separability, tenderness, incomplete filling, extrinsic pressure defects, and

spasm. The enema should not be discontinued until we are sure that the cecum is well filled. While studying this region, we must be sure not to forget our lurking ileocecal tuberculosis, as well as terminal ileitis. Meckel's diverticulum can be noted only during fluoroscopy.

Chronic ulcerative colitis is a severe inflammatory disease of the large intestines. Upon healing of this condition, the mucosal lining of the bowel appears as if torn to shreds.

Ulcerative colitis is not primarily a disease of the mucous lining of the colon, but of the whole wall. Upon the healing of the colon, the mucous shreds may be extruded into the lumen of the gut, giving rise to polypoid-like masses. Since it is generally recognized that chronic ulcerative colitis usually begins in the rectosigmoid, the greatest number of polypi would be found here. Peculiarly enough, a severe attack of amebic colitis would heal without leaving any roentgen sequalae as distortion, dilatation, polyposis, etc. On the other hand, the healing of an ulcerative colitis will leave roentgen evidence in the form of polyposis, distorted contour of the colon with an irregular lumen, spasm, atony and loss of haustrations.

Therefore, x-ray appearance of the colon of a patient with chronic ulcerative colitis depends upon three main factors:—the duration of the disease, the virulence of the organism, and the damage to the colon. As the lesion progresses in the colon, the various layers become more and more infiltrated, resulting in the loss of normal haustral markings. The lumen of the colon becomes smaller, and more rigid, and seems to resemble a pipe,—the so-called "lead-pipe colon".

TOXEMIA

It is essential to know that the contents of the colon increase in consistancy as they advance from the cecum to the rectum. There is more absorption in the proximal colon than in the transverse or descending colon.

The fluid and salt absorptive powers in the cecum and ascending colon, together with bacterial digestion, must not be impaired for a continuance of health. Any physiological alteration must of necessity result in spasm, fermentation, etc.

When the food arrives in the cecum four and one-half hours after leaving the stomach, it contains 90 per cent water, together with a small amount of unabsorbed products of digestion of proteins, fats, and carbohydrates. Since most absorption occurs in the cecum and part of the ascending colon, we can readily see why a colitis involving the proximal colon is more severe than one involving the distal portion.

It was curious to observe that, in our cases of ulcerative colitis as well as malignancies, when the lesions in the colon occurred in the proximal portions where absorption was greatest, the toxemia was the more severe. On the other hand, colonic involvements of the distal colon and sigmoid caused less severe toxicity. Our only conclusion in this regard was that of the absorption of toxic substances.

DIARRHEA, CONSTIPATION, AND ATONY

The site of the disease in the colon has a marked influence on the symptoms. The diarrhea which is present in nearly all cases of "ulcerative colitis" is caused by the irritation from the inflammatory process. When the pathology is located in the proximal colon, spasms are set up in this region. In view of the fact that absorption is thus interfered with, vigorous peristaltic waves are set up resulting in diarrhea. In these cases mucilaginous demulcent materials that have properties of taking up watery fecal materials would be indicated.

On the other hand, if the proximal two-thirds of the colon is not involved, this peristaltic rush may not be present. Furthermore, if the disease is confined to the rectum and lower sigmoid, a great amount of spasm might be set up in these regions, resulting in *constipation*. Knowledge of normal physiology is essenital in order to know significant facts about abnormal colonic conditions with its distorted physiology and existing pathology. To summarize, we might state that, for a colon to be roentgenologically negative, its physiology must not be altered.

With the history of constipation and the

roentgen evidence of a dilated and apparently atonic colon, usually the diagnosis of *atony* of the colon is made. The physician, upon receiving this report from the roentgenologist, would proceed to treat his patient with food containing roughage, enema, laxatives, and high colonic irrigations. In a short time, the physician is surprised to learn that his patient is suffering untold agony in the lower abdomen together with mucus and some blood in his stools.

Besides, the constipation has now changed to diarrhea and the toxic symptoms have increased to some degree. A barium-enema taken at this time would probably show some atony, but the preponderant roentgen picture would be *irritability* and *spasm*. We thus have a roentgen complex of atony alternating with spasm so often seen in conditions of "ulcerative colitis".

Furthermore, it seems to be the *incoördination* of the muscular motor function, rather than its absence or paralysis, that appears to be the basis of constipation. Under these conditions it would be unwise to try to functionally diagnose a transitional incoördinated colon by fluoroscopy, and brand it as "atonic" or "spastic" form of constipation. Thus, the old terminology of "atonic" and "spastic" constipation is gradually being replaced with more exact clinical entitles insofar as there are regions of relaxation in the colon as well as spasm.

In the study of our cases we have found that the colon may be functionally at fault where "redundancies" and "megacolon" exist, or else there may be an unbalanced autonomic innervation as seen in the spastic, irritable, or atonic colon. *Avitaminosis* may set up a muscle and nerve incoördination very much similar to cases having severe colitis.

All the colon cases under discussion have had a thorough work-up, including a careful history, complete physical examination, endoscopic examination of both rectum and sigmoid where indicated, and a complete examination of the stool for blood, pus, and parasites. The roentgen studies were repeated as often as necessary.

FUNCTIONAL DISORDERS

We have observed that many functional disorders existed in the colon in the presence of disease elsewhere in the body such as hyperthyroidism, cholelithiasis, ulcers, pulmonary tuberculosis, cancer, etc. In checking many past histories of our cases, we received stories of long uses of enemas, often repeated cartharsis, and indiscretions of diet.

In the study of our cases, we have noted that, when constipation suddenly comes on later in life in a person who previously has been normal, the roentgen findings in a majority of cases were malignancy causing obstruction, diverticulitis causing spasm, irritability, chronic appendicitis, and tumors of the uterus in the female. In children, on the other hand, megacolon was found in the majority of instances. In these cases, lumbar sympathectomy was performed with good results in three out of four cases.

Multiple polyposis offers a big problem in diagnosis. However, it is probably fortunate that adenomas of the colon first make their appearance in the pelvic colon, which renders them visible through the sigmoidoscope. However, x-rays must be resorted to in making a diagnosis of polypi situated higher than the pelvic colon. For diagnosis in these cases, double contrast enemas are used. However, we should always bear in mind the possibility of our adenomas breaking down to adeno-carcinomas.

SUMMARY

In closing, we should recognize chronic bowel disorders wherein, on the one hand, we have organic lesions with involvement of the mucous membrane, and on the other hand, disturbances related to the form and function of the bowel. These disturbances are characterized by diarrhea, constipation, and blood in the stool, altering not only the roentgen physiology of the colon, but also its form and motor function.

CEREBRAL PALSY AND POLIOMYELITIS AS THEY CONCERN THE FAMILY DOCTOR, THE ORTHOPAEDIST, AND THE NEUROLOGIST

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Read before the Academy of Medicine of Northern New Jersey in Newark, December 16, 1937

Cerebral palsy and poliomyelitis constitute the two greatest sources of neuro-motor handicaps. Neuro-motor handicaps are the result of disease, injury, or congenital malformation of some part of the central nervous system. Poliomyelitis is a specific disease of the spinal cord, just as encephalitis is a specific disease of the brain. In many of these cases, a motor handicap is the residual, but similar motor handicaps may result from injury to the spinal cord or brain as, for example, from automobile accidents, or from early trauma such as birth injury. In addition, exactly similar pictures may be brought about by actual *congenital malformation* of some part of the central nervous system. The most common of these malformations is, of course, *spina bifida,* associated with a meningocele which results either in a spastic or flaccid paralysis of the legs in many instances.

The frequency of poliomyelitis in its spread throughout the country is a well-known fact. It is known, of course, that it is more common in some parts of the country than others, but in general the number of cases which are seen is fairly well known. On the other hand, the number of cerebral palsy cases is not so familiar. It is probably surprising to many to learn that the number of these cases in the country is almost equal to, if not greater than poliomyelitis. In some cities they actually exceed the number of poliomyelitis cases; but this is because in these cities poliomyelitis is less frequent. In a city school for the handicapped in Baltimore the number of cases of poliomyelitis in the school is seventy-five, whereas the number of cerebral palsy cases is about sixty. This is interesting in view of the fact that students are only admitted to this school after a mental test to prove that they are of normal intelligence. There are many cases of cerebral palsy in addition which have been excluded from this school because of low mental rating, whereas practically no cases of poliomyelitis have been excluded on that basis.

CEREBRAL PALSY AND POLIOMYELITIS

Cerebral palsy and poliomyelitis have much in common. Cerebral palsy, like poliomyelitis, is no respecter of race, class, or financial condition. Both are in usually healthy people. That is to say, the motor handicap has, in neither type of case, any particular effect on the general health. In both there is no pain. This is significant in contrast to the pain of many other types of handicaps, such as arthritis, for example.

There are also many differences found between the two conditions. Poliomyelitis is a dramatic disease. It strikes down healthy children; it never affects their minds; and it is a clear-cut single disease which is rare in babies and most commonly seen in younger children. Poliomyelitis has received much publicity. The methods of treatment are well understood, and are quite uniform in general. There is a great deal of interest both among the profession and the population at large in the control of the disease. The baffling nature of the virus has spurred widespread investigation, which has been concentrated on the problem.

In most of the particulars which have just been enumerated, cerebral palsy is quite the opposite. It is present most frequently from birth, although a certain number of these cases are the result of encephalitis, or later injury. The results of the damage or disease, as the case may be, do not present a uniform picture but exhibit many types of disturbances. The condition has received very little publicity. The methods of treatment are not uniform, and very little is generally known concerning the

proper handling of the problem. There is a large amount of useless treatment given, through justifiable ignorance; and there has been very little interest in the problem among the people at large, as well as the medical profession. A good deal of the difficulty is due to the original picture which was described by Little in his paper on the subject in 1862. Little pictured cerebral palsy as a spastic child, with cross-legged gait, who drooled, who had difficulty in speech, and who was mentally deficient. This picture was given as the typical example of the spastic, and the statements were made that these children would either outgrow their difficulties, or else that they were hopeless and should be put away in institutions for life.

Following this picture, practically nothing further was written about the condition as a whole for many years. The description was accepted as such, and these children were completely neglected or placed in institutions for the feebleminded, where they lived out the remainder of their lives. Naturally physicians would be loath to waste their time with children of this sort; and if the picture were true of the whole group there could be no criticism whatever of this attitude.

About 1905, poliomyelitis first began to be seen as an epidemic disease in this country. Previous to this there had been sporadic cases throughout the country, but it was not until 1905 that the first epidemic of any size took place in the United States. Interest in poliomyelitis began to develop from that time on, and in the study of these cases a great deal was accomplished. About 1920, in the various clinics which had been established for poliomyelitis, more and more cases of cerebral palsy were seen. These were brought in by the parents under the false impression that these children had suffered from infantile paralysis. It was about this time that interest began to develop in the possibilities of treatment in these children. Many of the procedures tried in poliomyelitis were tried in cerebral palsy, and many of these procedures are still being tried with the hopes that some of them may result in improvement.

PATHOLOGY OF POLIOMYELITIS

The damage caused by the disease poliomyelitis takes place in the *anterior horn cells* of the cord. These are the origins of the lower motor neurones in the pyramidal or voluntary motor system which starts from the cortex of the brain, and as *upper motor neurones* pass to the cord; and from the cord the anterior horn cells and the lower motor neurones carry the impulses to the muscles themselves. Thus damage to the *lower motor neurone* results in *flaccid* paralysis when all the nerve supply to a muscle is interfered with, or *weakness* when only part of the nerve supply to a given muscle is affected. Flaccid paralysis is simply a limpness of the muscle with inability to respond to a voluntary order to contract. It represents a simple, easily-understood change from normal muscles.

There are approximately three stages of recovery from poliomyelitis. The first stage can be represented by the return to function of those cells which have been thrown out of function in the cord by the *oedema* produced by infection. This return of power is accomplished approximately in the first six weeks, or less.

The second stage of recovery is represented by those cells which have been injured by the virus but not killed. Recovery through regeneration then takes place, and is brought about within the next two or three years.

The third stage of poliomyelitis is the residual after the recovery of this second stage. This is the true chronic condition wherein the cells have been killed and no regeneration can take place. The amount of paralysis which is found in the third stage is permanent in most cases, and not susceptible to any further improvement. Of course, there are exceptions to all rules, and occasionally there are cases who continue to improve over long periods of time.

With these pictures as a basis, adequate therapy can be developed which will bring about clearly understood procedures to be carried through in all cases of poliomyelitis.

PATHOLOGY OF CEREBRAL PALSY

Cerebral palsy, however, is an entirely different story. Here the damage is in the *brain.*

The brain is a large and complex organ which has many functions; and simply to state that there is damage to the brain will tell nothing whatever of the muscle picture which is to be found. As the study of the brain has progressed, it has been found to have many isolated areas of different types of function. It is well known that the area posterior to the Rolandic fissure is *sensory,* while that in the pre-Rolandic area is where *motor* activities originate. These areas have been divided still further into the various types of motor activity which are produced in them, so that one area is representative of individual motions of various parts of the body, while an area adjacent to it will be represented by complex activities such as reaching, walking, grasping, and the like. As may easily be understood, damage to one of these areas will result in an entirely different type of motor picture than damage to another.

On the other hand, the damage may not be in the cortex at all, but may be in the base of the brain, and may affect the *basal ganglia* mechanism.

If the group of cerebral palsies which have resulted from birth injury are considered, it is found that there are two general types, although these are by no means the only ones. The first type is that which is produced by actual damage to the *cortex,* involving one or another part of the motor area. This type of damage could of course be brought about by the use of forceps so that actual hemorrhage takes place beneath the bones of the skull, damaging the superficial cortex and the motor areas lying therein.

But an almost equal number of palsies have been caused by damage to the *base* of the brain. The mechanics of damage to this part of the brain by birth injury is entirely different. It has been shown by Crothers, of Boston, that a direct traction on the head of the child either by instruments or manually will drag down the cord and the base of the brain as the neck is stretched, resulting in a tear of the tentorium and the vein of Galen which is in this sheet-like membrane. This results in a hemorrhage which involves mainly the *basal nuclear* mechanism, and gives a motor picture in the muscular system which is characteristic of the specific ganglion which has been damaged. If it is the *lenticular nucleus,* then *athetosis* is the most characteristic feature. It is supposed also that if the globus pallidus is damaged, it is more likely to result in a tremor. The localization of damage to these parts of the brain is not very definite, and no positive statement can be made as regards them. It must be borne in mind also, however, that the fibers from the cortex on their way to the cord pass through this region of the brain in the internal capsule. Damage to these cortical fibers could be produced by a hemorrhage in the base of the brain which would bring some of the spasticity into the picture which is usually characteristic of cortical damage.

The syndromes which are described in the neurological works as the *lenticular syndrome,* the *thalamic syndrome,* and so forth, are not characteristic syndromes when this damage has resulted from a birth injury, because many of the functions of these parts of the brain have not yet been developed at the time of injury, so that the syndromes will vary markedly from the characteristic ones which result from brain tumors or later traumatic conditions at the base of the brain. It may be stated, however, that *spasticity* is characteristic usually of cortical or pyramidal tract damage; and that involuntary motion, either *athetosis,* or *tremor,* is characteristic of basilar damage.

SPASTICITY

All of these cerebral palsy cases have been grouped together in much of the literature and called "spastics"; but on examining these patients it is found that only about half of them have any spasticity. If all of these cases are to be considered spastics, obviously treatment will fail in half of them which do not have spasticity. The use of the word *"spastic"* for the whole group of cerebral palsy is unfortunate, as it is completely misleading with regards to all of the patients suffering from athetosis, tremor, or primary incoördination.

Spasticity is best defined as *hyperirritability of a muscle to all stimuli.* Thus, if the hands

are clapped loudly near a spastic, the muscles will contract as a result of the loud noise. If the knee jerk is attempted, the muscle will contract as a result of the irritation of the hammer. The most common cause of the contraction of the spastic muscle is stretching the muscle, and this is known as the *stretch reflex*. Every time an attempt is made to flex a joint, the antagonistic muscle, that is the extensor, must of necessity be stretched. In the spastic the voluntary flexion of a muscle will result in a contraction of the antagonist due to the stretch reflex which will block the motion. This reaction to attempted motion will explain, much more clearly than anything else can, the stiffness and difficulty of movement in the true spastic. If the effect of gravity in stretching muscles is added to this difficulty, as well as the number of muscles which may be automatically stretched by change of position, the entire picture of the spastic patient becomes obvious.

If, however, a careful study is made of an individual spastic patient, a muscle examination of his spastic leg will show that not all of the muscles in the leg are spastic. A certain percentage of them will be, but other muscles will, on test, appear to be perfectly normal muscles without any stretch reflex in them whatever. A third group of muscles in the extremity will be found, which the patient is entirely unable to contract in any way voluntarily. These muscles represent a *flaccidity* which is cerebral in origin as opposed to the type of flaccidity which is seen in poliomyelitis.

It is the usual procedure to make a careful muscle examination in all cases of poliomyelitis, and should be the usual procedure likewise in each spastic. However, the muscles must be charted in the latter type as *spastic, normal,* or *zero.* The difficulty in the use of the extremity can then be seen very clearly. In many instances one finds spastics with a tendency to knee flexion, while in others there will be a hyperextension of the knees in attempts to walk, and yet both of these patients are definitely spastic. The reason for this, however, becomes apparent on doing a muscle examination as it will be seen that in the first case there is spasticity present in the hamstrings, but in the second case this spasticity is absent. A similar pair of pictures could be produced in two other patients, in the first of which the hamstrings were normal and the quadriceps flaccidly paralyzed, and in the other there is a normal quadriceps with flaccid hamstrings. All four of these pictures could be found in various individual spastic patients.

Obviously, surgical or reëducational therapy would differ in each of these four patients and no general rule of procedure could be laid down for the treatment of a spastic leg, any more than could be adopted for the treatment of a leg in poliomyelitis without a muscle chart.

In addition to this, it has been found that in the flaccid type of paralysis seen in the spastic, the flaccidity is entirely different from that flaccidity arising from cord conditions such as poliomyelitis. In the cerebral flaccidity associated with spasticity, it is found that by resisted contraction of muscles somewhere else in the body, a contraction can be brought about in these apparently flaccid muscles. This phenomena has been called *confusion contraction* for want of a better name, and another study of the spastic patient's muscles after the original muscle examination must be made to determine what contractions elsewhere,—that is to say what confusion,—will bring about contraction of these flaccid muscles. These contractions elsewhere which bring about contractions of flaccid muscles are not consistant in the condition, but vary with each patient.

By utilizing these confusions, a development of power in these apparently flaccid muscles can be brought about eventually by simply thinking of contraction of the other muscle. An example of this type of difficulty is the most common confusion seen,—that is, in the spastic leg where the patient is a toe walker, and where there is apparently no power in the tibialis anticus. No amount of effort, either alone or assisted by the examiner, will bring about a contraction of this muscle, the tibialis anticus, in many spastics. However, if the patient is seated on the edge of the table and the examiner's hand is placed on the knee of the affected leg, and the patient is asked to pull up the knee, that is, to flex the hip, against

the examiner's resistance, a forceful contraction can be brought about in the tibialis anticus, bringing the spastic foot up to a right angle in most cases with ease. This type of contraction can gradually be trained into the muscle by repetition, so that finally it is not necessary for the patient actually to flex the hip but simply to think of flexing the hip when the foot will come to a right angle. In many cases this has been fitted into the individual spastic's gait in such a way that the slight flexion of the hip necessary in walking will bring about a dorsiflexion of the foot, and the patient will be transformed from a toe walker to one who walks normally, placing the heel down first.

There are many other such confusions for various parts of the body. Another example is that of the spastic who cannot stand alone except with flexed knees in contact with each other. In these patients it will be found on examination that the abductors of the hip,—the gluteus medius muscles,—are flaccidly paralyzed. If the mistake is made of cutting the adductors in order to separate the knees, it will be found that unfortunately the patient will be unable to stand alone. In some of these patients we have been able to bring about stance by confusion contraction in the gluteus medius. In one instance, the confusion with this muscle was with the abductors of the arm, and resulted in ability to stand alone only when the arms were pushed out against an elastic belt. In this patient it may be easily seen that the scissors gait was not so much a result of the spasticity in the adductors as it was the flaccidity in the abductors. In examining spastics it is equally as important therefore to determine the nature of the power in the antagonists of the strongly spastic muscles as in the spastic muscles themselves, and the plan of therapy must depend entirely on the balance which is found. Obviously this therapy is more one of muscle reëducation and relaxation of spasticity, aided by surgery when necessary, than it is a separate program of any surgical procedure alone.

The description which has just been given is characteristic of the true spastic, and indicates the forms of treatment which are useful in those cases. The spastic, however, constitutes only about one-half of the cerebral palsy group, as has been pointed out before. The situation with regards to the other half is entirely a different story.

ATHETOSIS

These cases are characterized mainly by the presence of *involuntary motion.* Involuntary motion, as the name implies, is motion taking place in the muscles without any volitional direction. These muscles are not hyperactive or hyperirritable to any stimulus, and the element of true spasticity is not present. The reason for the confusion of these cases with true spasticity is because of the voluntary tension which these patients adopt in order to control the involuntary motion.

In carrying out a set of examinations of a neurological-motor type on these patients, the reflexes will occasionally appear to be hyperactive. This, however, is easily explainable on the basis of the reinforcement which is brought about by the presence of involuntary motion in the muscle as it is being tested. The usual method of reinforcing reflexes when they are found to be extremely sluggish is generally well known. The method consists of clasping the hands and asking the patient to pull them against each other at the exact moment that the knee tendon is tapped. This will bring about an active reflex in the presence of a normally sluggish response.

In patients with involuntary motion the true response is usually normal; and the involuntary reinforcement, either in the muscle itself or in the muscles elsewhere in the body, will result in what appears to be a hyperactive reflex. However, repetition of the test over a series of trials will show that this hyperactivity is not consistant. In true spasticity there would be no way of explaining an inconsistantly hyperactive reflex since, if the muscle is hyperresponsive to all stimuli, then the reflex should always be hyperactive. In this second group, the hyperactivity is only a pseudo-hyperactivity. In the true spastic the abdominals and cremasterics are usually diminished or absent. These reflexes are of considerable help in differentiating the two types as they are usually

normally active in the cases of involuntary motion.

In both groups, the Babinski is a very misleading test, and the exact mechanism of the Babinski is still very obscure. In some true spastics the Babinski is positive, while in others it is negative; and in some of the patients showing involuntary motion the Babinski is positive and in others it is negative. This reflex is usually recorded, but its significance in these particular lesions is not clear at the present time. There are several theories, but sufficient data has not as yet been assembled for proof.

The best test for involuntary motion, however, is simply to place the patient in a comfortable position at rest, and observe him for a considerable period of time to determine the presence or absence of actual true involuntary motion. The tension which he will develop to prevent this motion of the arms and legs will disappear and show that there is no stretch reflex present, once the patient's confidence has been established. The characteristics are then that there is motion going on in various parts of the body which is not under the patient's control. This motion may be regular, in which case it is a *tremor;* or irregular, in which case it is usually *athetosis.* These motions are similar to the involuntary motions which are brought about in normal individuals when riding in a train or an automobile. Attempts to walk in the aisle of a train or to write on a piece of paper in a moving automobile result in a rather marked incoördination in the normal individual. The natural attempt to control this involuntary motion is to tense the muscles with the idea that this may have a steadying effect. However, experience has shown that this only increases the degree of involuntary motion, as the results of this tenseness will only result in a more unsteady walk or much worse writing. *Relaxation* is automatically learned after a while in normal individuals who have to do this sort of thing. The waiters in a dining car would be unable to pass the trays of food about with any degree of success if they remained tense. Thus tension definitely increases the incoördination, which is present in any normal activity.

In any skilled activity, playing golf, playing the piano, catching forward passes in football, or any other type of activity, tension will defeat the ability to excel. Relaxation is the direction which is always given in all of these activities to produce the best results. The apparently natural human characteristic, to increase tension in order to improve ability, which obviously works out wrongly, is exaggerated in the involuntary motion cases who have exaggerated incoördination so that their tension is extreme and becomes habitual. It is this tension, which is voluntary primarily, which makes them appear to be spastic and which it is necessary to determine in order to distinguish them as a separate entity.

Underlying the involuntary motion these patients have a perfectly normal motor system. Their ability to move correctly is fundamentally normal, just as is the ability of the normal person in a moving car, but the motions are misdirected and upset by this overlying involuntary motion. One of the most important characteristics of this involuntary motion is that it completely disappears in sleep, and that it is increased by increasing degrees of excitement and tension. If, therefore, the tension can be lowered sufficiently, the athetosis, or involuntary motion, can be decreased to a degree where it does not interfere particularly with the voluntary motion. Relaxation is then the basis of treatment in this particular group of cerebral palsies. They do not need specific muscle training since the muscles are already able to work normally. What they need primarily is to eliminate from their motor system the involuntary motion and tension habits.

Involuntary motion in these groups is not limited to the arms and legs, but may involve the breathing muscles, the facial muscles, and the muscles of speech. When these muscles are involved, the appearance of the patient is very suggestive of feeblemindedness or idiocy, and is a most misleading picture. The fact that the location of the lesion is at the base of the brain is important. A lesion in this region should have no effect directly whatsoever on the intelligence of the patient; and therefore whatever mental retardation is present is due to the

handicap, and is not explainable as primary mental deficiency.

In considering all of these patients, it is well to think of them as having five extremities,—the two arms, the two legs, and the face and speech mechanism,—and to determine, without being misled by these disturbances, what the situation with regard to the mentality really is. Allowances must be made for the handicap in doing any form of mental tests. All of the Binet and other mental tests depend upon motor response for their accuracy, and if the motor response mechanism is disturbed in any way, the accuracy of the test is disturbed to a like degree. Therefore, these tests are not accurate even in the hands of the psychologist capable of giving a correct determination of the mentality of normal children.

It is only after years of work with handicapped children such as these that proper evaluation of the handicap can be given in determining the underlying mentality by the usual tests. There are special methods of testing these children evolved chiefly by Doll and his associates in Vineland, and by Dr. Elizabeth Lord in Boston, and these methods are very helpful in attempts to evaluate these children.

Mistakes are made in both directions. In some, the determination is even too high and the child is definitely judged as mentally normal or brilliant when he proves on educational study to be more or less unteachable. Others of course,—and most of them are in this group,—are judged much too low. The only accurate method of testing these children's mentality is to expose them to special educational facilities in the hands of those who are experienced in teaching such children, and to determine their response over a period of months to the educational training.

TREATMENT

The difficulties of treating both these groups of children are great. There is as yet no definitely consistant approach. The psychological approach is over-emphasized by some, and the physiological probably by others. There are no definite standards as there are in poliomyelitis, which are existant throughout the country with regard to the methods which should be used. The progress which has been made during the past fifteen years has been very encouraging, and as time goes on the methods are still being changed and improved. It has appeared to be only possible to bring about really good results, first, by separating the patients carefully into those who are truly spastic, and those who suffer from involuntary motion, or athetosis. After this division has been made, these children are given careful motor reëducation according to their particular muscle examination, emphasizing the various types of training which are especially important in the two groups. In the spastics, muscle training is the most important point; while in the athetoid, or incoördinate, relaxation and motion from the relaxed position are the basis of treatment.

These children must receive special schooling at the same time that they receive their special physical training. The school teachers must be trained to teach children suffering from handicaps such as these, and must know in every instance whether the children are spastic or athetoid children, so that they can work more intelligently with the physical and occupational therapists. The mental education and the physical reëducation must be given in equal doses, so that the advance in one line may be utilized as a stimulus for advance in the other. This combination has resulted in excellent improvement in all of these cases where the educational field has proven that the mentality is normal and that the children are capable of being taught.

In general then it must be realized that these children are born with a disturbance of primary action patterns, and that a development of normal activity as it is seen in the physically normal child will not take place without special training. The necessity of teaching children mentally from kindergarten through high school is an accepted fact; and it is not hard to understand that twelve years must be spent in the development of learning which we expect of every child. These handicapped children represent a limitation of physical ability which parallels the limitation of the mental ability in the normal child. We must, there-

fore, as these children develop, teach them *physical education* as normal children are taught *mental education;* and the two parts of the program must run more or less parallel. The length of time necessary to bring these children to an essential normalcy varies with the degree of the involvement, but in general it should be continued until they have reached their maturity. This is because the various complications of physical activity are only possible as children reach varying ages. Thus it is impossible to teach the child of three to play a skilled game which is usually learned in a child of ten or eleven. This type of skill is apparently taught to the normal at that age without very unusual procedure, but must not be expected of the physically handicapped child.

Special schools for these children are being developed in various parts of the country in which, of course, improvement is the most rapid, as all of the facilities can be brought together intensively. But there is a great deal that can be done in the home, if all of those interested work together. Naturally it takes many years to teach any individual technician proper methods of training a group of these children, as there are no two of them alike, and the methods used for the spastic child are entirely different from those used for the children with involuntary motion. However, it is possible to train, in many instances, an intelligent nurse or the mother, how to carry out these procedures on one particular child in a comparatively short time, so that by relatively frequent visits to the orthopaedist, and technicians, the treatment can be carried out with a good deal of improvement at home. Often this is sufficient to bring about a satisfactory result.

The care of poliomyelitis and of the cerebral palsies must be a *coöperative* effort. The combined efforts of the family physician, the orthopaedist and the neurologist are essential. The family physician has always guided and always should guide his patients as families, through the disease visissitudes which are sure to beset them. The conditions which have been discussed are extremely chronic in their nature and need to be followed over long periods of time. They are neurological conditions, and neurological advice is essential to a concise and accurate diagnosis; and for differential diagnosis from superficially similar, but actually unrelated conditions. These would include the dystrophies, the muscular atrophies, progressive degenerative disease, such as Wilson's disease, metalic poisoning, brain tumors and abscesses, and many other conditions in which treatment would be either entirely different or of no avail.

To the orthopaedist falls the task of the actual therapy, whether it be motor reëducation, or surgery. It is the orthopaedist who must determine the advisability of hospitalization or institutional stay. But the family physician should keep in touch with his patients even through these periods, since upon discharge they will be returned to him. He should be familiar with the plan of treatment and the general principles involved so that he may act in an advisory capacity to the family. Both he and the neurologists must be familiar with what can be done for these children physically and educationally.

There must be a close relation between the physical and mental education in all these children, which means the formulation of a program for years ahead, so that when they have reached maturity, they can be prepared to support themselves and lead useful, independent, and happy lives.

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THE PATHOLOGY OF INTESTINAL AMEBIASIS

By Thomas T. Mackie, M.D., New York, N. Y.

From the Gray Laboratory, Roosevelt Hospital, New York City. Read before the Section on Gastro-Intestinal Diseases of The Medical Society of New Jersey at its 171st Annual Meeting on April 28, 1937, in Atlantic City

Amebiasis was considered a rare disease in the Northern United States prior to the recent epidemic outbreak in the Middle West. Results of surveys indicating an incidence of approximately three per cent in the general population were not known. The fact that the Endameba histolytica may, and usually does, produce a variety of gastro-intestinal symptoms other than acute dysentery has not been appreciated. And neither the pathology nor the technic of treatment are as familiar as is desirable. This is particularly true since many untreated or inadequately treated cases may act as foci for further dissemination.

In general, the prognosis of an infectious disease depends upon three factors: 1, The organic pathology produced; 2, the secondary and associated physiologic changes; 3, the possession of, or lack of, a specific therapeutic principle which will eradicate the infecting agent. In the past, amebiasis has frequently been considered an exceedingly difficult problem of therapy. Chronic infections have persisted despite varied methods of attack. It is probable that many of these difficulties result from failure to correlate the detailed pathology with the actions and the limitations of the various drugs at our disposal.

THE ENDAMOEBA HISTOLYTICA

The infective form or cyst of endamoeba histolytica is passed in the feces. It is enclosed within a resistant membrane or wall which protects it against adverse environmental factors. It withstands freezing, and the action of many dilute chemicals. In consequence, it may reach a new host through the medium of water, uncooked green vegetables, ice, and, not least important, the house fly. After ingestion by man the cyst wall is dissolved in the intestinal tract, and the contained four-nucleate ameba is released. Active reproduction begins at once, and the motile invasive forms, or *trophozoites,* take up their habitat primarily in the cecum and the ascending colon. The distal portions of the large intestine ordinarily are affected only in the heavily infected cases.

Although some observers believe that the endameba histolytica may exist in the intestinal tract of man as a harmless commensal, this is disputed by most students of the pathology. These maintain that it is invariably a true parasite, and that however minute the lesions may be, actual invasion and destruction of tissue occurs in all instances.

LESIONS

The gross lesions are characteristic. The earliest visible changes appear as minute, slightly elevated, yellowish points, surrounded by a narrow zone of hyperemia. The central area of necrotic tissue subsequently sloughs, leaving a minute flask-shaped ulcer with a narrow opening into the lumen of the intestine. Lateral extension occurs beneath the adjacent normal mucous membrane. This leads to impairment of local blood supply, further necrosis of the overlying mucosa, and progressive extension of the ulcer. The mucous membrane between the affected areas remains entirely normal. This is in sharp contrast to the lesions of bacterial dysentery which are diffuse, involving the entire mucosa in the inflammatory process.

The fundamental lesion of amebiasis may be defined as necrosis without inflammation. In the bacterial types acute and chronic productive inflammation predominate. This difference contributes importantly to the resulting anatomic changes, and undoubtedly conditions the less favorable prognosis of the bacterial infections.

The penetration of endameba histolytica into the tissues of the host is believed to result from the combined action of a proteolytic ferment and the mechanical activity of the pseudopodia. As the trophozoites accumulate in the proximal portion of the colon, they attack the mucous

membrane. Necrosis of the superficial layer of epithelial cells occurs, and the continuity of the barrier is broken. Disintegration of these necrotic cells permits the penetration of the amebae into the subjacent stroma. Here again necrosis of tissue results, accompanied by hemorrhage and edema, but without mobilization of polymorphonuclear leucocytes or macrophages. There is no stimulus to excessive formation of granulation tissue.

At this stage, scattered trophozoites may be observed lying within the lumina of the glands. These are much less numerous than those found in the stroma between the tubules. The amebae in the latter situation continue to multiply progressively. Destruction of tissue continues with deeper penetration of the parasites into the wall of the intestine. This extensive invasion of the mucosa and the sloughing of necrotic tissue produces shallow erosions and ulcers. Impairment of nutrition to the gland tubules leads to necrosis and desquamation of the glandular epithelium. Ultimately the mucosa presents a picture in which the normal gland tubules have largely disappeared, leaving in their place lacunae containing cellular detritus and scattered trophozoites. Meanwhile, the amebae in the stroma have penetrated to the level of the muscularis mucosae, leaving behind them a disorganized necrotic tissue which is strikingly free from the characteristics of suppurative inflammation.

The muscularis mucosae for a time acts as a barrier against further invasion. This defense zone, however, is penetrated by vascular and lymphatic channels. In occasional sections, amebae may be seen migrating into the submucosa along these penetrating vascular channels. In the submucosa the same pathologic process is continued. Rapid multiplication of the parasites with progression in all directions from the point of invasion again leads to progressing and often extensive necroses. Edema in varying degree is present, with areas of hemorrhages from injured vessels. Again there is no cellular infiltration or production of granulation tissue. Many of the vessels are thrombosed and contribute secondarily to the necrosis of the areas supplied. In others, amebae gain access to the lumina without producing thrombosis. Occasionally trophozoites may be encountered in such a situation, indicating the facility with which the infection may be transferred to the liver through the radicles of the portal vein.

The muscular coats of the colon appear to act as a more effective barrier to the normal progression of the infection. Here again, however, penetrating vessels provide the route along which the first line of invasion occurs. From these points of entry, the amebae again spread laterally, producing progressive necrosis without inflammation. Ultimately the base of the ulcer may extend to the subserosa and the possibility of perforation into the peritoneal cavity becomes an increasing hazard.

The amebae which have reached the radicles of the portal system are transferred to the liver, where the same sequence of events occurs. There is necrosis of liver cells and loss of normal structure in the affected portion of the organ. Centrifugal extension occurs from the primary focus. The fibrous trabeculae of the normal hepatic architecture and the radicles of the biliary system are relatively resistent. They tend to persist as cords through the necrotic tissue or to condense at the periphery. In the progressing zone of invasion, granulation tissue is formed which tends to limit further extension. Again, however, inflammatory elements are conspicuously absent. As liquefaction of necrotic tissue occurs, a true sterile abscess is formed. The content is thick and reddish-brown in color. Amebae are not present in this material; they are to be found only in the zone of invasion at the periphery. Amebic abscess of the liver may vary greatly in size. Spontaneous perforation into the peritoneal cavity may occur, and occasionally there is perforation into the pleural cavity or the lung.

SYMPTOMS

The symptoms produced by endameba histolytica vary within wide limits. Acute dysentery is relatively rare. Much more common are periods of intermittent looseness or diarrhoea with or without intervening periods of constipation. In these individuals, gross blood and mucus in the stools may be difficult to

demonstrate, and frequently are never noticed by the patient. A variety of other less characteristic symptoms may be produced, none of which are characteristic of any well-defined clinical or pathologic entity.

DIAGNOSIS

The diagnosis of amebiasis necessitates familiarity with the protozoölogic characteristics of the organism, and with certain of the clinical features of the disease. The stools of mild dysentery or amebic diarrhoea, when carefully examined, are characteristic. English observers have described them as "sago grain" stools. Minute particles of mucus, many of them blood-tinged, are intimately mixed with soft or liquid feces. Examination of the blood-stained mucus reveals quantities of motile trophozoites. Examination of the fecal matter reveals nothing.

The trophozoite, or motile form of endamoeba histolytica, is very sensitive to changes in temperature, and rapidly loses its motility after leaving the body. Immediate examination of the dejecta is therefore necessary to demonstrate them. Upon the warm stage under the microscope, certain characteristic features must be identified to distinguish endamoeba histolytica from the common nonpathogenic amebae frequently encountered. Endameba histolytica exhibits progressive motion across the microscopic field. There must be a sharp distinction between the clear, glass-like pseupodia and the endoplasm. The latter must contain recognizable red blood cells.

During the periods of constipation, or in the case of the so-called a-symptomatic cyst passer, trophozoites are not found. The encysted forms only are encountered, and these are intimately mixed with the fecal mass. Certain criteria likewise must be fulfilled for positive identification of the cysts. In the saline emulsion they appear as spherical highly refractile bodies eight to twelve micra in diameter. Nuclei are not visible. If the condenser of the microscope is racked down, the chromatoid body may be seen in many of them appearing as a blunt-ended bar of lower refractile index than the body of the cyst. When the fecal material is emulsified in Donaldson's iodine solution, the chromatoid bodies are not visible, but four spherical neuclei with centrally placed karysomes and delicately beaded neuclear membranes are easily visualized.

TREATMENT

The treatment of amebiasis, to be successful, must be based upon the situation of the amebae and the sites of action of the available drugs. It is important to recall that the parasites are present in the intestinal contents, on the surface of the mucous membrane, and in the depths of the tissues.

It is obvious that the amebae in all these situations must be simultaneously attacked, if the body is to be completely freed of them. A variety of drugs are at our disposal. These fall into different pharmacological groups and their sites of action vary.

Emetine hydrochloride, the active principle of ipecac, is active in the tissues, but relatively impotent against the amebae on the surface of the mucosa, or those lying within the lumen of the intestine. It should be given intramuscularly in doses not to exceed one milligram per kilo of body weight per day. The total course of treatment should not comprise more than ten milligrams per kilo of body weight, and courses of treatment should not be repeated without intervening rest periods of several weeks.

Emetine is excreted very slowly from the body. It is a protoplasmic poison which in toxic doses produces focal necroses in the myocardium at times with fatal outcome, and similar degenerative lesions of the skeletal muscles with resulting weakness. It is contraindicated in advanced myocardial disease.

The arsenic preparations—*stovarsol* and *treparsol*—are poor amebacides. They are quite toxic and frequently give rise to arsenic poisoning. Recently, however, another preparation of arsenic has been made available—*carbarsone*. This is well tolerated by the patient, and is an efficient amebacide both within the tissues and in the lumen of the intestine. This preparation is given in doses of one-half gram daily for a period of ten days. Its use is contraindicated in the presence of marked kidney or liver disease.

The compounds of *oxyquinoline sulphonic acid* comprise the third group of therapeutic agents. These are all effective amebacides, but their action is limited to the lumen of the intestine and the surface of the mucous membrane. They are all derivatives of the German preparation yatren and are available in this country under several trade names as Anayodin, Quinoxyl and Vioform. The first two of these may be used in doses up to three grams a day by mouth, and in the form of two per cent retention enemata. The daily dose of Vioform should not exceed .75 grams. These three preparations are contraindicated in the presence of severe kidney disease, because of the iodine content, part of which is excreted through the urine.

Chinofon NNR, the fourth of these drugs, is used in amounts up to three grams a day. It contains a chlorine radical, and is contraindicated in not only kidney disease but in the presence of obvious liver damage.

Various preparations of bismuth have been used for many years in the treatment of intestinal amebiasis. All of these, however, exhibit a low amebacidal power and consequently have little place in our present-day therapeutic armamentarium.

The known facts concerning the pathology, and the site of action of these various drugs, should be the guides for the plan of therapy. It is our belief that the maximum efficiency, from the point of view of clinical and protozoalogic cure, is obtained by the simultaneous exhibition of emetine, and of one of the oxoquinoline sulphonic acid derivatives.

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DISCUSSION—BY MANFRED KRAEMER, M.D., F.A.C.P., NEWARK, N. J.

Dr. Mackie has so admirably presented the subject that there is no need for clarification or correction by a discussor. I shall, therefore, merely mention a few helpful points in regard to therapy and diagnosis.

Remember that the endamoeba is a protozoal, and not a bacterial organism; and reacts differently toward so-called specifics than would a bacterium. The protozoal parasites have the ability to develop a resistance to a chemical poison if it is administered to them in sublethal dosage. For example, we have the spirochete of syphilis which develops a resistance to arsphenamine so that despite continued use of the drug, the spirochete cannot be destroyed. In like manner the ameba may become emetine resistant, or emetine fast. When this resistance is developed, the drug becomes valueless. Therefore, it is my practice to use the largest dose tolerable in the beginning of treatment, and to continue its use despite the development of mild signs of toxicity, such as muscular pain or traces of albumen in the urine. If we cut down the dosage, we fail to destroy the protozoa in the tissues, and may cause them to become emetine resistant. I usually give ten daily, one-grain injections of emetine hydrochloride, skip a week, and repeat the course. Under no circumstances should emetine be given beyond this dosage. If the amebae have not been destroyed with this amount of drug, they have become emetine-fast. Continued use of the emetine will result in death of the host rather than of the parasite—and I have seen this happen.

In contrast to the toxic effect of emetine, the various preparation containing iodine and oxyquinoline in chemical combination are relatively harmless. I have in the past used Vioform N. N. R. with success even in emetine-fast cases. Since the appearance of the U. S. P. XI, I have used the official preparation Pulvis Chiniofon in capsules of gr. IV each t. i. d., continued for ten days; and have repeated the course three times with weekly intermissions.

To attest to the harmlessness of this drug, I recite the following experience. In all cases of ulcerative colitis I prescribe a ten-day course of Chiniofon to rule out amebiasis. One of my patients continued to renew her prescription six times; i. e., she took 180, gr. IV capsules in sixty days. At that time her only complaint was the continued cost of the drug, which she thought she no longer needed.

In view of numerous reports of harmful effects, I have not used any of the arsenical amebicides nor have I found them necessary.

The use of enemas is harmful and valueless, unless possibly for their thermal effect as suggested by De Rivas.

One point in regard to diagnosis,—despite much in the literature to the contrary, the roentgenogram is not specific, and in many cases appears normal.

Reliance is best placed on finding amebae or cysts in fresh preparation removed through the sigmoidoscope, and promptly examined on the warm stage.

Most important in regard to this whole question is to keep amebiasis in mind. Every patient with vague gastrointestinal symptoms, especially if there is or has been a history of tenesmus, diarrhea, or blood in the stool, should have a carefully performed proctoscopy, and an examination of rectal scrapings for amebae.

PUERPERAL INFECTION,—ITS PREVENTION AND TREATMENT

MATERNAL WELFARE ARTICLE NUMBER TWENTY-THREE

By James F. Norton, M.D., F.A.C.S., Jersey City, N. J.

In spite of the prominence which has been accorded the subject, as witnessed best by the voluminous literature that has grown up around it, puerperal infection still remains "The Captain of Death" in obstetrics. With the greater understanding of what are the commonest sources of infection in connection with childbirth, and a more rational approach to its treatment after it once develops, some hope for a real reduction in both its incidence and its virulence, should not be without some foundation.

The causative organism of the most prevalent and most virulent type of infection in obstetrics is the *haemolytic streptococcus.* While a hemolytic streptococcus is present in the birth tract of a very small number of parturient women (two to three per cent) at the onset of labor, this represents a totally different strain of organism from the one causing puerperal infection.

SOURCES OF INFECTION

The haemolytic streptococcus causing puerperal infection is carried into the birth tract from a source outside the genital tract; and constitutes, therefore, the *exogenous* type of infection with which we are familiar. These exogenous sources concern themselves mainly with—

1. Contact types of infection.
2. Those due to carriers.

1. The *contact type* of this exogenous group is now probably as well controlled as it is humanly possible to control it. This control is reflected in the high degree of development of the *aseptic technic* of modern obstetrics,—preparation of the patient, sterilization of all instruments and materials, surgical "scrub-up", and the use of sterile gowns, gloves, etc., by doctors, nurses, and all assistants. The importance of this technic is further attested by its almost universal adoption, and detailed proof of its efficiency need not be entered into here.

2. The *carrier type,* however,—while not so universally recognized and appreciated as the contact type,—still presents a very important and fruitful source of infection in obstetrics. In the more recent studies and literature, this type of infection is receiving prime consideration. The attendant or—in some instances—members of the patient's family, may harbor in their upper air passages a pathogenic type of haemolytic streptococcus; and by direct transmission may convey this organism through the medium of hands, instruments, etc., to the patient's birth tract. This type of organism, while found in the upper air passages of healthy carriers, seems to be particularly more virulent in the carrier who has been recently ill with an acute upper respiratory infection,—sore throat, otitis media, etc.

The work done by Watson and his co-workers in the Sloane Hospital in New York, and by Douglas at the New York Lying-in Hospital, and by Dora Colebrooke and her brother, Leonard Colebrooke, in England, attest the fact that the number of such carriers is considerable, and the possibility of dissemination of a virulent type of infection from this source is very real. The control of both of these exogenous types of infection (the contact and carrier) seems to be, in the light of all the recent work, very definitely within the reach of all.

The contact type requires for its control assiduous attention to *all the rules of aseptic surgery,* and to the development of a conscience which considers the birth canal of a parturient woman the same surgical potentiality for infection as an open peritoneal cavity. It requires meticulous care in the surgical preparation of the hands of all assistants, in the preparation of all materials, and in the use of sterile gowns.

The carrier type can be prevented in practically all instances by, first, the periodic examination of the flora of the upper respiratory tract of all those responsible for the care of

maternity patients; and secondly, in addition to this, absolute insistence upon *masking of both the nose and mouth* of all those who come in close proximity to, or who are responsible for, the conduct of the labor and delivery, and post partum care of the puerperal patient. The exclusion from the care of parturient or puerperal patients of any attendant who has a positive nose or throat culture should be rigidly insisted upon. In home deliveries, the isolation of the patient from any member of the household known to be ill, or has been recently ill with an upper respiratory infection, is equally important.

There remains for consideration the endogenous source of infection, represented by those women who, after a long and difficult labor, with considerable injury to the tissues, and this frequently accompanied by a considerable haemorrhage, have a septic puerperal course. The causative organisms recovered from these cases are usually the less pathogenic ones, which are found as normal inhabitants of the birth tract,—the anaerobic and non-haemolytic types of streptococci and B. coli particularly. Control of this type of infection will come only with a higher degree of efficiency in operative obstetrics; and perhaps, too, with the wider use of what might be called a prophylactic transfusion following labors of this kind. The prevention of this type of infection has, it is claimed, been aided by the use of intra-vaginal installation of mercurochrome during labor. This work, however, has lacked confirmation.

TREATMENT

There is no *specific treatment* for puerperal infection. The most promising field today undoubtedly lies in the *prevention* of the infection. This prevention calls for:

1. A high degree of aseptic surgical technic applied to all obstetric cases.

2. An appreciation of the importance of "droplet" infection from the upper air passages of all who come in contact with the patient (masking).

3. A complete bacteriological survey following the occurrence of any infection to determine its possible source.

4. Exclusion of all positive carriers from active attendance upon maternity cases.

5. Better intrapartum care of the case long in labor, the utilization of the least traumatizing type of delivery, the avoidance of blood loss, and the wider use of blood transfusions.

Active surgical intervention during the course of puerperal infection is seldom indicated, and less seldom worth while. An exception is here made to the incision and drainage of clinically recognized abscess formations in the pelvis.

General treatment concerns itself with the best of nursing care, a high caloric and high vitamin diet, fresh air in a well-sunned and well-ventilated room, and restriction of visitors and all sources of irritation to an absolute minimum. Vaginal examinations and all manipulative procedures should be held at an absolute minimum, as well.

The intravenous use of the various dyes, the injection of foreign protein, the utilization of various sera and vaccines and bacteriophage, have yielded nothing to warrant their continued use. Short-wave therapy is by many regarded as productive of real good. Of undoubted value is the employment of small transfusions (200-300 cc.) frequently given, every two or three days.

If sulphanilamide is carefully and judiciously used in the presence of infection by haemolytic streptococcus, and if there is a positive blood culture, there is some reason to hope for good results. As yet, there has been reported no series sufficiently large to permit anyone drawing too positive or too sweeping conclusions. Its use, however, gives promise, and its continued employment seems not only warranted, but distinctly indicated.

Most important of all, success lies in the prevention of the infection and in the recognition and control of all possible sources of infection.

SCIENTIFIC EXHIBITS

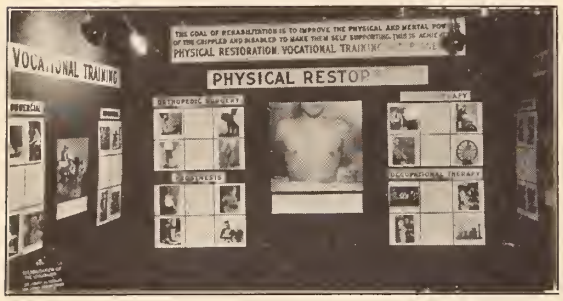
THE SCIENTIFIC EXHIBITS OF THE 1937 ANNUAL MEETING

ARTICLE NUMBER SIX

EXHIBIT NUMBER FORTY-THREE

REHABILITATION OF THE DISABLED

By HENRY H. KESSLER, M.D., N. J. Rehabilitation Commission, Newark, N. J.



This exhibit shows the work of the Rehabilitation Commission of the State of New Jersey for the improvement of the physical and mental powers of the crippled and disabled in order to make them self-sufficient and self-supporting. It also describes the plan of approach in carrying out anticipated objectives.

The first and most important step is that of physical restoration. Rehabilitation is facilitated by the normalizing of the physically handicapped person by means of orthopedic surgery, prosthetic appliances, physiotherapy treatment, or occupational therapeutic procedures. Such orthopedic procedures as the restoration of function of a joint by arthroplasty; the stabilization of flail joints by arthrodesis; the improvement of muscle balance by tendon transplantation; the equilization of asymmetrical extremities by bone lengthening or osteotomy all play a rôle in readjusting the crippled person to a normal physical status. Removal of the disability takes the individual out of the handicapped class, and facilitates his training and employment.

A man who has lost a leg or an arm is faced by a double disability. In addition to the loss of function of the part, he is seriously affected by the serious psycho-social prejudice of the man in the street. Filling the empty sleeve or the empty trouser leg with an artificial appliance immediately overcomes the cosmetic defect. In the lower extremity, an artificial leg is a satisfactory substitute for the natural leg which has been lost, thus increasing the productivity and work capacity of the individual. In the upper extremity, substitution of the natural prehensile function of the lost arm is very difficult. Through the use of a special type of prosthesis, such as the cineplastic arm, however, a satisfactory replacement can be made.

There are many individuals who do not require surgical or prosthetic services. These individuals suffering from partial ankyloses, peripheral nerve injuries, and other accidental injuries with their sequelae can be considerably improved by physiotherapy and occupational therapeutic procedures. The use of physical modalities has a definite place in the scheme of physical rehabilitation. Occupational therapy in the curative workshop not only improves the power, coördination and range of motion in the affected part, but has a wholesome effect in developing the patient's morale and unifying him toward a specific work objective.

After the full measure of physical restoration has been secured, the patient's mental powers and vocational aptitudes are developed by means of training in a vocation consistent with his aptitudes and capacities. This training must take into account the patient's physical as well as educational and mental limitations. Trained in a definite occupation, the physically handicapped person is fortified in a search for employment by a special skill. His application for placement is then based not on any measure of sympathy, but on the basis of special training which puts him on the level with the non-handicapped person.

Placement of the physically handicapped person requires careful and special supervision. In the first place, the unfavorable attitude of various employers must be overcome by demonstrating the efficiency of these well-trained and loyal workers. In the second place, the selection of the type of work must be carefully supervised so as to fit in with the patient's physical condition and prevent a recurrence of the original disability.

This broad program of social service is economically and socially practicable. It merits the earnest consideration of the entire community.

EXHIBIT NUMBER THIRTY-FOUR

ENDOSCOPIC RESECTION OF THE PROSTATE

A CLINICAL AND PATHOLOGICAL STUDY

By Samuel E. Kramer, M.D., F.A.C.S., Perth Amboy and Newark, N. J.

This exhibit represents a clinical and pathological study of ninety-six cases of prostatic obstruction, treated by the exhibitor by means of endoscopic resection, using the McCarthy electrotome and the McCarthy visualized punch. The technic of the operation is demonstrated by means of artist drawings and wax cystoscopic models. Individual case histories with gross and microscopic specimens of resected tissue, and cystoscopic pictures before and after operation, comprise the remainder of the exhibit.

The accompanying table reveals a critical analysis of the study.

ANALYSIS OF CASES OF ENDOSCOPIC RESECTION OF THE PROSTATE

Total Number of Cases Operated—96

Deaths	5
Benign prostatic hypertrophy	84
Carcinoma	6
Fibrosis of vesical neck	3
Hypertrophy of sphincter	1
Massive Multilobular enlargement	10
Middle lobe only	10
Moderate lateral lobes	56
Small lateral and median lobes	14
No lobular intrusion	6
Preliminary cystotomy	12
Acute urinary retention	48
Residual over $\bar{3}$X	23
Caudal anaesthesia *	58
McCarthy electrotome	92
McCarthy visualized punch	4
Massive postoperative hemorrhage — within twelve hours	12
Massive secondary hemorrhage after 10 days	3
Profound urosepsis lasting over 14 days	6
Secondary resection required	18
Cloudy urine at end of 10 weeks	75
Satisfactory end results	88
Incontinence—partial for less than 3 months	8
Incontinence—partial after one year	1
Incontinence—complete, now 3 months	1
Mortality	5%

* Spinal anaesthesia—38.

EXHIBIT NUMBER THIRTY-THREE

HYPERTROPHY OF THE PROSTATE

By Charles F. Geschickter, Johns Hopkins Hospital, Baltimore, Md.

The exhibit on benign prostatic hypertrophy included studies on the embryology of the prostate and its normal development and a study of the pathology of prostate in humans. The embryological study showed that the accessory prostatic organs, such as the seminal vesicles and the uterus masculinus, have an independent origin from the prostate proper. A comparison of pathology of prostatic hypertrophy with normal changes of the prostate in adults showed that clinical obstructive prostatic hypertrophy differs from the normal adult changes only in the tendency for the cystic dilatation of the obstructive form to localize in the periurethral glands.

The exhibit also showed diffuse cystic epithelium changes with prostatic enlargement and urinary obstruction produced in monkeys by the action of high doses of anterior-pituitary-like substances from pregnancy urine acting through the interstitial cells of the testis. These changes in the monkey prostate could not be produced with testosterone, which acts on the seminal vesicles of the monkey, nor with oestrin, which acts mainly on the uterus masculinus and the epithelium of the prostatic urethra.

EXHIBIT NUMBER TWENTY-FOUR

THE TREATMENT OF PERIPHERAL VASCULAR DISEASE BY THE USE OF INTERMITTENT VENOUS COMPRESSION

By William S. Collens, M.D., and Nathan D. Wilensky, M.D.
Brooklyn, N. Y.

The use of intermittent venous occlusion in the treatment of peripheral vascular disease was introduced by us about two years ago, and is designed to increase the collateral flow of blood. The method is employed by the application of a pneumatic cuff to the proximal portion of the diseased extremity. The cuff is alternately inflated and deflated by means of an automatic apparatus, thus producing intermittent periods of congestive and reactive hyperemia.

The principle upon which this method is used is based upon the important studies of August Bier and Sir Thomas Lewis. During the period of active congestion there is evidence that there occurs an active dilation of the arterioles, which is commonly known as Bier hyperemia. When the congesting pressure is released there occurs a phase designated by Sir Thomas Lewis as reactive hyperemia. During this time an active dilatation of the arterioles occurs with a profound increase in arterial flow.

Our exhibit showed a summary of our experience in the treatment of 125 cases by this method. The cases treated included the following diseases: thrombo-angiitis obliterans, peripheral vascular sclerosis, both diabetic and non-diabetic, with and without gangrene; Raynaud's disease and varicose ulcers.

There were photographs which showed the rapid healing of these chronic ulcers, and charts demonstrating the effect of increased walking capacity of individuals suffering from intermittent limping. The apparatus was also on exhibit and its method of use was demonstrated.

EXHIBIT NUMBER TWENTY-EIGHT

ELECTROCARDIOGRAPHIC ABNORMALITIES IN CLINICALLY NORMAL INDIVIDUALS

By Lauritz S. Ylvisaker, M.D., and Henry B. Kirkland
Medical Department, Prudential Insurance Company of America, Newark, N. J.

The exhibit of the Medical Department of the Prudential Insurance Company was designed to show that individuals unaware of any cardiac abnormality, and leading lives of unrestricted activity, could have varying types of electrocardiographic deviations from normal.

As material, over 2000 tracings were available; a large number of these were made on presumably healthy insurance applicants, and employees, chiefly in the younger age groups, of a large industrial organization. When an unusual record was encountered, the clinical status of the subject was carefully investigated, and x-ray and fluoroscopic studies, as well as other indicated procedures, were carried out. Only when no abnormality other than the electrocardiogram could be detected, was the subject classed as normal. Many such cases were followed for as long as three years before a final conclusion was reached that no cardiovascular impairment otherwise existed.

Among the unusual conditions shown were irregularities of various types, such as partial sino-auricular block, shifting pacemaker,

marked sinus arrhythmia,. and ectopic beats. There were examples of delayed auriculoventricular conduction, and of intraventricular conduction defects. Cases of low voltage QRS and T, of the Pardee Q wave, and of coronary T types, were shown. There were instances of supraventricular paroxysmal tachycardia, dextrocardia, and ST and T changes resulting from unnecessary administration of digitalis.

It was recognized that the electrocardiogram is diagnostic of certain abnormalities of rate, rhythm and conduction, as well as of some types of myocardial damage. An attempt was made, however, to stress the necessity of using deviations from normal to guide investigation of the cardiovascular status, rather than to establish the presence of disabling pathology. Emphasis was laid on the need of explaining to the subject the problem at hand in a reassuring manner, at the same time maintaining adequate medical supervision for an indefinite period of time.

EXHIBIT NUMBER TWENTY-NINE

RESULTS OF ELECTROSURGICAL OPERATION FOR ADVANCED CARCINOMA

By Tibor De Cholnoky, M.D., Post-Graduate Medical School and Hospital, Columbia University, New York City

With this exhibit it is our intention to demonstrate the efficacy of electrosurgical operations in advanced cases of cancer.

We have found these methods most useful in malignancies of the body surface and cavities, even in cases where x-ray and radium therapy are ineffective and the condition considered to be beyond the limits of operability with the scalpel.

As palliative procedures they have proved to be a boon in the bulky, extensive, ulcerative and secondarily infected cases.

The technic illustrated is by two-colored films. They comprise a variety of lesions, treated by coagulating the masses by a high-power machine, step by step, and removing them bloodlessly by an electric loop. It is often possible to eradicate the local growth and infection and to cover the defect through an immediate plastic operation. In other cases, it is wiser to leave the involved area open so as to control recurrences either by irradiation, or successive electrosurgical procedures such as: electrocoagulation, dessication, and removal by an electric loop.

The immediate post-operative mortality is negligible (we lost one case in eighty-four).

The patients are always benefited, at least temporarily, by the elimination of the necrotic, foul tumor masses. Internal metastases are only indirectly influenced by the elimination of an open infected cancerous area. The progress of internal metastases may be delayed by irradiation. The prolongation of life, in spite of the advanced disease, may be from months to years. (According to Keysser, 17.2 per cent show five years arrest.)

Cholnoky, Tibor de: Electrosurgery in Advanced Carcinoma. Annals of Surgery, Vol. 103, No. 3, pages 415-421, March, 1936.

Keysser, F.: Die electrochirurgische Behandlung der Krebskrankheiten. Blass. S. A. Madrid, 1933.

STATE SOCIETY ACTIVITIES

THE COMMITTEE OF "FOUR HUNDRED AND THIRTY"

AN ADDRESS TO ESSEX COUNTY MEDICAL SOCIETY, NOVEMBER 11, 1937

By William G. Herrman, M.D., President, The Medical Society of New Jersey

In the Sunday papers under date of November 7th, 1937, appears the heading, "430 Doctors Join in Revolt to Aid State Medicine". The principles and proposals as published in these papers are virtually the same as those which were proposed before the American Medical Association at Atlantic City on June 8, 1937, by a committee from the New York State Medical Society, and which were rejected by the House of Delegates of the A. M. A.

NEW JERSEY'S POINT OF VIEW

The reaction of the Welfare Committee and the Board of Trustees of The Medical Society of New Jersey to the action taken at Atlantic City was published in our September (1937) Journal, page 577. For the purpose of refreshing your mind, may I quote from the second article of the communication to the A. M. A., as follows:

II. The Medical Society of New Jersey pledges its continued coöperation with Federal and State Departments of Health, as now constituted. We believe:

A. That Federal government control in the practice of medicine should be confined to:

1. Medical service in the Army, Navy, and Marine Corps.

2. Hospitalization and medical care rendered to war veterans suffering from disabilities, the direct result from wounds or diseases incurred while on active duty, or when hospital study is indicated to determine the eligibility for pension.

3. Public Health Service in its strict meaning:

a. Epidemiology.

b. Control of occupational disease.

c. Control of individuals or conditions that are a menace to the general health of the community.

d. Research with regard to any of the above.

4. That local government control be confined to the maintenance of institutions for the care of the insane, epileptics, and those having communicable diseases and needing isolation.

B. That all other phases of the practice of medicine should be free from governmental supervision or control.

C. That the principle of caring for the indigent by the use of public funds from various sources for the payment of physicians for their services on a reduced fee basis should be supported. These funds, however, should be administered by local agencies with provision for the preservation to the patient of free choice of a legally licensed physician and of the institution when hospital service is necessary.

D. That any national health policy should meet the approval of the American Medical Association; and any plan for the use of public funds in the promotion of such policy in any locality should be approved by local units of organized medicine.

E. That the medical care of those gainfully employed, but in the so-called low-wage group, should not receive government aid, but be cared for by private physicians through a mutual adjustment of fees on the deferred payment basis.

F. That compulsory health insurance, or any other form of State medicine, is not suited to the American people, and would be detrimental to both the deliverer and recipient of such services.

ATTITUDE OF COMMITTEE OF 430

The point of view of the Committee of 430 was announced in the following set of Principles and Proposals:

PRINCIPLES

1. That the health of the people is a direct concern of the government.

2. That a national public health policy directed toward all groups of the population should be formulated.

3. That the problem of economic need and the problem of providing adequate medical care are not identical, and may require different approaches for their solution.

4. That, in the provision of adequate medical care for the population, four agencies are concerned:—voluntary agencies, and local, State, and Federal governments.

PROPOSALS

1. That the first necessary step toward the realization of the above principles is to minimize the risk of illness by prevention.

2. That an immediate problem is provision of adequate medical care for the medically indigent, the cost to be met from public funds (local or State or Federal).

3. That public funds should be made available for the support of medical education and for studies, investigations and procedures for raising the standards of medical practice. If this is not provided for, the provision of adequate medical care may prove impossible.

4. That public funds should be available for medical research as essential for high standards of practice in both preventive and curative medicine.

5. That public funds should be made available to hospitals that render service to the medically indigent and for laboratory and diagnostic and consultative services.

6. That in allocation of public funds existing private institutions should be utilized to the largest possible extent, and that they may receive support so long as their service is in consonance with the above principles.

7. That public health services, Federal, State and local, should be extended by evolutionary process.

8. That the investigation and planning of the measures proposed and their ultimate direction should be assigned to experts.

9. That the adequate administration and supervision of the health functions of the government, as implied in the above proposals, necessitates in our opinion a functional consolidation of all Federal health and medical activities, preferably under a separate department.

ATTITUDE TOWARD THE PRINCIPLES

Your officers and Welfare Committee certainly do not subscribed to the idea that the health of the people is the direct concern of the government when this applies to an individual whose disease is not communicable and has no bearing upon the health of the people as a whole. There is a subtle attack from all sides against that previously well-accepted philosophy of life peculiarly atuned to the American people, to wit, "That every tub should stand on its own bottom," and that all are expected to make their own way in this world and provide their own necessities of life both to themselves and their dependents so long as they are physically able.

The new idea seems to be that our people need to be protected before birth, and pampered afterwards. They are to be secure against illness and injury and the worries of old age. A job is to be found for them. Are they to become instruments of government for the purpose of producing taxes?

I am reminded that last June the graduating thesis of a Princeton senior was on the subject of *Security,* and was to the effect that all Princeton seniors wanted now was some promise that life would be secure for them. President Dodd chided this young man, and stated that at one time the only want of the graduates was an opportunity to show what they were worth. Where now is the spirit of adventure? Where is the desire to prove their mettle, and to stand or fall on their own ability? I certainly felt, as I read what Dr. Dodd said, that he was on sure ground; but there were many newspaper editorials that damned his remarks, and stated he could very ably say what he said because his own security was well established.

There was a day in ancient Rome when corn was fed to the populace and they were kept amused by the circus; but all the pep and verve left them, and in due time they were overcome by Visigoths from the north who were not asking for security and asked for nothing to eat; they were perfectly able to make or take it for themselves.

Is there not a possibility that a nation whose citizens experience no *personal emergencies* may not be able to meet *national* emergencies?

The second *principle* set forth by this group of 430 is that "A national public health policy directed toward all groups of population should be formulated." This is correlary to principle number one,—that the health of the people is the direct concern of the government; and soon we shall be told when to put on rubbers and when to take off our mufflers. We will have to have health cards to travel from one part of the country to another.

PROPOSALS OF THE 430

To many of the *proposals* that follow the statement of principles of the 430 I do not believe many of you will object, except that they are stated in such a way that various interpretations can be put upon them.

Proposal *number one* has to do with minimizing illness by prevention. If this has to do with further minimizing the hazards of occupation, with the reduction of industrial accidents, and with isolation, or immunization against communicable disease, no one can disagree; nor can anyone take exception to every effort through education to induce the people to prevent illness among themselves. But, here again under this proposal the government could step in and regulate and confine the individual's life so that he would be little better than a prisoner.

Under proposal *number two* the committee speaks of medical care for the medically indigent. The meaning of this proposal depends entirely upon the definition of what is the medically indigent person. The Medical Society of New Jersey has recently entered into an agreement with the State Finance Assistance Commission to coöperate in providing medical care

at reduced fees for the indigent, as under the old E. R. A. But we understand that it is to be for those who are *truly* indigent and need, more or less, help for all the necessities of life. There are many persons right now who in their own minds are medically indigent, and yet they run automobiles, go to the movies, and spend plenty of money for cosmetics and other luxuries; but if asked to pay a medical bill or go to a private physician they immediately cannot afford to do so. They throng our clinics and fill our public wards. Who is to determine who is the medically indigent patient?

Under proposal *number three* this group desires that there shall be government money for education, investigations, and for subsidizing medical schools. "He who pays the piper calls the dance." Medical schools will then become instruments of government. The government will say who shall study medicine; the government will determine what methods of treatment are orthodox and which are not; and as sometimes was the condition during the late World War, we may be told "Paint them with iodine, give them a cc pill, and mark them for duty."

Under proposal *number four* they carry this idea further in the suggestion that government funds should be provided for medical research. Proposals three and four are exceedingly dangerous because of what I have already suggested. If we could have any assurance that the government would provide funds for either research or education without attempting to dictate in any manner, shape, or form the type of education, or the kind of research, an objection might not be in order; but there is no such assurance. Experience tells us that whoever provides the money wishes to have something to say as to how that money shall be spent. These gentlemen are merely inviting interference in every form of medical progress.

Under proposals *number five and six* public funds are to be allocated to private hospitals in return for their care of the so-called medically indigent. We have just that sort of support now, in part. In many parts of our own State so-called *community hospitals* receive subsidies from boards of freeholders for the care of the indigent. We can have no objection to this, so long as the direction and management of these institutions remains in the hands of the profession and allied administrators who are not dictated to by local, State, or Federal government as to the form of treatment given or the methods of management.

It is quite possible that the desire of the men whose names are signed to these proposals was to arouse our national organization to take a more active interest in the medical economic problems now confronting us than they have so far done. I believe that the changes and desires which we wish to see consummated should emanate from within our own organizations if we are to accomplish anything through organized medicine. It implies a willingness to follow the leader, and a willingness to submit to discipline, and a refusal by groups to go off on a tangent.

The newspapers called this a possible split in American medicine. It will be very much to be regretted if we cannot adopt principles and proposals on which the majority of physicians can agree. If we do allow an appearance of dissension in medical ranks to be publicized, we will find the standards of medical practice to be lowered to the level of those of European countries.

An editorial in the New York Herald Tribune states:

> From the thesis that "the health of the people is a direct concern of the government", right through to the proposal that all public support of medical care be coördinated by a Federal department of health, these propositions will be misconstrued by the proponents of "socialized medicine" as a surrender to their contentions.

PERSONNEL OF THE COMMITTEE OF 430

I am very glad to say that in looking over this original list of signers of this statement there is not a single resident of New Jersey. As the newspapers have pointed out, many of the signers of this so-called revolt are institutional men,—teachers of medicine in medical schools, or full-time employees of large institutions. These gentlemen cannot help but have a different point of view from that of men in the field. Many others are prominent members of the staffs of large hospitals. There are, no doubt, large philanthropic institutions which have felt pinched the last few years by the marked decrease of philanthropic contributions due to high taxes. They look about them and see millions spent in relief and in made work. They would like to have some of these liberal Federal contributions coming their way. Some of the men in this latter class may be under pressure in trying to secure for them public funds.

INDIVIDUAL LIBERTY AND INITIATIVE

The trend towards greater and greater centralization of government, I personally feel, is much to be decried. Individual liberty should not be restricted any further than is necessary

to protect other individuals. Each community should have as large a measure of self-government as is possible, and so on up through the various layers of government, reserving to the national government authority in those matters which affect the country as a whole and the citizens as a unit. The further we get away from this as a matter of principle, the more we lose of that so-called American liberty for which our forefathers fought and suffered. The Chinese are right—there is something worse than the death of a few hundred thousand Chinamen. There is no doubt that a highly modern Japan could take over China, regiment it, industralize it, and at least for many of the Chinese raise the standard of living; but against such possibility of advancement the Chinese people seem to be united in a way they never have before. I have never been a pacifist, yet I am not in favor of war, but there are some things worse than war. There are some things worse for this country than periods of depression, worse than that some part of our population at times shall go without so-called adequate medical care. That "Something" is the loss by the bulk of the people of the willingness to do or die, to fend for themselves, to work hard, and to save, because they must rely on themselves. If we are not careful, we shall rapidly tend towards a state of society in which the average citizen will feel there can be no emergencies; whether he works or not, he will be taken care of; he doesn't have to save because whether he is sick or old he can look to the government. "Ill fares the land to hastening ills a prey where wealth accumulates and men decay."

Inability to adjust one's self to changing conditions or to changing one's point of view is a sign of advancing age. Conditions now are dfferent than they were ten or twenty years ago, and we must make adjustments to them; but this does not mean that at one swoop we must throw aside all those principles for which we stood, or that everything for which we stood in the past is necessarily wrong. As a people we have always been generous in our desires to help those who need help. Physicians have for years been expected to give their time and service without charge to the poor. Private philanthropy has now decreased alarmingly. We now propose to extend philanthropy so that it is not only voluntary, but also involuntary, and to use some of the funds created by taxation for the assistance of those who cannot help themselves. With this I am in entire agreement; but I believe the help should stop there, and that there should be strict care to see that only those who actually cannot help themselves are given free care.

For the time being and probably for some time to come, the number of those who will need help from public as well as private sources will be large. It is perfectly fair, therefore, that the physicians should not be asked as a group to continue giving a larger and larger measure of free time for people who are to be helped through tax funds. I believe there should be some basis for paying physicians for much of their work that is now done without charge. Contributions of the government should be merely monetary, and the administration and care of the funds so used should be in the hands of experts entirely free of political or governmental influence, except to see that the money is honestly spent. There should be a rigorous investigation of indigents, so that all who are capable of fending for themselves should be required to do so whether this means the purchase of food, fuel and clothing, or medical care. If in time society is to be completely socialized, then we must submit to medicine being socialized. But I cannot see why medical care as one of the essentials of life should be "Socialized" before other necessities, such as food, fuel or clothing, are so provided at public expense.

DUES ARE DUE

Each County Medical Society has received an official notice that the *State Society Dues* are now due. An amendment to the Constitution adopted at the Annual Meeting of the House of Delegates on April 29, 1937, provides that the latest date on which dues may be received by the State Treasurer shall be March 10 of each year instead of January 26, as in previous years. After that date a delinquent member is not entitled to represent his county in the House of Delegates, nor to have his name recorded on the official list of members. His protection under the Society liability insurance will also be endangered.

WELFARE COMMITTEE

A meeting of the Welfare Committee of The Medical Society of New Jersey was held in the Stacy-Trent Hotel, Trenton, N. J., on Sunday, January 16, 1938, with Dr. Hilton S. Read, Chairman, presiding, and the following members present:

Ex-officio, William G. Herrman, President; Alfred G. Stahl, Secretary.

County Society representatives—

Atlantic	
Hilton S. Read, Chm.	Myrtile Frank
Bergen	
Samuel Alexander	H. B. Wilson
Burlington	
S. Emlen Stokes	
Camden	
Thomas K. Lewis	
Cape May	
George F. Dandois	
Cumberland	
Millard F. Sewall	Leslie E. Myatt
Essex	
William H. Areson	Henry B. Orton
E. P. Cardwell	Theodor Teimer
John W. Gray	E. LeRoy Wood
J. Irving Fort	A. Charles Zehnder
Julius Levy	
Gloucester	
I. Warner Knight	Chester I. Ulmer
Hunterdon	
B. S. Fuhrmann	
Mercer	
D. Leo Haggerty	W. R. Little
Allen G. Ireland	J. J. McGuire
Middlesex	
Henry Haywood	Jacob J. Mann
Joseph H. Kler	
Monmouth	
John C. Clayton	Barclay W. Moffat
J. Berkeley Gordon	Stanley Nichols
Passaic	
Wright MacMillan	Frank Ash
Somerset	
Frank L. Field	
Sussex	
James H. Spencer, Jr.	
Union	
Clarence Berry	Herschel S. Murphy
Frederic W. Lathrop	Charles H. Schlichter
Warren	
W. H. Varney	

Also:

LeRoy A. Wilkes, Secretary of the Committee
Frank Overton, Editor of The Journal

From the Board of Trustees:

William J. Carrington	Harry R. North
E. Zeh Hawkes	Ralph K. Hollinshed
Watson B. Morris	Frederic J. Quigley

There were also present:

William H. MacDonald, State Department of Health
Robert P. Fischelis, State Board of Pharmacy

UNIFORM MEDICAL PRACTICE ACT

The principal topic of discussion was the proposed revision of the Medical Practice Act by a special committee, of which Dr. Samuel Alexander is Chairman.

A brief history of the proposed revision was given by Chairman Read. The first action was taken by the Welfare Committee on June 18, 1933, in voting its proposal that a special committee be appointed to draw up a Uniform Medical Practice Act, and that the committee confer with a similar committee of osteopaths (Jour., Aug., 1933, p. 588).

The committee's report to the House of Delegates is printed in the Journal of May, 1934, p. 286. It also made a progress report to the Welfare Committee on September 23, 1934 (Jour., Oct., 1934, p. 600).

The committee continued its activities throughout the Winter, and reported the draft of a bill to the Welfare Committee on February 18, 1935, and later to the House of Delegates (Jour., April, 1935, p. 209). It also reported to the Welfare Committee on October 20, 1935 (Jour., Nov., 1935, p. 658), and December 8 (Jour., Jan., 1936, p. 32, and Feb., 1936, p. 100), and to the House of Delegates (Jour., May, 1936, p. 271).

During the year 1937 the committee has continued its work of perfecting the revision, particularly along legal lines. It is now reporting its completed work to the Welfare Committee.

The Welfare Committee voted to approve the draft of the bill, and to have it mimeographed and copies sent to each county society.

The Welfare Committee also approved the plan to introduce the bill in the Legislature early in its present session.

The present Medical Practice Act dates back to 1911. It is printed in each edition of the Directory of the American Medical Association, and fills five pages of fine print.

The proposed amendments involve minor changes in nearly every paragraph, as well as require the rewriting of entire sections, particularly those relating to the abolition of limited licenses to practitioners, and the adoption of uniform educational requirements for all who aspire to practice the healing art in the future,—osteopaths and chiropractors, as well as the graduates of regular medical schools.

SCHOOL PHYSICIANS

Dr. Stanley Nichols, Chairman of the Sub-Committee on Public Health, reported that the school physicians are planning to form an or-

ganization independent of the regular medical society, and that tenure of office is one of their objectives. Dr. Nichols suggested that the leaders in the school physicians' movement be requested to present their views to the proper committee of the State or County Medical Society. The Welfare Committee voted its opinion that the interests of the school physicians may be served best through the medical societies of the counties and the State.

ENDORSEMENT OF CANDIDATES

Dr. Nichols also brought up the subject of the Medical Society's endorsement of candidates for full-time positions in the State Department of Health. The Welfare Committee voted its approval of the plan that endorsements of the qualifications of candidates should be sent to the President of The Medical Society of New Jersey, and be submitted by him to the Council for its decision and endorsement.

PNEUMONIA CONTROL

Dr. John W. Gray, Chairman of the Advisory Committee on Pneumonia Control, read a proposed law authorizing the State Department of Health to distribute anti-pneumococcic serum to patients who otherwise could not obtain it; and appropriating $50,000 for its purchase and distribution during the coming fiscal year.

The Welfare Committee voted its support of the proposed bill.

MEETING OF JANUARY 30

A special meeting of the Welfare Committee was held in the Stacy-Trent Hotel, Trenton, N. J., on January 30, 1938, for the purpose of considering some details of the proposed revision of the Medical Practice Act in order to make its provisions entirely clear. The object of giving considerable time to minor points of the bill was to anticipate objections which would be made to the bill when it is discussed by a Legislative Committee.

After the suggestions have been considered and, incorporated in the text by the special committee, the bill will be considered by the Trustees; and on their approval it will be introduced in the Legislature.

MATERNAL WELFARE CONFERENCE

The annual conference of the State Committee on Maternal Welfare, with the several County Maternal Welfare Committees, the Field Physicians and others who are interested in the activities of the Maternal Welfare Committee, was held in the Essex House, Newark, at four o'clock on Thursday, January 20, 1938. There were sixty-eight physicians present, as follows:

Chairman, A. W. Bingham.

Journal representatives:

H. C. Barkhorn, Chairman Publication Committee.

Frank Overton, Editor.

County representatives:

Atlantic	
J. C. Brown	N. J. Quinn
Bergen	
H. B. Wilson	Lyman Burnham
Burlington	
F. D. Fahrenbruch	Hammell P. Shipps
H. C. Curtis	
Camden	
Gordon West	E. C. Hessert
George B. German	
Cape May	
Clarence W. Way	
Cumberland	
Mary Bacon	
Essex	
John F. Condon	Julius Levy
Arthur W. Bingham	Nelson Bigelow
Eugene W. Erler	Everett Campbell
A. J. Gordon	E. J. Ill
Gerald Hayes	M. M. Wurtz
Carl H. Ill	Mary E. Broadnax
Clarence Janifer	J. Levin
Robert Jonitz	J. Metsky
George A. Matheke	A. Levison
Alfred Meurlin	F. J. Tobey
Ralph A. Pattyson	D. B. Gershenfeld
Raymond T. Potter	Mildred Gregory
Nathaniel G. Price	L. S. Herndon
Elizabeth B. Ward	William K. Pudney
Gloucester	
J. H. Underwood	
Hudson	
E. G. Waters	Joseph P. Donnelly
Mercer	
Ernest F. Purcell	James R. Harman
Middlesex	
J. Grieve	
Monmouth	
G. K. Brown	John Hardy
R. A. MacKenzie	William Heatley
Morris	
Inglis F. Frost	George L. Nicoll
Daniel J. Geary	
Passaic	
T. K. Graham	A. Shulman
Salem	
William T. Hilliard	

Somerset
A. A. Lawton — S. H. Pogoloff
Lancelot Ely
Sussex
A. H. Groeschel
Union
C. deFreitas — P. J. Kreutz
Rowland P. Blythe — P. DuB. Bunting
Warren
James Weres

There were also present:
Health Officers—
Mr. C. T. Pomeroy, Montclair
Mr. Frank J. Osborne, East Orange
Supervisors, State Department of Health—
Miss Mabel E. Beekman
Miss Grace P. Remshard

Dr. Bingham presided and led a discussion of practical points which had developed in the experience of the Field Physicians, and the results of Dr. Bingham's study of the case reports in maternal mortality. He said that the tabulation of maternal deaths for 1937 had not been completed; but it would appear that the year's mortality figures are lowered in most of the counties.

Dr. Bingham said that the response of the physicians had been satisfactory and that family doctors had asked for and received 145 consultations of physicians, and over 1000 visits of nurses for delivery services. Some of the deaths had been due to the neglect of the mothers to call a doctor early, and some were the result of medical conditions which had existed before pregnancy. There had been too many cases of septic abortion.

Dr. Bingham inquired about the conformity to hospital rules in obstetrical cases, and said that he knew of only one or two instances in which doctors bringing cases to the Orange Memorial Hospital had insisted on being allowed to handle their obstetrical cases in any manner that they chose. They were dropped from the courtesy list. Practically every physician was pleased to call a consultant when the rules of the hospital required one. In most hospitals with open services, the family doctors of the patients had welcomed the advice and demonstrations of the regular consultants on the staff of the hospital.

Dr. Bingham stated that the Federal authorities wished to establish a list of consultants who were eligible to be called by family doctors in difficult cases, and asked for the opinion of the doctors present. All unanimously replied that the service would be seriously impaired if a doctor had to call a particular consultant who might be away from home, or otherwise engaged. Not a case of unsatisfactory service had been reported under the present system of allowing the family doctor to call whom he wished. On the other hand, lives had been saved through the response of a competent consultant.

Dr. Levy upheld the present system of freedom of calling a consultant, and said that New Jersey is the only State in which the system is followed.

Dr. Bingham explained the system of reporting and studying cases of maternal deaths. The object of the study was not to spy on the doctor, but to determine the exact condition in each case. The family doctors had invariably been coöperative, and appreciative of the advice and assistance which they had received; and the committee appreciates their coöperation.

Dr. Bingham asked the opinion of the doctors at the conference regarding the actual working of the system. Some of the questions were:

Should family doctors be paid by the State for their services to patients in the low-wage or indigent class? The doctors said that they expected to attend their own cases regardless of the pay that they received.

Are there any instances in which the patient was unable to get good care? None were known.

What about the special precautions in handling four plus Wassermann cases? No instance was known of infection being transmitted from such a patient, and most hospitals accept these cases.

What about doing too much for a patient? Obstetrics is improving by more attention to preventive details, more care in handling normal cases, and more and earlier consultations in abnormal cases, rather than by the development of complicated technic.

How about the midwives? They are trained to follow such procedures as wearing gloves and masks.

How can the physicians be induced to attend obstetrical conferences?

There was a discussion on the desirability of having a section on obstetrics at the Annual Meeting of The Medical Society of New Jersey, and those present unanimously favored the suggestion.

The conference was intensely practical, especially in its discussion of administrative procedures.

The conference closed at 6:30 and the members sat down to a social supper, after which they attended a lecture in the Academy of Medicine on the subject "The Dehydration Treatment of Eclampsia" by Dr. J. O. Arnold, of Temple University, Philadelphia.

PHYSICIAN MEMBERSHIPS IN NON-MEDICAL ORGANIZATIONS

From the Committee on Public Relations, J. H. Kler, M.D., Chairman

Members of The Medical Society of New Jersey belong to at least 721 non-medical organizations, according to a survey completed recently by the Public Relations Committee. Totals of the survey are based on returns of questionnaire cards sent to physicians. Eleven hundred and forty-four physicians in the twenty-one counties returned the cards at an early enough date to enable them to be listed in the tabulations. This number constitutes approximately 33 per cent of the enrolled membership of the Society.

The combined membership in non-medical organizations total 3,016. Each physician who returned a card averages almost three memberships; or to put it another way, each physician is, according to averages, a member of about three organizations.

The Masonic organization led all others, with 349 physicians indicating their affiliation. The Benevolent and Protectve Order of Elks embraces 137 doctors, and the American Legion has 122 M.D's enrolled among its various posts. Kiwanis and Rotary ran neck and neck with Kiwanis edging out Rotary 100 to 92.

Golf appears to be the favorite diversion of the doctor, with 122 persons manifesting an affiliation with golf organizations. Other recreational and hobby groups included tennis, fishing, hunting, stamp collecting, chess, bridge, and many others.

Acceptance of public service responsibilities on the part of physicians was indicated by the tabulations. One of the Society's members is a member of the General Assembly; another is mayor of his community; another is on his city's sinking fund commission; another is chairman of the planning board in his city; 27 serve on community boards of health; 18 have memberships on local boards of education; three serve on borough councils; 20 are members of local chambers of commerce; and 17 are connected with their local fire departments.

A disposition on the part of physicians to lend support to community movements was revealed. Twenty-eight physicians are affiliated with Parent-Teacher Associations; an equal number belong to the Red Cross; 48 are connected with the Young Men's Christian Association; 28 belong to the Young Men's Hebrew Association. Nine physicians, a few of them men, indicated a connection with the Young Women's Christian Association.

The survey reveals the average physician to be a gregarious individual. The associations which attract his interest and support are numerous and diverse. They include the following types of organizations: governmental, political, educational, recreational, fraternal, social, nationality, religious, dramatic, cultural, financial, patriotic, military, and humanitarian.

This record of affiliations of members of the Society should proved to have great utility value in the conduct of our public relations program. The following advantages may be enumerated:

1. To those who view the physician as only a cold, detached man of science, we can now cite facts and figures as evidence of his participation in community movements.

2. If any district or statewide group desires to hear an address on a medical subject, our files will enable us to select a competent speaker.

3. If we seek the support of any group or groups in pushing public health measures, we shall have at hand an index of member physicians who can present the Society's viewpoint.

J. H. Kler, M.D., *Chairman.*

COMMITTEE ON CANCER CONTROL

A luncheon meeting of the *Cancer Control Committee* was held on Sunday, January 16th, 1938, at the Stacy-Trent Hotel, Trenton. Those present were: Dr. Henry B. Orton, Chairman, who presided; Dr. Otto R. Holters, Dr. Carl H. Menge, Dr. Joseph H. Kler, Dr. E. E. Downs, Dr. George S. Reitter, Dr. William G. Herrman, and Dr. LeRoy A. Wilkes.

Dr. Herrman read his Proposed Constitution of The Curie Institute that was drawn up on similar principles of the original Curie Institute Constitution. This matter was then open for discussion.

The committee discused the relations of the Curie Institute to the medical profession, and to other agencies engaged in cancer control, in an endeavor to reach a conclusion as to the field of each organization and practical methods of coöperation.

The need of sections in State Hospitals being set aside for indigent cancer patients was discussed.

FELLOWS OF THE MEDICAL SOCIETY OF NEW JERSEY

"THE FELLOWS ARE THE EX-PRESIDENTS OF THE SOCIETY." (Constitution, Art. IV, Sect. 1)

There have been 153 Presidents of The Medical Society of New Jersey from the time of its founding on July 23, 1766, to the present year. A careful search of the State Society records has been made in order to record something more than a bare list of their names and dates of service.

The following list shows the numerical order of each President, and the year of his induction into office; his name; his place of practice; the dates of his birth and death; and his characteristics and civic attainments. Information is requested about those of whom the details are meager or lacking.

1. 1766—ROBERT MCKEAN, Perth Amboy, July 13, 1732—Oct. 17, 1767. Pastor and Physician.
2. 1767—WILLIAM BURNET, Newark, Dec. 2, 1730—Oct. 7, 1791. Army Surgeon and Member of Congress.
3. 1768—JOHN COCHRAN, New Brunswick, Sept. 1, 1730—Apr. 6, 1807. Hospital Director in Revolution.
4. 1770—NATHANIEL SCUDDER, Freehold, May 10, 1733—Oct. 16, 1781. Congressman. Killed in Revolution.
5. 1771—ISAAC SMITH, Trenton, 1740—Aug 29, 1807. Congressman, Judge, Financier.
6. 1772—JAMES NEWELL, Freehold, 1725—Feb. 21, 1791. M.D. received in Edinburgh.
7. 1773—ABSALOM BAINBRIDGE, Lawrenceville, 1742—Jan. 23, 1807. A loyalist. Large practice in New York City.
8. 1774—THOMAS WIGGINS, Princeton, 1731—Nov. 14, 1801. Treasurer of College.
9. 1775—HEZEKIAH STITES, Cranbury, 1726—Nov. 17, 1790.

No meetings 1776-1780 on account of the War of the Revolution.

10. 1781—JAMES NEWELL, No. 6, reëlected. Son Elisha President, 1795.
11. 1782—JOHN BEATTY, Trenton, Dec. 19, 1749—May 30, 1826. Commissary of prisoners in Revolution.
12. 1783—THOMAS BARBER, Matawan, died 1807, aged about 80. Surgeon in Revolution.
13. 1784—LAWRENCE VANDER VEER, Roycefield, 1740—1815. Last surviving founder of State Society.
14. 1785—MOSES BLOOMFIELD, Woodbridge, Dec. 4, 1729—Aug. 14, 1791. Surgeon in Revolution.
15. 1786—WILLIAM BURNET, Newark. President No. 2 in 1767.
16. 1787—JONATHAN ELMER, Bridgeton, Nov. 29, 1745—Sept. 30, 1817. U. S. Senator and Judge. In first class to receive M.D. degree from U. Pa.
17. 1788—JAMES STRATTON, Swedesboro, Aug. 20, 1755—Mar. 29, 1812. Judge.
18. 1789—MOSES SCOTT, New Brunswick, 1738—Dec. 28, 1781. Director of hospitals in Revolution.
19. 1790—JOHN GRIFFITH, Rahway, Nov. 19, 1736—Aug. 23, 1805.
20. 1791—LEWIS DUNHAM, New Brunswick, 1754—Aug. 26, 1821. Revolutionary soldier.
21. 1792—ISAAC HARRIS, Middlesex County, and then Salem, 1741-1808. Taught medical students.
22. 1795—ELISHA NEWELL, Allentown, 1755—1799. Son of James, 6th President.

No meetings for twelve years, owing to an attempt to establish a rival society.

23. 1807—JONATHAN F. MORRIS, Somerville, Mar. 21, 1760—Apr. 10, 1810. Partner of 24th President.
24. 1808—PETER I. STRYKER, Somerville, June 22, 1766—Oct. 19, 1859. President three times.
25. 1809—LEWIS MORGAN, Rahway, 1757—Jan. 12, 1821.
26. 1810—LEWIS CONDICT, Morristown, Mar. 3, 1773—May 26, 1862. Congressman. Trustee Princeton Coll.
27. 1811—CHARLES SMITH, New Brunswick, 1768—May 7, 1848. Poor boy, but died rich.
28. 1812—MATTHIAS H. WILLIAMSON, Elizabeth. Meager biography. Served two years.
29. 1814—SAMUEL FORMAN, Freehold, Aug. 3, 1764—Dec. 11, 1845. Active in practice.
30. 1815—JOHN VAN CLEVE, Princeton, 1778—Dec. 24, 1826. Lectured in medicine in Princeton College.
31. 1816—LEWIS DUNHAM, President No. 20 in 1791.
32. 1817—PETER I. STRYKER. See No. 24.
33. 1818—JOHN VAN CLEVE. See No. 30.
34. 1819—LEWIS CONDICT. See No. 26.
35. 1820—JAMES LEE, Newark. No details. Large practice. Went to Baltimore.
36. 1821—WILLIAM G. REYNOLDS, Manalapan. A sailor. Had great mechanical skill.
37. 1822—AUGUSTUS R. TAYLOR, Somerville, May, 1782—1840. Very active.
38. 1823—WILLIAM B. EWING, Greenwich, Dec. 12, 1776—April 23, 1866. Member of Legislature. Judge.
39. 1824—PETER I. STRYKER. See Nos. 24 and 32.
40. 1825—GILBERT S. WOODHULL, Manalapan, Jan. 11, 1794—Oct. 13, 1830.
41. 1826—WILLIAM D. MCKISSACK, Millstone, 1754—Feb. 11, 1831. Third generation of leading doctors.
42. 1827—ISAAC PIERSON, Orange, Aug. 15, 1770—Sept. 22, 1833. Congressman and Sheriff. His son, No. 84, and his grandson, No. 115, were also Presidents.
43. 1828—JEPHTHA B. MUNN, Chatham, Dec. 24, 1780—June 22, 1863. Worked on Pharmacopoea.
44. 1829—JOHN W. CRAIG, Somerset Co. Meager data.
45. 1830—AUGUSTUS R. TAYLOR. See No. 37.
46. 1831—THOMAS YARROW, Salem. Meager record.
47. 1832—E. FITZ RANDOLPH SMITH, New Brunswick, 1786—May 25, 1865. Banker and Mayor.
48. 1833—WILLIAM FORMAN, Monmouth County, Aug. 7, 1796—Feb. 22, 1848.
49. 1834—SAMUEL HAYES, Newark, 1776—July 30, 1839. Charged 25 cents a visit.
50. 1835—ABRAHAM P. HAGERMAN, Somerset County. Meager record.

51. 1836—HENRY VANDERVEER, son of the 13th President, Somerville, 1792—Feb. 13, 1874.
52. 1837—LYNDON A. SMITH, Newark, May 11, 1795—Dec. 15, 1865. Promoted State Insane Asylum.
53. 1838—BENJAMIN H. STRATTON, Mt. Holly, Feb. 6, 1804—Dec. 31, 1875. Grandson of Dr. James Stratton, 17th President.
54. 1839—JABEZ G. GOBLE, Newark, Nov. 13, 1799—Feb. 7, 1857. "Handshaker".
55. 1840—THOMAS P. STEWART, Hackettstown, 1800—Oct., 1846.
56. 1841—FERDINAND S. SCHENCK, Six Mile Run, 1790—May 16, 1860. Congressman. Trustee Rutgers College.
57. 1842—ZACHARIAH READ, Mt. Holly, Sept. 19, 1802—July 28, 1879. A quiet, useful life.
58. 1843—ABRAHAM SKILLMAN, Bound Brook, Mar., 1796—Dec. 10, 1862.
59. 1844—GEORGE R. CHETWOOD, Elizabeth, May 21, 1802—died aged over 80 years.
60. 1845—ROBERT S. SMITH, Somerset County. No obituary found.
61. 1846—CHARLES HANNAH, Salem. No obituary found.
62. 1847—JACOB T. B. SKILLMAN, Woodbridge and New Brunswick, 1793—June 26, 1864. Student of Dr. A. R. Taylor, No. 37.
63. 1848—SAMUEL HAYES PENNINGTON, Newark, Oct. 16, 1806—Mar. 4, 1900. L.L.D. from Princeton.
64. 1849—JOSEPH FITHIAN, Woodbury, June 25, 1795—Jan. 8, 1881. "Courteous, of the old school."
65. 1850—ELIAS J. MARSH, Paterson, Jan. 7, 1803, died Oct. 29, 1850, during a cholera epidemic.
66. 1851—JOHN H. PHILLIPS, Pennington, 1814—Mar. 1, 1878. Founder of State Normal School.
67. 1852—OTHNEIL H. TAYLOR, Camden, May 4, 1803—Sept. 6, 1869. Active in cholera epidemic.
68. 1853—SAMUEL LILLY, Lambertville, Oct. 15, 1815—Apr. 3, 1880. Congressman and Judge.
69. 1854—ALFRED B. DAYTON, Middletown Point, Dec. 25, 1812—July 19, 1870. Medical writer.
70. 1855—JAMES B. COLEMAN, Trenton, 1806—Dec. 19, 1877. Invented forced ventilation.
71. 1856—RICHARD M. COOPER, Camden, Aug. 30, 1806—May 24, 1874. Large practice.
72. 1857—THOMAS RYERSON, Newton, Feb. 18, 1821—May 27, 1887. Surgeon.
73. 1858—ISAAC PIERSON COLEMAN, Pemberton, Feb. 2, 1804—Nov. 4, 1869. Brother of No. 70.
74. 1859—JOHN R. SICKLER, Mantua, Sept. 20, 1800—Apr. 11, 1886. Judge.
75. 1860—WILLIAM ELMER, Bridgeton, Oct. 5, 1814—July 27, 1889. Third of four generations of doctors.
76. 1861—JOHN BLANE, Perryville, July 7, 1802—June 18, 1885. Wrote history of Hunterdon County Medical Society.
77. 1862—JOHN WOOLVERTON, Trenton, Oct. 27, 1825—Sept. 14, 1888. Mayor.
78. 1863—THEODORE R. VARICK, Jersey City, June 24, 1825—Nov. 23, 1887. Manager Morris Plains Hospital for Insane.
79. 1864—EZRA M. HUNT, Metuchen, Jan. 7, 1830—July 1, 1894. Established State Department of Health.
80. 1865—ABRAHAM COLES, Newark, Dec. 26, 1813—May 3, 1891. Poet.
81. 1866—BENJAMIN R. BATEMAN, Bridgeton, Mar. 7, 1807—July 23, 1883. Meager record.
82. 1867—JOHN C. JOHNSON, Blairstown, Oct. 21, 1828—Dec. 23, 1907. Educator.
83. 1868—THOMAS J. CORSON, Trenton. Feb. 12, 1828—May 10, 1879. Superintendent of Schools.
84. 1869—WILLIAM PIERSON, Orange, Dec. 4, 1796—Oct. 1, 1882. Recording Secretary 1835-1866. Son of Isaac Pierson, No. 42.
85. 1870—THOMAS F. CULLEN, Camden, Sept. 3, 1823—Nov. 21, 1877. Writer.
86. 1871—CHARLES HASBROUCK, Hackensack, Apr. 11, 1818—Nov. 25, 1877. Civic leader.
87. 1872—FRANKLIN GAUNTT, Burlington, July 19, 1823—July 7, 1900. Supported early bacteriology.
88. 1873—THOMAS J. THOMASON, Perrineville, 1833—Aug. 2, 1880. Wrote History of Monmouth Co. Med. Soc.
89. 1874—GEORGE H. LARISON, Lambertville. Jan. 4, 1831—Mar. 7, 1892. Large practice. Local preacher.
90. 1875—WILLIAM O'GORMAN, Newark, July 12, 1824—Nov. 10, 1887. Founded St. Michael's Hospital.
91. 1876—JOHN V. SCHENCK, Camden, 1825—July 25, 1882. Obstetrician.
92. 1877—HENRY R. BALDWIN, New Brunswick, Sept. 18, 1829—Feb. 3, 1902. L.L.D. Rutgers, 1893.
93. 1878—JOHN S. COOK, Hackettstown, Jan. 19, 1823—Jan. 1, 1900. A family of country doctors.
94. 1879—ALEXANDER W. ROGERS, Paterson, 1814—May 14, 1905. Delegate to International Congress.
95. 1880—ALEXANDER N. DOUGHERTY, Newark, Jan. 1, 1822—Nov. 28, 1882. Controlled scurvy in Army of the Potomac.
96. 1881—LEWIS W. OAKLEY, Elizabeth, Nov. 22, 1828—Mar. 3, 1888. Three years in Civil War.
97. 1882—JOHN W. SNOWDEN, Blackwood, Apr. 22, 1823—May 28, 1888. Obstetrician.
98. 1883—STEPHEN WICKES, Orange. Mar. 17, 1813—July 8, 1889. The great historian of The Medical Society of New Jersey, and leader of its organization and evolution.
99. 1884—PHANETT C. BARKER, Morristown. Living in 1903. No obituary found.
100. 1885—JOSEPH PARRISH, Burlington, Nov. 11, 1818—Jan 15, 1891. Established N. J. Reporter, Oct., 1847. Established training school for idiots. Member U. S. Sanitary Commission.
101. 1886—CHARLES J. KIPP, Newark, Oct. 22, 1838—Jan. 13, 1911. Founder Newark Eye and Ear Infirmary 1880.
102. 1887—JOHN W. WARD, Trenton, Feb. 12, 1860—Aug. 24, 1916. Supt. State Hospital, Trenton.
103. 1888—H. GENET TAYLOR, Camden, Feb. 12, 1860—Aug. 24, 1916. First proposed State Medical Journal. Son of No. 67.
104. 1889—BERIAH A. WATSON, Jersey City, 1836-1892. Civil War Veteran. Writer.
105. 1890—JAMES S. GREEN, Elizabeth, July 22, 1829—July 2, 1892. Father of No. 141.
106. 1891—ELIAS J. MARSH, JR., Paterson, Aug. 4, 1835—Aug. 3, 1908. Army Surgeon. Medical Director Mutual Life Ins. Co.
107. 1892—GEORGE T. WELCH, Passaic, 1845—Aug. 25, 1934.
108. 1893—JOHN G. RYERSON, Boonton, 1834—Feb. 10, 1916. Popular and practical.
109. 1894—OBADIAH H. SPROUL, Flemington, May 29, 1804—Feb. 13, 1925. Attended every State Society meeting during his medical lifetime.
110. 1895—WILLIAM ELMER, Trenton, Dec. 14, 1840—July 18, 1908. See No. 16.

111. 1896—Thomas J. Smith, Bridgeton, 1841—June 14, 1932. Established Epileptic Colony at Skillman.
112. 1897—David C. English, New Brunswick, Mar. 2, 1842—Sept. 19, 1924. Editor of Journal and Trustee.
113. 1898—Claudius R. P. Fisher, Bound Brook, Aug. 12, 1859—June 5, 1927. Civic affairs.
114. 1899—Luther M. Halsey, Williamstown, Sept. 17, 1858—March 20, 1921. Legislative Committee.
115. 1900—William Pierson, Jr., Orange, Nov. 20, 1830—June 12, 1900. Secretary 31 years as was his father, William, No. 83, Secretary 1866-1897.
116. 1901—John D. McGill, Jersey City, 1846-1912.
117. 1902—Edward L. B. Godfrey, Camden, Feb. 21, 1850—Dec. 17, 1913. Wrote "Medical History of Camden County".
118. 1903—Henry Mitchell, Asbury Park, Aug. 6, 1845—Jan. 31, 1919. Public health and State Department of Health.
119. 1904—Walter B. Johnson, Paterson, Jan. 3, 1852—1922. Eye and ear specialist.
120. 1905—Henry W. Elmer, Bridgeton, Apr. 26, 1847—Feb. 13, 1907. Active in civic duties.
121. 1906—Alexander Marcy, Jr., Riverton, 1860—May 1, 1934.
122. 1907—Edward J. Ill, Newark. Senior Fellow.
123. 1908—David St. John, Hackensack, Mar., 1850—Sept. 14, 1917. "A doctor of the old school."
124. 1909—Benjamin A. Waddington, Salem.
125. 1910—Thomas H. MacKenzie, Trenton, Mar. 14, 1847—Dec. 19, 1920. Surgeon.
126. 1911—David Strock, Camden, 1842—June 10, 1927. Sanitarian, Church Organist.
127. 1912—Norton L. Wilson, Elizabeth, 1861—Nov. 13, 1930. "Quiet wisdom."
128. 1913—Enoch Hollingshead, Pemberton, 1853—Feb. 13, 1934. Treasurer, Burlington County Medical Society 34 years.
129. 1914—Frank D. Gray, Jersey City, 1857—June 11, 1916.
130. 1915—William J. Chandler, South Orange, July 11, 1842—Oct. 30, 1927. Secretary 15 years. Chairman, Publication Committee. Organist.
131. 1916—Philip Marvel. Born 1856, now living in Bethlehem, Pa.
132. 1917—William G. Schauffler, Lakewood, Oct. 28, 1862—Apr. 30, 1933. President, New Jersey Health and Sanitary Association.
133. 1918—Thomas W. Harvey, Orange. Born 1853.
134. 1919—Gordon K. Dickinson, Jersey City, Dec. 14, 1855—June 25, 1930. Leader in tuberculosis work.
135. 1920—Philander A. Harris, Paterson, Jan. 29, 1854—Dec. 13, 1924. Gynecologist and author, and Health Commissioner.
136. 1921—Henry B. Costill, Trenton, 1860—Apr. 27, 1935. Medical legislation and public health.
137. 1922—James Hunter, Jr., Westville, Jan. 14. 1866—June 1, 1931.
138. 1923—Wells P. Eagleton, Newark. Born 1865.
139. 1924—Archibald Mercer, Newark, 1849—Nov. 3, 1931. Assistant Director, Mutual Life Ins. Co. of N. J.
140. 1925—Lucius Donohoe, Bayonne. Born 1868.
141. 1926—James S. Green. Elizabeth, 1864—June 20, 1936. "A practical idealist." Son of No. 105.
142. 1927—Walt P. Conaway, Atlantic City. Born 1873.
143 1928—Ephraim R. Mulford, Burlington. Born 1880.
144. 1929—Andrew F. McBride, Paterson. Born 1865.
145. 1930—George N. J. Sommer, Trenton. Born 1874.
146. 1931—John F. Hagerty, Newark, May 9, 1869—Feb. 1, 1937. Surgeon, scholar, church worker, musician.
147. 1932—A. Haines Lippincott, Camden, July 12, 1867—Mar. 10, 1937. Urologist, Cooper Hospital.
148. 1933—Frederic J. Quigley, Union City. Born 1883.
149. 1934—Lancelot Ely, Somerville. Born 1875.
150. 1935—Marcus W. Newcomb, Brown's Mills. Born 1880.
151. 1936—Francis R. Haussling, Newark. Born 1880. Resigned because of ill health.
152. 1936—Spencer T. Snedecor, Hackensack. Born 1900.
153. 1937—William G. Herrman, Asbury Park. Born 1890.

The data from which this record was compiled was obtained principally from two sources:

1. History of Medicine and Medical Men in New Jersey from the Settlement of the Province to A. D. 1800, by Stephen Wickes, A.M., M.D., Orange, N. J.

Dr. Wickes was the ninety-eighth President of the State Society, in 1883, and an outstanding leader for half a century. His history was published in 1879, at the expense of the Society, and a copy was given to each member of the Society. The present locations of only a few volumes are now known. If any member knows of the existence of a copy, he is urged to take steps that it be preserved and deposited in a place which is accessible to future historians.

2. The official records of The Medical Society of New Jersey.

The original record books are in three volumes and are safely deposited in the New Jersey Historical Society in Newark. A verbatim copy of the records of 1766-1858 was made by Dr. Stephen Wickes and published in a single volume.

The records of each year were printed as a volume of "Transactions" up to and including those of 1903. After that date the "Transactions" were printed in The Journal of The Medical Society of New Jersey, of which the first number was issued in September, 1904.

GRADUATE EDUCATION COURSES

NEWARK CITY HOSPITAL

The *Committee on Graduate Courses* at the Newark City Hospital was appointed to arrange lectures covering the various fields of medicine and surgery, which aim not only to review the fundamentals, but also to present the accepted newer concepts. Designed for men who can spare little time from their daily duties, the talks are to be concise and comprehensive, will last for only about an hour, and will be given at a time most favorable to the majority, either from 12:15 p. m. to 1:15 p. m., or 4:15 p. m. to 5:15 p. m. These lectures will be presented by the younger members of the City Hospital Staff who are well versed in the subjects assigned to them, and who are academically inclined. No plan entailing mutual tutorial endeavors is free of difficulties; but the fact that the names of the lecturers are not to be announced with the lectures should indicate that personal benefits are intended only for members of the audience.

Being planned by practitioners for practitioners, these courses will provide a continuation of the training of internes, and will bridge the hiatus between books and bedside in a most practical manner.

Lectures for early presentation are being arranged on the following subjects:

Essentials of Psychiatry
Management of Common Fractures
Nematology
Diagnostic Methods of Genito-Urinary Diseases
Common Gastric Disorders
Dietetics
Peripheral Vascular Disease

The lectures are free, and all physicians will be cordially welcomed.

ESSENTIALS OF PSYCHIATRY

The first series of the course will be on Psychiatry, and will be given in the hospital at 4:15 p. m., as follows:

The Neuroses—Wednesday, February 2
Treatment of Neuroses Including Psychoanalysis—Friday, February 4
Schizophrenia or Dementia Precox—Wednesday, February 9
Manic-Depressive and Alcoholic Psychoses—Friday, February 11
Luetic Psychoses Including Paresis—Wednesday, February 16
Toxic-Infectious Group, Involution Melancholia Friday, February 18
Trauma and Mental Disorders, Mental Deficiency—Wednesday, February 23
Conduct Disorders—Friday, February 25.

Concept, course, development, diagnosis, and treatment will be considered. Special emphasis will be placed on the relation of organic to functional disturbances, and on the value of laboratory procedures such as blood chemistry, basal metabolism determination, etc.

Richard H. Dieffenbach, *Chairman.*

NEW YORK ACADEMY OF MEDICINE

A series of lectures on obstetrics is announced by the New York Academy of Medicine, as follows:

Feb. 17—Prenatal care and Differential Diagnosis of Pregnancy—Alfred C. Beck
Feb. 24—The Diagnosis and Treatment of the Medical Complications of Pregnancy—William W. Herrick
Mar. 3—The Diagnosis and Treatment of the Surgical Complication of Pregnancy—Samuel A. Cosgrove
Mar. 10—The Conduct of Normal and Abnormal Labor Including Consideration of Analgesics—Edward A. Schumann.
Mar. 17—The Hemorrhages of Pregnancy—Harvey B. Matthews
Mar. 24—Postpartum and Postabortion Sepsis—Benjamin P. Watson
Mar. 31—The Postpartum Period—George W. Kosmak
Apr. 14—The Newborn Infant—Samuel Z. Levine

These lectures will be given in the Building of the Academy, East 103rd Street, New York, at 4 o'clock, and are free to all physicians. Physicians from New Jersey are cordially invited to attend them.

NEW YORK UNIVERSITY COLLEGE OF MEDICINE

A program of post-graduate study in *syphilis* has been arranged at the New York University College of Medicine to extend from February 15 to June 15, 1938. The course is made possible by a grant from the United States Public Health Service through the New York State Department of Health.

The training is intended primarily for physicians already working in State and local departments of health, but other physicians may be accepted. The work will be done in the New York University College of Medicine, in the syphilis clinics and wards of Bellevue Hospital, and in the various laboratories and bu-

reaus of the New York City Department of Health devoted to venereal disease study.

Physicians at present engaged in health department work may apply either directly to the office of the dean at the College of Medicine, 477 First Avenue, or through their state health departments. Others should apply directly to the college.

PHILADELPHIA COUNTY MEDICAL SOCIETY

The Third Annual Postgraduate Institute, offering an intensive and interesting study of the *diseases of the Digestive Tract,* will be conducted by The Philadelphia County Medical Society, from March 28 to April 1 inclusive.

The program to be held in the Bellevue-Stratford Hotel, Philadelphia, has been designed to meet the needs of all members of the profession, but particularly those in general practice.

Physicians from fourteen States having attended last year's institute, an invitation to attend the 1938 session has been extended to the members of all County Societies.

Lecturers, seventy-three in number, have been selected from among the foremost teachers in this great medical center. While approaching the subject from specialized viewpoints, the presentations will be of a strictly practical nature and of real value to the general practitioner, who finds digestive conditions occupy a considerable portion of his time.

The Philadelphia County Medical Society, in conducting the Postgraduate Institute, is meeting the demands of many physicians who believe that the organized profession should provide them with this type of opportunity for keeping abreast of medical progress, and thus maintaining the highest standards of medical service.

The only charge is a $5.00 registration fee to cover the Institute's expenses.

Additional information may be secured from your County Society or from The Philadelphia County Medical Society, 21st and Spruce Streets, Philadelphia, Pa.

OBITUARIES

DR. W. W. BROOKE, BAYONNE

Dr. W. W. Brooke, of 915 Avenue C, Bayonne, N. J., died Sunday, December 26, 1937. Death was due to a compound fracture of the skull.

Dr. Brooke was born in Woodbury, N. J., on September 28, 1878, and moved to Bayonne in 1883. He attended old Public School No. 3 and prepared for college at the Hasbrouck Institute. From there he entered the College of Physicians and Surgeons at Columbia University and received his degree in medicine in 1900. After interning for two years at the Jersey City Hospital, he began the practice of medicine in Bayonne in 1902.

Dr. Brooke was one of the oldest members in point of service of the Hudson County Tuberculosis Clinic Staff, having served since November 2, 1912. He also was Public Health Officer in Bayonne since 1917. He was a Fellow of the American College of Surgeons, a member of the American Medical Association, Medical Society of New Jersey, and the Hudson County Medical Society.

He was also a member of the American Public Health Association, and the New Jersey Sanitary Association, Peninsula Council 156, Junior O. U. A. M.; Bayonne Lodge 99, F. & A. M.; Scottish Rite Mystic Shrine, Sons of the American Revolution, Royal Arcanum, and a life member of Bayonne Lodge of Elks.

Dr. Brooke is survived by his wife, Mrs. Della May Fletcher Brooke; a daughter, Margaret Louise Brooke; and two sisters, Misses Estelle B. and Pearl L., all of Bayonne; and a brother, John B. Brooke, of Virginia.

DR. WALTER GONZALES, HOBOKEN

Dr. Walter G. Gonzales, of 920 Bloomfield Street, Hoboken, N. J., died Monday, January 17, 1938. Death was due to lobar pneumonia.

Dr. Gonzales was born in Hoboken in 1899. He attended Public School No. 6, Hoboken High School and Georgetown University, where he received his degree in medicine in 1925.

Dr. Gonzales specialized in pediatrics and communicable diseases. For the past ten years he was assistant physician in charge of the Hoboken Welfare Station. He was on the staff of St. Mary's Hospital in Hoboken.

He was a member of the American Medical Association, Medical Society of New Jersey, Hudson County Medical Society, Knights of Columbus of Georgetown and the Holy Name Society of Our Lady of Grace Church.

Dr. Gonzales is survived by his wife, Edna Cox Gonzales, and two children, Janet and George.

MEMORIAL TO DR. JOHN BURLING

The following memorial of Dr. John Burling was adopted by the Summit Medical Society on December 28, 1937:

Dr. John Burling died December 18th, 1937, full of years and full of good works. His age was ninety-five. He graduated from a homeopathic medical school (now extinct) in Cleveland, Ohio, in 1874. He began the practice of medicine in these parts in the town of Millburn, N. J., having previously practiced in Corning, N. Y. He remained in Millburn four years and then moved to Summit, about 1885. He was for a time a member of this Society. He continued in active practice until 1921 or 1922, and preserved an unusual vigor of mind and body until shortly before his death.

He was a devout Christian, a member of the Presbyterian Church, and for a long time a deacon in the church. He regarded the practice of medicine as a wider opportunity to practice Christian virtues. Kindly, he was gentle but firm in his conviction, and there was no worthy cause that went without his support.

To the medical profession of this section he will be remembered for having made possible the childrens' ward of Overlook Hospital. He made other similar gifts during his lifetime, but was ever mindful of the command to "Let not your right hand know what your left hand doeth".

His death was a fulfillment of a life of usefulness.

Additional memorials:

Dr. F. W. Pinneo, Essex County
Dr. H. H. Lucas, Passaic County
Dr. D. S. Renner, Somerset County

DECEASED PHYSICIANS OF NEW JERSEY

Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Esther L. Blair	75	Dec. 11, 1937	Orange Hospital	East Orange	General arterio sclerosis.
William W. Brooke	59	Dec. 26, 1937	Bayonne	Same	Fractured skull.
John Burling	95	Dec. 18, 1937	Summit	Same	Coronary sclerosis.
Benjamin F. Cline	65	Dec. 9, 1937	Orange	Same	Coronary occlusion
Pellegrino D'Acunto	70	Dec. 28, 1937	Newark	Same	Coronary sclerosis.
William E. Darnall	68	Dec. 27, 1937	Atlantic City	Atlantic City	Coronary occlusion.
John Hoch	68	Dec. 21, 1937	West Long Branch	Same	General arterio sclerosis.
Charles Hunt	80	Aug. 25, 1937	New York City	Ridgefield	Cancer of prostate.
J. Clement Justin	68	Aug. 22, 1937	Orange Co., N. Y.	Palisades	Myocarditis. Diabetes.
Henry H. Lucas	70	Dec. 9, 1937	Paterson	Same	Abscess of liver.
Dominic E. Picone	44	Oct. 29, 1937	Brooklyn, N. Y.	Jersey City	Cerebral apoplexy.
Dan S. Renner	53	Dec. 13, 1937	Skillman	Same	Coronary thrombosis.
Chester T. Stone	51	Aug. 27, 1937	New York City	Ridgewood	Diverticulosis.
Oscar F. Ziegler	40	Dec. 19, 1937	Wildwood Crest.	Same	Angina pectoris.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1937

DIPHTHERIA TOXOID

County	Total to Nov. 30	Month of Dec.	Total to Dec. 31	Average per Month
Atlantic	74	16	90	15.
Bergen	1024	179	1203	200.5
Burlington	63	47	110	18.3
Camden	471	391	862	143.6
Cape May	22	2	24	4.
Cumberland	656	9	665	110.8
Essex	2053	559	2612	435.3
Gloucester	112	10	122	20.3
Hudson	58	6	64	10.6
Hunterdon	8	187	195	32.5
Mercer	363	964	1347	224.5
Middlesex	837	27	864	144.
Monmouth	1012	232	1244	207.3
Morris	143	55	198	33.
Ocean	47	28	75	12.5
Passaic	922	438	1360	226.6
Salem	340	513	853	142.1
Somerset	421	4	425	70.8
Sussex	2	1	3	.5
Union	613	421	1034	172.3
Warren	48	5	53	8.8
Totals	9309	4094	13405	2233.8

SMALLPOX VACCINE

County	Total to Nov. 30	Month of Dec.	Total to Dec. 31	Average per Month
Atlantic	446	29	475	79.1
Bergen	736	31	767	127.8
Burlington	285	20	305	50.8
Camden	1394	48	1442	260.3
Cape May	44	3	47	7.8
Cumberland	302	2	304	50.6
Essex	2741	350	3091	515.1
Gloucester	356	28	384	64.
Hudson	62	8	70	11.6
Hunterdon	27	105	132	21.
Mercer	601	72	673	112.1
Middlesex	593	44	637	106.1
Monmouth	924	14	938	156.3
Morris	268	206	474	79.
Ocean	5	2	7	1.1
Passaic	1098	165	1263	210.6
Salem	213	7	220	36.6
Somerset	262	0	262	43.6
Sussex	0	0	0	0.
Union	1558	185	1743	290.5
Warren	183	2	185	30.8
Totals	12098	1321	13419	2236.5

CONTACTS AND COMMENTS

The Passaic County Medical Society has submitted a comprehensive form to be filled out by all applicants for membership, and the data filed with the records of the society. Present members have also filled out a similar form.

This project is recommended to the serious consideration of every County Society.

On Wednesday, February 24, the Committee on Public Health and Medical Education of the Academy of Medicine, and the Health Committee of the Contemporary of Newark, will sponsor a Lecture to the Laity at the Academy, 91 Lincoln Park, Newark, at 8:45 P. M. Dr. Charles Gordon Heyd, of New York, will talk on "Medicine in a Changing World". Dr. Heyd is Professor of Clinical Surgery at the New York Post Graduate Medical School, and is a former President of the American Medical Association.

Dr. Stanley Nichols, Chairman of the Child Health Committee of The Medical Society of New Jersey, has been appointed Associate Chairman of Region One of the American Academy of Pediatrics, consisting of the North Atlantic States and Eastern Canada.

The official list of members of The Medical Society of New Jersey and its component county societies is now being compiled, and will be issued as an appendix to the Journal,—probably that of April. In order to be eligible to the benefits of the State Society, the member must have paid his annual dues on or before March tenth.

The official list will contain the address of each member. Great efforts are being made to give the correct address of each member. Five or ten per cent of the members change their addresses during the year; and failure to notify both the County Secretary and the State Executive Officer of change of address may result in a wrong record.

The Annual Meeting is only three months away—May 17-19,—and the committee on arrangements is working hard to make it a success. The Hotel Ambassador in Atlantic City, where the meeting will be held, offers room rates as low as three dollars a day, for a single room with bath, and an ascending scale according to the accommodations.

Every member of The Medical Society of New Jersey will do well to read President Herrman's comments on the "Principles and Proposals of the Committee of Four Hundred and Thirty" (page 96). Dr. Herrman explains them with a judicial mind, rather than the attitude of the prosecuting attorney.

Dr. Kler's report on the membership of physicians in fraternal and social organizations reveals the extent of the opportunities for publicity which are open to physicians (p. 103). A member of a lodge of Masons or Elks, or other group, has an opportunity to arrange lectures on health topics to the best advantage.

A family doctor of days gone by was noted for his evasive answers. His typical conversation ran about as follows:

"Doctor, how is the patient doing?"

"As good as can be expected."

"How long will he be sick?"

"We have had a consultation and prescribed the proper remedies."

"Yes, but will he get well?"

"He will if he reacts properly to the medicine."

The last reply placed the responsibility for recovery squarely up to the patient, and was usually entirely satisfactory to his anxious family.

BOOK REVIEWS

Surgical Pathology of the Thyroid Gland, by Arthur E. Hertzler; published by J. B. Lippincott Company, 1936. 276 pages, index 17 pages, 238 illustrations.

Hertzler has written a book on Local Anaesthesia and one on Diseases of the Thyroid; he has published eight monographs on the surgical pathology of eight different systems or organs, and is preparing two others; he has written many articles; he is professor of surgery at a large university, and a practicing surgeon. One naturally marvels that any one person can possess the knowledge and ability to offer authoritative opinions over such a wide field in this day of advanced medical knowledge. It sort of places the author on the defensive; and that he senses this is evident from a remark in the preface of the monograph being reviewed, "This book is not as wild as it may seem". After reading it, one wonders.

The contents are arranged in thirteen chapters covering the subject in a very orderly and complete manner in accordance with the classification adopted by the American Society for the Study of Goiter. The text is devoted to espousing the thesis that there is a toxicity of degeneration, as well as a toxicity of hyperplasia (Graves' disease); that the goiter of degeneration causes toxic disturbances in the absence of hypersecretion, and inevitably leads to a cardiotoxic death unless excised in toto; that if cardiotoxic symptoms are present in a case of goiter, they are due to degenerative changes and not to hyperplasia with hypersecretion; that the toxic nodular goiter is one of degeneration, not of hyperplasia, but the two may be associated; and that subtotal thyroidectomy leads in time to thyrocardiac symptoms due to degenerative changes in the remnant of gland. Hertzler believes also that hypothyroidism does not follow total thyroidectomy; that postoperative hypothyroidism is evidence that part of the gland has been left behind and is undergoing degenerative changes; and that the cure for spontaneous myxedema is total thyroidectomy.

Do these opinions seem strabismic? Well, the author warns, "Anyone accepting my views does so at his own peril", and perilous they are to anyone preferring to advise his patients in accordance with the principles generally accepted at the present time by conservative members of the profession. Nevertheless, one cannot ridicule Hertzler, who has tremendous experience and keen powers of observation to back up his views which, for a' that, may be the correct ones. The future will prove or disprove them.

The 238 illustrations, all photographs of patients and of surface views and cross-sections of glands, and photomicrographs of sections, are superb. They are exquisite. Just to turn the pages for study of the illustrations is a treat and an education to anyone interested in thyroid diseases. And this is a very redeeming feature of the book.

Samuel Berg, M.D.

Elementary Human Anatomy, by Katherine Sibley. Published by A. S. Barnes & Company, New York. February, 1935. Price $4.50.

This textbook is an excellent epitome of the anatomy necessary to a student of physical education, physio-therapy or orthopedic technicians for help in curative gymnastics. The chief emphasis is on osteology, syndesmology, and myology. The nervous system is briefly considered and even more briefly the circulatory, digestive, respiratory systems and the special organs. It is profusely illustrated from our best works on anatomy.

A few typographical errors are evident in this first edition.

It can be recommended as an excellent text for undergraduates and will serve its intended purpose well.

Edgar P. Cardwell, M.D.

Principles and Practices of Recreational Therapy for the Mentally Ill. By John Eisele Davis, M.A., and William R. Dutton, M.D. A. S. Barnes and Company, New York, 1936, first edition; 206 pages and index. Price $3.00.

Realizing the favorable emotional release which can be secured through free motor expressive activity and by the encouragement of the expansive, pleasure-giving, play spirit, the authors have prepared this handbook for physical directors in mental institutions. Specific types of play activities are suggested for specific psychic reaction types; thus socializing activities are recommended for the introvert, relaxing procedures for the extrovert. The strong determination of paranoics is exploited by the development of skills requiring repeated prolonged practice. The rigidities and contractures of hysterical patients are subjected to corrective manipulatory exercises. Among schizophrenics, the aim of physical exercise is to encourage the patients to work in teams in order to train them for socialized behavior.

The technics and motivations of group activities are clearly and concretely discussed. The way in which competitive behavior, striving for prizes, and working in teams, can construct self-confidence is vividly outlined. The methods whereby such basic urges as the desire for new experience or the desire for recognition can be utilized are pointed out. Both the fundamental psychiatric data, and the technical physical procedures, are presented with concise clarity. The usefulness of the volume is enhanced by the presentation of suggested daily and weekly schedules for specific types of activity, arranged by the season and weather. A brief glossary of psychiatric terms is appended to the book.

This is the first book in English to be written on this subject, and it should open new and useful channels for those who work with the mentally ill.

Henry A. Davidson, Newark, N. J.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

FEBRUARY, 1938			
1	Camden	10	Passaic
1	Hudson	10	Somerset
8	Bergen	11	Atlantic
8	Cumberland	11	Salem
9	Mercer	16	Middlesex
9	Ocean	17	Gloucester
9	Union	17	Morris
10	Burlington	23	Monmouth
10	Essex		

MARCH, 1938			
1	Camden	11	Atlantic
1	Hudson	16	Middlesex
8	Bergen	17	Morris
9	Mercer	17	Gloucester
9	Ocean	23	Monmouth
10	Burlington		Sussex (at call of President)
10	Essex		
10	Passaic		

ATLANTIC COUNTY

E. H. Nickman, M.D., Reporter

The regular meeting of the *Atlantic County Medical Society* was held January 14, 1938, at the Ambassador Hotel, with the President, Dr. H. S. Read, presiding, and eighty-three members and guests present.

SCIENTIFIC

The scientific program was presented by Dr. Russell L. Cecil, Professor of Medicine, Cornell University, New York City, who gave a most interesting talk on "Chronic Arthritis". The paper was enthusiastically received by everyone present, and was briefly discussed by Drs. Scanlon, Kilduffe, Barbash, Andrews, Gruhler, Lewis, and Davidson.

WORKMEN'S COMPENSATION ACT

A letter from the State Committee on Workmen's Compensation with reference to the advisability of changing the Workmen's Compensation Act was referred to our local committee.

NEW MEMBERS

Dr. I. C. Shavelson was unanimously elected to membership, and one application was received.

Dr. C. C. Charlton, reporting a six months' summary for the Board of Censors, stated that there had been six regular applications, with five accepted.

BABY KEEP-WELL STATION

Dr. V. E. Johnson, Chairman of the Public Health Committee, reported the recommendation of Dr. W. B. Stewart as Chief of the Northside Baby Keep-Well Station for six months, with Drs. Harris, Powell, Scott, and Marshall as assistants. At the end of six months Dr. Stewart will recommend one of these for the Chief of the Clinic.

MEMORIALS

Resolutions upon the death of Dr. W. E. Darnall were accepted, and a motion was made to send copies to the family and to be spread upon the minutes.

Dr. Read appointed Drs. Feinstein and Carrington as a committee to prepare resolutions on the death of Dr. Louis Mackler; and Dr. Allman as a committee to prepare them on the death of City Solicitor A. J. Siracusa.

WOMAN'S AUXILIARY

Dr. L. A. Wilson reported for the Auxiliary to the Society upon the speakers at its meetings and the plans for its programs.

PUBLIC RELATIONS

Dr. Kaighn, Public Relations Chairman, reported that nineteen speakers had been supplied to various groups.

The February meeting will be held at the Betty Bacharach Home on February 11th at 9 p.m., with an hour of inspection starting at 8 p.m.

BERGEN COUNTY

LeRoy W. Black, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Hackensack Hospital on Tuesday, January 11th, Dr. Charles Littwin presiding.

RESPIRATORS AT BERGEN PINES

Dr. J. H. Irwin called attention to the fact that there were two respirators at Bergen Pines, one adult and one child size, and that these were available to anyone in Bergen County through his local physician. He also reported that the Laboratory at Bergen Pines was equipped to type sputum for thirty-two types of pneumococcus.

GRADUATE COURSES

Dr. J. M. Coppoletta, Chairman of the Post-Graduate Committee, announced that the course on "First Aid" and "Fractures" would be held on February 17th and 24th at the Englewood Hospital at 4:00 p. m. March 3rd and 10th at the Holy Name Hospital, March 17th and 24th at the Hackensack Hospital.

Mr. Earl V. A. Conover, son of Dr. E. E. Conover, described the Hospital Service Plan of New Jersey,

located at 744 Broad Street, Newark. Several members asked questions indicating considerable interest.

NEW MEMBERS

The following were elected to membership:

From Junior to Regular—

A. R. Jenkins, Englewood

James M. Jones, Teaneck

To Regular—

A. Louis Gramsch, by transfer from Hunterdon County Medical Society

To Junior—

Rudolph S. Schretzmann, Rutherford

Henry Metz, Hackensack

Two applications were received for advancement from Junior to Regular membership, and one for Junior membership.

SCIENTIFIC

Dr. Walter J. Farr, Chairman of the Scientific Committee, introduced Dr. S. B. Reich, who reviewed the program of the Venereal Disease Committee as approved in the April, 1937, Bulletin. He gave a slogan for us to follow—"Find, Hold, Teach, and Treat." He went over the program of his committee in detail and explained the present limitations of the program.

Dr. Farr then introduced Dr. Donald A. Pillsbury, Assistant Professor, Department of Dermatology and Syphilology, University of Pennsylvania Medical School, who spoke upon "The Modern Treatment of Syphilis. Standards, Indications, Contraindications and Reactions." Dr. Pillsbury told us what could be expected in the untreated syphilitic, and what could be expected in the syphilitic treated according to the phase of the disease and the continuation or interruption of treatment. He based his statistics upon the report of the combined cooperative group studies. His talk was well appreciated, as evidenced by the fact that thirteen doctors took part in the discussion.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The regular meeting of the *Camden County Medical Society* was held at the Camden City Dispensary Building, December 7th, 1937, at 9 p. m.

VOLUNTARY COMMITTMENTS TO STATE HOSPITALS

The committee, appointed to contact the Board of Freeholders, suggested that the Welfare Committee of the State Society recommend to the State Legislature the advisability of having the State law changed so that voluntary committments to the State hospitals may be made. There was discussion on this subject and Dr. Stone suggested getting an opinion from the Attorney General. Dr. Deibert suggested conferring with Mr. Ellis, State Commissioner of Institutions and Agencies.

CONTRACT PRACTICE

The present Contract Practice Committee was appointed to arrange a fee schedule to present to adjacent counties and the American Medical Association.

NEW MEMBER

Dr. Paul Cohen of 210 State Street, Camden, N. J., was elected to active membership.

DR. CARRINGTON'S ADDRESS

Dr. N. J. Carrington, President-Elect of the State Society, gave an interesting talk outlining the aims of the State Society.

SCIENTIFIC

The scientific program consisted of papers given by the following members of the State Board of Health:

1. Administrative—Mr. Alcoff.
2. Venereal Disease Control—Dr. Casselman, Mr. John Hall.
3. Child Hygiene—Mrs. McLaughlin.
4. Bacteriology—Mr. Mulcay.
5. Food and Drug—Mr. Schofield.
6. Engineering—Mr. Croft.
7. Local Health Administration—Mr. McDonald.

Dr. Deibert, President of the Board of Health, discussed the workings of the departments and complimented the present Director of Health, Dr. Mahaffey, on his efficiency and outstanding ability.

Sixty members were present. Dr. Shipps, of Burlington County, and Dr. Diverty, of Gloucester County, attended as visiting delegates.

The regular meeting of the *Camden County Medical Society* was held at the Camden City Dispensary Building, January 4th, 1938. Dr. Mahaffey, President of the Society, opened the meeting at 9 p. m.

Seventy-four members were present. Drs. Shipp, of Burlington County, and Diverty, of Gloucester County, attended.

SCIENTIFIC

The guest speaker was Dr. R. A. Vonderlehr, Assistant Surgeon General, Division of Venereal Diseases of the United States Public Health Service, Washington, D. C. He gave an interesting talk that was illustrated by lantern slides of the methods used in the control of cases of syphilis and the methods used in getting a census of the cases of syphilis in the country. It was stimulating to the practitioner.

The talk was most ably discussed by Drs. Decker, Bentley, Church, Ingraham, and Casselman.

MEDICAL HISTORY OF CAMDEN COUNTY

Dr. Decker, Chairman of the History Committee, gave a most interesting report in his succinct style. This was well received by all members.

ESSEX COUNTY

Earl LeRoy Wood, M.D., Reporter

President H. Roy Van Ness of the *Essex County Medical Society* presided during the business portion of the meeting of that body, Thursday evening, January 13, 1938, at the Academy of Medicine, Newark.

The Society endorsed the following actions of the Council:

SPECIAL COMMITTEE ON NEWARK PNEUMONIA CONTROL PROGRAM

Dr. Kraker, chairman of a special committee appointed by President H. Roy Van Ness to consider the Pneumonia Control Program being undertaken by the Newark Department of Health, reported that this committee had met on December 20 and passed the following resolution:

"This committee recommends to the Council that a letter be sent to the membership of the Society calling the attention of the membership to the Pneumonia Control Program, and urging the members to make use of private facilities for private patients. The committee also recommends:

"1. Endorsement and encouragement of the present plan of the Public Health Committee of the Essex County Medical Society and the Department of Health of the City of Newark in their compaign for pneumonia control; and

"2. That continued effort be made by the Public Health Committee along the present line to safeguard the position of private practitioners, as follows:

"a. Protect the rights of individual practicing physicians in every possible manner.

"b. Encourage the use of private laboratories in private practice.

"3. That an educational campaign be developed within the Society to preserve prviate practice in all forms."

Dr. Kraker stated that the committee felt this resolution did clear up the present situation in the City of Newark, and that from this time on the publicity undertaken by the Health Department would be in accordance with the expressed wishes of the Council. Dr. Kraker called attention to the listing of certain laboratory facilities in an article in the December issue of the Bulletin, and said that this list should either be a complete one, or should be omitted entirely. Dr. Van Ness stated that he planned to take up with the Publication Committee this question of approved laboratories and see that the necessary adjustments were made.

MEMORIAL TO DR. PINNEO

Dr. Kraker reported for the special committee appointed to draw up a suitable resolution on the death of Dr. Frank W. Pinneo, and presented the following resolution, which was adopted:

"Whereas, Providence has brought to an end the labors of our colleague and friend, Frank Wilcox Pinneo, and

"Whereas, The Council of the Essex County Medical Society keenly realizes the loss of one of its most loyal members, one who faithfully served as Secretary for nineteen years; one who was foremost in good works for his profession, and who has been one of the outstanding exponents of organized medicine; and

"Whereas, the members of this Society as individuals feel the loss of one who had the respect of the community, who lived up to his deep religious convictions, who was friendly and always willing to help, who in mind and heart held to the high purpose of his calling, who was a considerate friend and gentleman; be it

"Resolved, that we extend our heartfelt sympathy to his bereaved family; that we hope that the full knowledge of his good life may assuage their grief; that a copy of this expression of our sorrow be spread upon the minutes of this Council and of his County Society, and that the same be published in the Journal of the Medical Society of New Jersey."

PROSECUTION OF ILLEGAL PRACTITIONERS

The President stated that since the adoption by the Council, at its last meeting, of a resolution favoring the return of prosecution to the county in which the offense occurs, he had been requested to provide opportunity for the discussion of this subject. He stated that he had invited Dr. Satchwell, Essex County's representative on the State Board of Medical Examiners, to be present at this meeting.

The discussion was opened with Dr. Kraker's explanation that the present set-up makes illegal practice a civil instead of a criminal act, and it gives a highly centralized control and leads to a delay in prosecutions. He said that in his estimation the present set-up would lead to an annual registration of physicians in the State of New Jersey.

Dr. Satchwell presented a written brief contrasting the present enforcement with enforcement by prosecutors. He pointed out that in his estimation the work of the Board of Medical Examiners in prosecuting illegal practitioners was efficient, but its activity was curtailed by insufficient funds to carry on investigations and prosecutions.

Dr. Eagleton spoke of the chaotic conditions existing when prosecution was handled locally, and said he favored continuation of prosecution on a state-wide basis. He said he felt it would be a mistake for the Council to take a stand in favor of returning prosecution to the counties; but also felt it would be a mistake to scrap the present act in its entirety because there were weak points in it. He said he felt that the present act should be strengthened and improved, rather than discarded entirely and an entire new act substituted.

There was then considerable discussion about the Uniform Medical Practice Act, which is under consideration at the present time, in which it was brought out that:

1. Essex was opposed to any provision calling for annual registration.

2. That very few men had had an opportunity to study the act; and therefore the doctors would not know either its actual contents or its implications.

A motion by Dr. Eagleton that the Essex County Medical Society is opposed to any rewriting of a Medical Practice Act on which the medical profession has spent so much time, thought, and money was carried.

A motion was carried that a communication be sent to the Board of Trustees of The Medical Society of New Jersey asking it to withhold any introduction of a Uniform Medical Practice Act, and that a copy of this communication be sent to the

Chairman of the Legislative Committee of The Medical Society of New Jersey.

APPROVAL OF INSURANCE CARRIERS

The following action of the Council was endorsed:

"The Council of the Essex County Medical Society requests the Board of Trustees of The Medical Society of Nw Jersey to cause the Medical Society of New Jersey to cease the recommendation of insurance companies writing health, accident, and automobile insurance.

"We request that the Insurance Committee be excused from further activity with automobile, health, and accident insurance. We do not refer to the professional liability insurance, but wish the committee's activities confined to the professional liability protection for the members.

"Your attention is drawn to our letter of December 16, 1936, to Dr. Snedecor, who was then President of the State Society. A copy of this letter, which is hereby attached, was published in the Bulletin of January, 1937.

"We also refer to the action of the last meeting of the House of Delegates, April 29, 1937, page 63 of the Transactions:

"'75 D. Insurance Committee (From Sect. 21)

"'Dr. Ely: The Report of the Committee on Insurance is worthy of close consideration by all members of the Society. The new features added to the automobile insurance plan were considered carefully. On acconut of the importance of this insurance and the expressed objections by certain members of the State Society to the present set-up of group automobile insurance, this committee recommends that automobile group insurance should be further considered by the Board of Trustees before it is recommended to the House of Delegates.'

"We are in doubt about the quality of the protection. We do not believe it to be the purpose of our Medical Society to take the responsibility for insurance recommendation to our members, nor the purpose of our Society to give a selling advantage to any insurance agency in preference to others.

"Essex County again asks the discontinuance of activity in the automobile insurance fields, and that the Insurance Committee be so instructed."

QUALIFICATIONS FOR HOSPITAL STAFFS

A communication was brought to the attention of the Society from the Secretary of the Physicians' Club of Essex County requesting the Society to enforce the rule that hospital staff members must be members of the County Medical Society. The discussion brought out that the Society could not enforce such a regulation, but could merely seek the coöperation of each individual hospital in establishing and enforcing such a regulation of its own.

A motion was passed that the suggestion be referred to the Hospitals Committee with a recommendation that the committee confer with the heads of those hospitals which were found to be not adhering to this practice.

After discussion a further motion was passed that the governing bodies of the hospitals be advised that the Council would like all staff members to be members of the Medical Society.

WOMAN'S AUXILIARY

A report was received from Dr. Sidney C. Keller, Chairman of the Advisory Committee to the Woman's Auxiliary, recommending a number of activities that might be undertaken by the Auxiliary. This report was accepted and the committee congratulated for its work.

Dr. Van Ness requested the Council to state whether or not it favored the formation of health committees in women's clubs such as the Contemporary, etc. After discussion, a motion was carried that the Council favored the formation of health committees in women's clubs. A further motion was carried that health committees in the various women's clubs in Essex County be encouraged by the Woman's Auxiliary to the Essex County Medical Society, and their coöperation offered in making such health committees effective.

WELFARE FEDERATION

Dr. Van Ness announced that the recent acceptance by the Society of an associate membership in the Welfare Federation of Newark entitled the Society to two representatives on that body. He announced the appointment of Drs. W. P. Eagleton and David A. Kraker.

Dr. Sprague requested the Council to give serious consideration to the plan for a Central Hospital Admitting Bureau which it had originated and proposed to the Welfare Federation about two years ago. He said that, as he was now a trustee of the Welfare Federation, he is becoming familiar with some of the problems which it faced, especially in regard to this proposed hospital admitting bureau. He said that the Federation was decidedly in favor of such a plan, but that it had encountered several obstacles which could be solved only with the cooperation of the Medical Society, and after the Society had made known its feelings on one or two conversational issues.

Dr. Sprague said that there were two opinions in the medical profession concerning care of indigent patients: First, that indigent patients from all hospitals should be referred to the City Hospital until that institution had reached capacity and the overflow could then be directed to the various charitable institutions; and second, that indigent patients should be admitted to the hospital at which they applied, regardless of the occupancy of the City Hospital.

In addition to taking a stand on the allocation of indigent patients, he said that the profession must realize that the development of a uniform basis of economic investigation for all institutions doing charitable work was an absolute necessity. He requested the Council to think through the problems involved in this Central Admitting Bureau quite carefully, and to express an opinion which could be taken by the Welfare Federation as the opinion of the organized profession. He said that the Welfare Federation, while heartily in accord with standardization of economic investigations and payment of hospitals for actual service rendered, was left up in the air and unable to proceed with the plan satisfactorily until it had the

support of the profession and knew what the physicians really wanted.

No motions were offered on this subject, but the problems raised by Dr. Sprague were ordered referred to the Hospitals Committee for its study, with the recommendation to the Hospitals Committee that it hold a special meeting at which the consideration of these problems would be the sole item on the agenda.

SCIENTIFIC

The meeting was then turned over to Dr. Theodor Teimer, Chairman of the Public Health Committee. He presided during the scientific session, during which he introduced Jesse G. M. Bullowa, M.D., Clinical Professor of Medicine, New York University and Bellevue Hospital Medical College; Director of the Littauer Pneumonia Research Foundation, who presented to his audience with the assistance of projected diagrams and moving pictures his conception of our present-day knowledge of the treatment of pneumonia.

NEW MEMBERS

The following new members were elected:

Regular Members—

Harry A. Brotman
William J. Davis
Roland V. DeMichele
Ira Flax
David M. Levinson
Gerard J. Manfro
Aaron Lowenstein
I. Irwin Miller
Charles S. Neves
Julian M. Ney
Anthony A. Virgilio
Allen A. Welkind
Saul Zager

Associate Members—

Albina V. Bancone
Elizabeth Byrnes
Anthony F. Caprio
George M. Fissell
Milton Lilien
Edward Morgenstern
Samuel Rosenbaum
Isadore Shechner
Joseph Sorett
Hans A. Strasser

ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

Franklin J. Tobey, M.D., Secretary

The December stated meeting of the *Academy of Medicine of Northern New Jersey* was held on the evening of Thursday, December 16, 1937, in the Academy Building, 91 Lincoln Park, South, Newark. President Henry C. Barkhorn called the meeting to order at 9 p. m.

Dr. Barkhorn read a resolution regarding the death of Dr. Frank W. Pinneo, Chairman of the Library Committee and a member of the Council. The memorial was adopted.

Dr. Barkhorn appealed to the members to bring their medical friends to the meetings, and seek to influence them to join the Academy.

The following physicians were elected to fellowship in the Academy:

Royale H. Fowler, 744 Broad Street, Newark
Louis E. Goldberg, 31 Lincoln Park, Newark
Samuel I. Kooperstein, 395 Ogden Avenue, Jersey City
Max Kummel, 31 Lincoln Park, Newark

To Junior Fellowship—

Jacob Bleiberg, 565 Bergen Street, Newark
Thomas Messina, 75 Chelsea Avenue, Newark
George A. Scheller, 701 Clinton Avenue, Newark.

SCIENTIFIC

Dr. Winthrop M. Phelps, of the Babbitt Hospital, Vineland, N. J., gave an address on "Cerebral Palsy and Poliomyelitis as They Concern the Family Doctor, the Orthopedist, and the Neurologist". Dr. Phelps developed the subjects from the standpoints of both the neurologist and the orthopedic surgeon, he having been first a neurologist, and then an orthopedic surgeon in Yale and Johns Hopkins. He described the neurological lesions in cerebral palsies as compared with those in poliomyelitis, and then the subject of muscle training, which depended on the training of nerve cells (p. 78).

The paper was of great interest both scientifically and practically, and was discussed by Drs. Barkhorn, Szerlip, J. J. Flanagan, H. A. Davidson, S. B. Sprague, Yachin, L. Schneider, and Lincoln. Dr. Phelps concluded the discussion by answering the numerous questions that had been asked by the discussors.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The regular meeting of the *Gloucester County Medical Society* was held on Thursday evening, January 20, 1938, at The Homestead, Woodbury, with the President, Dr. Oran A. Wood, presiding. The minutes of the previous meeting were read by the Secretary, Dr. Ulmer, and approved.

NEW MEMBER

Dr. E. Bernard Sirotta, of Paulsboro, was elected to membership.

SCIENTIFIC

Dr. J. Harris Underwood introduced the speaker of the evening, Dr. Edward S. Dillon, Chief of the Metabolic Division, Philadelphia General Hospital, who gave a splendid, practical talk on diabetes. Dr. Dillon stated that there are between five and six hundred thousand diabetic patients in the United States, or about one-half of one per cent of the entire population. According to this ratio, he said that there are probably three hundred diabetic patients in Gloucester County.

Dr. Dillon differentiated between diabetic coma and insulin shock. In diabetic coma there is a gradual period of onset. Then follows nausea and vomiting, and gradual coma. There is a characteristic odor of acetone on the breath, and the patient has small respirations.

In insulin shock the unconsciousness comes on very quickly. There is no long period of not feeling well, and no history of nausea and vomiting. There is absence of aceton odor on the breath, and the skin is moist. Death is rare in insulin shock, but is common in diabetic coma.

Dr. Dillon discussed the surgical complications of diabetes. Gangrene is a very frequent complication due to the serious damage of the arteries. There is great thickening of the intima, and therefore

the lumen of the vessels becomes much smaller. The coronary arteries are affected, and particularly the arteries of the legs. This is why gangrene so frequently starts in the extremities from a low grade infection. Dr. Dillon illustrated his talk with graphs and lantern slides. The discussion of his address was opened by Dr. Ralph L. Moore.

PUBLIC RELATIONS COMMITTEE

Dr. Ralph K. Hollinshed reported for his Committee on Public Relations. He stated that arrangements were being made for several lay group meetings. He stated that a P.-T. A. meeting was to be held in Westville on January 24th, at which time three members of our Society are to give talks.

PUBLIC HEALTH COMMITTEE

Dr. I. W. Knight reported for his Committee on Public Health. He gave a very excellent and comprehensive report of his committee activities. Dr. Knight presented three resolutions, all of which were adopted by the Society. The first one recommended the establishment of a Venereal Disease Clinic in Gloucester County. Dr. Hollinshed, in moving the adoption of this resolution, stated that the favorable action of the Society in this matter would be a fine thing for Gloucester County. Dr. Knight stated that in order to establish Venereal Disease Clinics in the county, it will be necessary to have financial support from the Boards of Health of the county. He urged each member of the Society to influence the various Boards of Health to make appropriations to establish the clinics in the various communities.

A second resolution adopted by the Society was that the Legislature be urged to make adequate appropriation to the State Department of Health for furnishing pneumonia serum.

The third resolution adopted by the Society was the approval of the proposed Premarital Medical Examination Bill, sponsored by the New Jersey State Department of Health.

LABORATORY SERVICE AND COUNTY HOSPITAL

Dr. Ralph K. Hollinshed presented a resolution which recommended that a laboratory be established in the County for Pneumonia Typing and for the distribution of serum for the treatment of pneumonia in the low-wage group and the indigent. The resolution included a recommendation that a committee from the Gloucester County Medical Society meet with a committee from the Board of Freeholders to consider the question of establishing a hospital in connection with the present county buildings for the care of indigent patients who are chronically ill or suffering from incurable disease. Dr. Fooder spoke very favorably for the adoption of this resolution. He stated that for a long time there had been a need for a County Hospital, that Camden County had one, also Salem; and certainly Gloucester County should provide an institution for the care of indigent patients who are chronically ill. Dr. Fooder moved that the resolution be adopted. The motion was seconded by Dr. Patterson and carried.

It was decided that the portion of the resolution that concerned pneumonia typing and distribution of serum be referred to the Public Health Committee. Dr. Underwood stated that the Board of Freeholders was considering the appropriation of $1,000 for pneumonia serum for the indigent. Dr. Fooder suggested that each member of the Society see the individual Freeholders on the subject of the establishment of a County Hospital.

COMMITTEE TO INTERVIEW BOARD OF FREEHOLDERS

Dr. Ralph K. Hollinshed moved that a committee be appointed to interview the Board of Freeholders on the subject of a County Hospital. The President appointed the following committee: Dr. Horace M. Fooder, Chairman; Dr. J. Harris Underwood, Dr. Cecil C. Sheets, Dr. William Pedrick, Dr. W. J. Burkett.

ASSOCIATION OF SCHOOL PHYSICIANS

Dr. William Pedrick read a communication from the New Jersey Association of School Physicians. He wished to be informed whether this organization is an integral part of the State Medical Society. He was informed that it is not a unit of the State Medical Society. Dr. Knight stated that the requests and recommendations of the New Jersey Association of School Physicians should come more properly through the State Society instead of through individual members.

Members present: Drs. Diverty, Underwood, Crain, Sherman, Bowersox, Moore, Downs, Rogers, J. Paul Burkett, from Woodbury; Lummis, Wright, W. J. Burkett, and Knight, from Pitman; Fooder, Williamstown; Venturo, Pedrick, Glassboro; Weems, Wenonah; Patterson, Hollinshed, and Campo, Westville; Wood, Hunter, Sheets and Sirotta, Paulsboro; Livengood, Swedesboro; Gillis, Clayton; Ruttenberg, Mantua; and Ulmer, Gibbstown.

HUDSON COUNTY

J. N. Connell, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on Tuesday, January 4, 1938, at the Carteret Club. The meeting was called to order by the President, Dr. W. L. Williamson, at 9:30 p. m.

POST-GRADUATE EDUCATION COMMITTEE

Dr. A. E. Jaffin, in the absence of Dr. T. White, gave the report of the Post-Graduate Committee:

"I would like to call your attention to an announcement in the current Bulletin regarding the post-graduate course to be given in cardiology by Dr. Wilhelm Dressler, who lands tomorrow. There is one course for men more particularly interested in cardiology. This course is limited to a maximum of five men; and if a larger group is interested, more than one group can be organized. This deals with clinical cardiology and electrocardiography, elementary and advanced.

"The second course will be given in the form of lectures, and will deal with the treatment of heart disease, including disturbances of rhythm, angina

pectoris and cardiac infarction, Cheyne-Stokes respiration, etc.

"Further details will be supplied by the Secretary's office."

PUBLIC HEALTH COMMITTEE

Dr. A. E. Jaffin: Your attention is called to the current high school tuberculosis survey. We are particularly anxious to have your coöperation by talking this up and by telling parents who are a little bit doubtful about the tuberculin test that it is not an inoculation nor a serum.

When the reports on the results reach you from the schools, kindly read the suggestions carefully, and do your best to carry them out.

One word more about the present work now going on. In the northern part of the county, we intended to make a survey of the schools; but because of graduations, etc., we were unable to do this, but we did do an emergency examination of the graduating class only. This is not to be confused with the general survey to be conducted in the Spring. The members of the Society will do the testing the same as they did in Jersey City.

CONSTITUTION AND BY-LAWS COMMITTEE

Dr. A. C. Ruoff: "The change in the By-Laws is printed in the Bulletin. It should have a third reading. I would suggest that a motion be made to accept the change as read."

Motion made by Dr. J. L. Evans, seconded by Dr. J. F. Londrigan, and carried.

Chapter IV, Section 10 (amendment voted upon):

"The Committee on Public Health shall consist of eighteen members, who shall be appointed by the President, each to hold office for three years. They shall be so appointed as to represent the various municipalities of the county.

"Upon the adoption of this By-Law, six members shall be appointed for three years, six for two years, and six for one year. Three new members shall be appointed each year. The committee shall elect its own chairman."

Dr Ruoff: The Executive Committee has requested the By-Law Committee to submit an amendment in reference to Honorary Membership in the Society. It proposed the following:

Chapter I of the By-Laws, Section 1 (B), now reads:

"The membership of the Hudson County Medical Society shall be classed as follows: Active membership and Associate membership", etc. This is to be changed to: "Active membership, Associate membership, and Honorary membership". The rest of the paragraph is to remain the same.

Under Section 1 (B) there is to be added a fourth paragraph, as follows:

"Honorary membership shall apply to such members who are proposed to the Society, upon recommendation of the Executive Committee. Such members will have no vote in the Society, nor will they be eligible to hold any office whatsoever in the Society. They will pay no dues, either to the County Medical Society or to the State Medical Society. Other than this, these members will be subject to any and all rules of the Society. Their only exclusion as to obligation to the Society will be the nonpayment of dues, and their inability to vote or hold office."

Dr. Ruoff: I might suggest that the Chairman entertain a motion from the floor that this be the first reading.

Moved by Dr. Rosecrans, seconded by Dr. Londrigan; carried.

Dr. M. Shapiro: The Secretary has already spoken of the death of Dr. W. W. Brooke, who was a Past President of this Society and was a very active member. I think it is only proper that a resolution be drawn, and presented to his family.

Regularly moved and seconded that this be referred to the Necrology Committee. So ordered.

The President, Dr. Williamson, requested that we stand in silence for a few minutes to honor the memory of Dr. W. W. Brooke. (See page 108.)

NEW MEMBERS

The following new members were elected:

Dr. William Feller, 283 Bergen Avenue, Jersey City

Dr. Bertram Kun, 30 Kensington Avenue, Jersey City

Dr. Arthur F. Perrone, 522 Ninth Street, West New York.

SCIENTIFIC PROGRAM

The program of the scientific session was a symposium on sulfanilamide, with the following speakers: Dr. Traugott Schuck, "The Use of Sulfanilamide in Surgery"; Drs. J. F. Norton and N. M. Alter, "The Use of Sulfanilamide in Obstetrics and the Pathology of Possible Toxic Effects".

Guest speaker: Dr. Perrin H. Long, Assistant Professor of Internal Medicine, Johns Hopkins Medical School. Subject: "Therapeutic Use of Sulfanilamide."

Discussors: Drs. Stein, Pollack, Weiss, E. Connell, Jaffin, Sandler, A. Weiss, Macchia, Schwarzwald. Closed by Dr. Long.

Meeting adjourned 11:55 p. m.

MERCER COUNTY

A. Dunbar Hutchinson, M.D., Reporter

The *Executive Committee of the Mercer County Medical Society* met on January 9th with a full attendance. It recommended that the Mercer County Delegates be instructed relative to the amendment to the State Society Constitution entitled "Board of Trustees", that further revision of our Constitution and By-Laws be held in abeyance, pending a report from the State Committee on Constitution and By-Laws.

Dr. Sica discussed the subject of "Contract Practice", and stated that a questionnaire will be submitted in the near future to the members.

REGULAR SESSION

The *Mercer County Medical Society* met in regular session at the Trenton Country Club, January 12th, President Little presiding.

SCIENTIFIC

Dr. Reisinger, Chairman of the Program Committee, introduced the guest speaker, Judge James S.

Turp, who spoke on the subject of "Juvenile Delinquency".

The speaker fluently described the many conditions influencing the youth of today, and emphasized the necessity of building up of character in the growing child, the improvement in environment, and the elimination of degrading companionship,—all this to be accompanied with the setting of good example upon the part of parents and elders.

Judge Turp described the personnel of a Commission which in the near future will function in the study of delinquency with the purpose of prescribing some system of supervision of the youth which will tend to counterbalance the forces of evil.

Questions were asked relative to foreign parentage, the radio, movies, newspapers, religious training, and home environment, as being elements of influence in the formation of degrading tendencies, leading to court appearance.

TUBERCULOSIS

Dr. Pessel, reporting for the Committee on Tuberculosis, submitted a report emphasizing the necessity of immediate action, if the medical profession desires to hasten the eradication of this disease, since the object in this activity is to begin with children of school age. The committee was continued.

NEW MEMBERS

Dr. Otto C. Tomec was regularly elected an active member, and Dr. M. Lawrence Shear was elected an associate member.

Two applications were read, and were referred to the Membership Committee.

CONTRACT PRACTICE

Dr. Sica spoke on the subject of *contract practice,* and explained the purpose of a survey now being undertaken by the State Society, stating that in the near future a questionnaire will be submitted for the consideration of the members.

PROGRAM FOR FEBRUARY NINTH

Dr. Reisinger announced that Dr. Fishbein had accepted an invitation to address the Society on the evening of February 9, and that the committee will arrange a suitable reception for him.

MIDDLESEX COUNTY

Charles H. Calvin, M.D., Reporter

The annual dinner and meeting of the *Middlesex County Medical Society* was held December 15, 1937, at "The Pines". The President, Dr. John Rowland, called the meeting to order at 7 p.m. There were about eighty-five members present.

SCIENTIFIC

Dr. Spencer T. Snedecor, Past President of the New Jersey State Medical Society, our guest speaker, gave a very interesting address on "Contract Practice".

STATE MEDICINE

Dr. J. J. Mann, chairman of the advisory committee, reported that "a meeting was held on November 30th, 1937, to consider State Medicine and to determine if any action is necessary in order to define our stand in view of the so-called plan of the 'four hundred and thirty'" (see p. 96; and Jour., Dec., 1937, p. 745).

"After much discussion, it was recommended that all members of this Society should ignore all requests for statements, opinions, or endorsements of any proposed scheme or plan that still is embryonic;—but rather that they should wholeheartedly endorse the proposals of our own State Medical Society as sent to the American Medical Association just after the Annual Meeting. (Jour., Sept., 1937, p. 576.) These statements, we feel, express exactly the sentiments of this Society, and I would make a motion, Sir, that this Society go on record as being 100 per cent behind our State Society in this part of its program."

This motion was adopted.

CHILD HEALTH

Dr. Uhr, chairman, stated he was not able to secure the aid of the P.-T. A. in making a census of all school children and pre-school children, in order to determine who has and who has not had preventive measures carried out as planned during the June 16th, 1937, meeting. Dr. Uhr suggested trying to secure the aid of the W. P. A. to do the canvassing, but after some discussion the Society decided to allow this part of the program to be tabled for further consideration.

DELINQUENT DUES

Dr. Morris, chairman, reported a letter was mailed each member of the Society insisting all be paid up to date. He further stated there was about $312 in unpaid dues. The report was accepted.

PUBLIC HEALTH

Dr. London, chairman, read a letter from the State Public Health Committee giving an outline of its program for the coming year.

PUBLIC RELATIONS

Dr. Sherman, Chairman of the Public Relations Committee, gave a brief résumé of the activities of his committee. He also informed the Society there has been established a library of bulletins on various subjects which can be used as help in preparing addresses to be given before lay groups. He read a letter from the Perth Amboy *Evening News* asking if the Society intended, as in the past, using advertising space. It was moved and seconded the Society spend approximately $25.00 for an "ad" similar to the one used last year.

TREASURER'S REPORT

Dr. Marshall Smith gave an annual financial report showing the Society had a balance of $1512.16. He also stated the dues for 1938 had been set at $25.00.

CONTRACT PRACTICE

Dr. Donlan, chairman, said the committee had no complaints, although they investigated two cases from rumor.

For the *Insurance Committee,* Dr. Faulkingham, chairman, reported progress.

CANCER CONTROL

Dr. Kler, chairman, showed what his committee had done:

1. Survey of facilities for cancer care in Middlesex County.
   a. Nine hospital equipped to care for such cases.
   b. Four admitted indigent cancer cases.
   c. 100 mgm. radium in hospitals or privately owned.
   d. Two deep ray machines.
2. Survey of patients and deaths.
   a. 226 deaths in 1934.
   b. 195 cases treated in 1935.
3. Needs:
   a. A home for incurable indigent cancer patients.
   b. Diagnostic group in New Brunswick and in Perth Amboy, to study cases referred by physicians only, and to develop therapeutic facilities.
4. Recommend:
   a. Addition to the Roosevelt Hospital for care of incurable indigent cancer patients.
   b. Development of diagnostic group in New Brunswick and Perth Amboy, and these groups to develop therapeutic facilities. Patients referred by physicians only to be admitted.
   c. Affiliate with American Society for the Control of Cancer and its Woman's Auxiliary Field Army.
   d. Hold a cancer week some time in April.
   e. Devote one meeting of the year of the County Society to cancer.

COMMUNICATIONS

The Secretary read several letters:

1. A letter from N. J. Pathologists outlining their part in the Venereal Disease Program.

2. A request from the Tuberculosis League asking the Society to purchase a bond. It was moved and carried this request be refused as it was felt each physician had contributed to this cause individually.

3. A letter from the College Women's Club inviting the Society to attend a lecture by Dr. Haven Emerson, Department of Public Health of Columbia University, on Wednesday, January 5, 1938, at the N. J. C. His subject will be "The Causes of Modern Good Health".

NEW MEMBERS

Three applications for membership were received.

ELECTION

The following officers were elected:

John V. Smith, Perth Amboy, President
N. N. Forney, Milltown, Vice-President
Charles H. Calvin, Perth Amboy, Secretary
Marshall Smith, New Brunswick, Treasurer
L. R. Panigrosso, Perth Amboy, Reporter

Delegates to State Society, replacing delegates whose term expires in 1937:

C. F. Merrill, New Brunswick
Edward Klein, Perth Amboy
William Wilentz, Perth Amboy
John H. Rowland, New Brunswick

Alternates:

Frank Henry Jr., Perth Amboy
John McGovern, New Brunswick
Estelle Kleiber, New Brunswick
Charles Sullivan, New Brunswick

Delegate to State Nominating Committee for 1938:

John H. Rowland, New Brunswick

Alternate:

Henry Haywood, New Brunswick

PRESIDENT'S ADDRESS

Dr. Rowland, Past President, spoke briefly of the events of the past year, and gave some constructive advice on the problems of our conduct towards the younger, incoming physicians.

Dr. John V. Smith, President-Elect, made a short address thanking the Society for the honor of being elected President for the coming year, and outlining some of the projects that are before the Society.

January Meeting

The regular monthly meeting of the *Middlesex County Medical Society* was held January 19, 1938, at The Pines, Metuchen, N. J., with Dr. J. V. Smith, President, presiding.

SCIENTIFIC

The scientific program was presented by Prof. Thurlow C. Nelson, Professor of Zoology, Rutgers University, New Brunswick, N. J., on the subject *Filariasis.* Lantern slides were shown. The paper was discussed by Drs. Morris, Sandella, Feher, Haywood, and Nelson.

NEW MEMBERS

New members elected were:

Dr. Solomon Goldman, New Brunswick (transfer)
Dr. Louis Krafchik, New Brunswick
Dr. A. F. Normand, Perth Amboy
Dr. J. H. Kohut, Perth Amboy
Dr. B. M. Wiesenfeld, Woodbridge.

INSURANCE COMMITTEE

Dr. Faulkingham, Chairman of the Insurance Committee, reported that a small number of members are still needed to join the insurance plan, so that the plan may be put into effect. Members were urged to take advantage of this plan as soon as possible. Dr. Sandella reported that the Board of Beauticians agreed that the extent of the examination of employees of beauty parlors be left to the discretion of the examining physician.

COMMUNICATIONS

The following communications were read:

1. From the Civil Service Commission,—vacancy in the Child Health Center.

2. A letter from the State Compensation Commission.

3. A letter from the Executive Officer, Dr. Wilkes, stating that it would be better for our society to change the date of installing our officers to the same date as the other county societies.

All the communications were referred to their respective committees.

ALIEN PHYSICIANS

Dr. Spencer wanted a study made of handling the problem of alien physicians in our county and State. The President informed the members that a bill is at present before the Legislature of the State to take care of this situation.

COMMITTEE APPOINTMENTS

To Compensation Committee: Dr. H. Haywood, New Brunswick; Dr. W. H. McCormick, Perth Amboy.

To Archives Committee: Dr. G. W. Tyrrell, Perth Amboy; Dr. K. Rothschild, New Brunswick.

Meeting adjourned at 10 p. m.

MONMOUTH COUNTY

O. R. Holters, M.D., Reporter

A meeting of the *Executive Committee of the Monmouth County Medical Society* was held at the Fitkin Memorial Hospital, Neptune, on Monday evening, December 6th. The following members were present: Drs. Parry, Kazmann, Clark, Pregnall, Magee, Blaisdell, Moffat, Gosling, Altschul, Matthews and Featherston.

WELFARE RELIEF

The Monmouth County Welfare Board, at its meeting on November 9th, passed a resolution which had as its purport the discontinuance of outdoor relief, as now operating, to be effective as of January 1, 1938. Relief to these people will be the responsibility of the Overseer of the Poor of each municipality. This information is for the physicians who have been attending recipients of outdoor relief at the reduced fee. Mr. J. L. Montgomery, County Adjuster, requests that these doctors send their bills for this type of service up to December 31, 1937, promptly, as there will be no appropriation in the 1938 county budget to take care of such bills. This is not to be confused with old-age assistance. The same policy that has been adopted by the Medical Society will be continued for that form of assistance.

RELIEF OF INFANTILE PARALYSIS CASES

The committee in charge of the "President's Birthday Ball" for the year 1937 reported that the sum of $438.15 had been turned over to the Monmouth County Medical Society for the purpose of treating cases of infantile paralysis. This money will be placed in a special account and applications for disbursements must be made to and approved by the Executive Committee.

AMENDMENTS TO STATE CONSTITUTION

The Executive Office of The Medical Society of New Jersey made announcement of two changes in the Constitution which are to be voted upon at the 172nd Annual Meeting of the Society in May, 1938. (See Journal, Dec., 1937, p. 747.)

A. M. A.—TEN PRINCIPLES OF PRACTICE

A communication was received from Dr. William G. Herrman, President of The Medical Society of New Jersey, informing us of the renewed activity of the various groups to enlist support by dividing the medical profession in its opinions and allegiances. Following this announcement, a lengthy discussion took place on organized medicine; and in order to acquaint our members of the attitude of The Medical Society of New Jersey, the *Ten Principles* to be followed in meeting the problems of medical service in the United States are quoted herewith. These ten principles were adopted by the American Medical Association on June 11-15, 1934, at its eighty-fifth annual session, in Cleveland, Ohio. (Jour., July, 1934, p. 427.)

INCREASED VENEREAL DISEASE TREATMENT

At a recent meeting of the Public Health Committee of New Jersey it was announced that Monmouth County leads the State in the increased percentage of cases treated in the venereal disease clinics. Since the clinics began to function under the direction of the Public Health Committee there has been a 47 per cent increase in the number of cases treated.

IMPORTANT NOTICE—DUES

Membership dues must be paid prior to January 1, 1938, in order to have the doctor's name appear on the State Society official membership list. Removal of the name from this list precludes the doctor from registering for any of the privileges of the State Society. This includes the holding of a state group policy of insurance, either liability, accident and health, or automobile insurance.

Kindly send your check for $20.00 by return mail to the Secretary-Treasurer, D. F. Featherston, 506 Fourth Avenue, Asbury Park, N. J.

The regular monthly meeting of the *Monmouth County Medical Society* was held in the Green Room of the Berkeley Carteret Hotel, Asbury Park, on Wednesday evening, December 29th, 1937, with an unusually large attendance present. The meeting was presided over by Dr. O. K. Parry.

SCIENTIFIC

The guest speaker was Virgil H. Moon, Professor of Pathology, Jefferson Medical School, Philadelphia. His paper was entitled "The Mechanism, Pathology and Diagnosis of Surgical Shock" and was illustrated by lantern slides. It was discussed by Drs. Parry, Pons, Albright, Kazmann, Holters and Wiener.

NEW MEMBER

Dr. Harry Robert Brindle was unanimously elected to membership into the society.

January Meeting

The *Executive Committee of the Monmouth County Medical Society* held its regular monthly meeting at the Monmouth Memorial Hospital, Long Branch, on Monday evening, January 10th, at 8:30. Those present were Drs. Parry, Gosling, Moffat, Clark, Blaisdell and Featherston.

APPOINTMENT OF A MEDICAL SUPERVISOR

A letter was received from the Civil Service Commission of the State of New Jersey, advising that the State Department of Health is looking for a physician to be designated as Supervisor of Medical Personnel of the Bureau of Maternal and Child Health at an annual compensation of $4,500.00 for full-time service. This appointee must have special training and experience in Child Health work. Any qualified physician interested in this type of work may communicate with the State Department of Health or the Civil Service Commission in Trenton, N. J.

WORKMEN'S COMPENSATION

A letter was read from Dr. Herschel S. Murphy, Secretary of the Workmen's Compensation Committee of The Medical Society of New Jersey, requesting recommendations to answer the following questions:

1. Are the medical provisions of the present law being enforced?

2. What are the defects in the present law from a medical standpoint and how may they be remedied?

3. Do you feel that the present fee of $150 for the combined surgical and hospital care of a compensable hernia is adequate? or do you feel that a fee of $300 to cover both expenses would be more equitable?

4. Having read the report of our committee for the year 1936-1937, as published in the April, 1937, issue of the Journal of The Medical Society of New Jersey on pages 275-277 inclusive, and the report of Reference Committee "F", which considered this report, as printed on page 75 of the Official Transactions of the 171st Annual Meeting of The Medical Society of New Jersey, what additions or corrections would you suggest?

Dr. Murphy stated that his committee would appreciate a brief survey of the conditions in our county, so that it may be able to make the new Workmen's Compensation Act as complete and fair as possible when it is presented to the New Jersey Legislature for action.

It is suggested that our members give this subject careful consideration, as the matter will be discussed at the January meeting.

CONTRACTS FOR IMMUNIZING SCHOOL CHILDREN

Dr. Samuel Edelson reported that the School Committee, consisting of Drs. Gosling, Prout, Watkins, Jamison, and Edelson, met and discussed the problem of immunization by consideration of communities in which it is not compulsory. The committee feels that the school physician is within his rights in signing contracts as regards immunization, provided the Secretary of the County Society notifies the Boards of Education of the various municipalities that they are obligated to communicate with the parents, requesting them to have their children immunized by their family physician if the parents can afford to pay. If the parents are unable to pay, the immunization will be done by the school physician on his set fee. After a discussion of this problem, the Executive Committee referred the matter back to the School Committee for further study and investigation. It was suggested that a meeting be called of all the doctors engaged in school work in an effort to reach an agreement, and to formulate a uniform contract for presentation to the several Boards of Education.

EXEMPTIONS FROM PHYSICAL TRAINING

The School Committee also wishes to bring to the attention of the Society that there are a number of physicians who give pupils written excuses for exemptions from physical training without first carefully examining the child to see if there is any physical defect. Physical education is required by State Law; and in most of the schools it is graded to prevent physical over-exertion.

The committee also desires to call attention to the fact that a number of athletes with hypertension are given statements that they are physically able to carry on, even though they have been rejected by the school physician. The committee feels that this is a dangerous procedure, and that although it is not injurious for the time being, it will ultimately result in shortening the life span.

INFANT PARALYSIS FUNDS

Throughout Monmouth County a number of dances and entertainments are being arranged in honor of President Roosevelt's birthday in order to raise funds for dealing with infantile paralysis cases. We urge all our members to participate in these affairs in an effort to make them financial, as well as social successes.

DUES ARE DUE

Members of the society who have not yet paid their dues for 1938 are delinquent. If you have overlooked this matter, please attend to it at once, as our degree of representation in the State Society is determined by the number of paid memberships.

The *regular monthly meeting of the Monmouth County Medical Society* was held on January 26th at 8:30 p. m., at the Molly Pitcher Hotel in Red Bank.

The meeting was presided over by President O. K. Parry. There was an unusually large attendance of about seventy-five doctors present.

WORKMEN'S COMPENSATION ACT

The first part of the meeting was devoted to a discussion of the proposed changes in the Workmen's Compensation Act, by Drs. Wallin, of Keyport; Brown, of Freehold; Drs. Pregnall and Herrman, of Asbury Park, and others.

A resolution was adopted by the majority vote that the Monmouth County Medical Society go on record in favor of a change being made in the State Compensation Act which will permit the em-

ployee to have a free choice of physicians for treatment of injuries received while employed.

NEW MEMBERS

Dr. Harry A. Brindle, of Asbury Park, was elected to full membership. One application was received.

SCIENTIFIC

A very excellent presentation entitled "Rheumatic Fever in Children" was made by Dr. Jerome G. Kaufman, of Newark, N. J. The paper gave a general review of this disease with some original contributions. The address was discussed by Drs. Altschul, Nichols, Quirk, and others.

The meeting adjourned about 11 p. m.

OCEAN COUNTY

Harry S. Ivory, M.D., Reporter

The regular monthly meeting of the *Ocean County Medical Society* was held at Sunset Cabin, Lakewood, at 9:00 p.m., with Dr. Hayden presiding as President.

DR. HERRMAN'S ADDRESS

Dr. W. G. Herrman, President of The Medical Society of New Jersey, presented a very able talk before the Society. Dr. Herrman very aptly pointed out as the theme of his address that the majority of ills of the profession today are directly traceable to *lethargy* on the part of individual physicians in meeting new social and economic trends; and that the future of the medical profession depends entirely upon the present activities of each physician and each county medical society.

Dr. Herrman referred to the tendency in Washington to appoint outside, full-time field physicians to replace the regular field physicians. He pointed out that it was a responsibility of the regular field physicians to fulfill their position so adequately as to obviate the necessity for this measure.

PRACTICING PREVENTIVE MEDICINE

Dr. Ivory read a communication from Dr. Stanley Nichols, Chairman of the Sub-Committee on Public Health, outlining the plan of the Public Health and Advisory Committees for assisting the members of The Medical Society of New Jersey in improving the preventive medical part of their practices during 1937-38.

OLD AGE PENSIONERS

Dr. Hayden reported a letter from Mrs. Elwell requesting that a reduced fee schedule be instituted for the care of old age pensioners inasmuch as some members o fthe Society had been charging such pensioners regular fees. Dr. Halbach moved, Dr. Buermann seconded, and the motion was carried that in the future the Ocean County Medical Society will coöperate in the care of old age pensioners to the extent of adopting a fee scheduled of one dollar for office calls and two dollars for home calls.

MEMORIAL, DR. LEWIS LANE

It was moved, seconded and carried that Dr. Dodd be appointed a committee of one to draw up and transmit a resolution of condolence to the widow of the late Dr. Lewis Lane, of Tuckerton.

NEW MEMBERS

Dr. Towbin moved, Dr. Goldstein seconded, and it was carried that Dr. George Gaumer, of Lakewood, be made a regular member of the Ocean County Medical Society.

It was moved, seconded and carried that Dr. Collins and the members of his medical staff at the Lakehurst Naval Air Station be made honorary members of the Society.

SPEAKERS' BUREAU

Dr. Dodd requested that the members of the Society reply to his recent questionnaire on the subject of the Speakers' Bureau.

SYPHILIS CAMPAIGN

It was moved, seconded and carried that the Ocean County Medical Society accept the plan of the Executive Committee of the New Jersey Society of Clinical Pathologists in dealing with the current syphilis campaign.

Reprints from the Readers Digest on the subject of "Combatting Early Syphilis" by Dr. John H. Stokes, of the University of Pennsylvania, were distributed to the members of the Society. It was moved, seconded and carried that the cost of these pamphlets be borne by the Society.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held Thursday, January 13, 1938, at the Church of the Messiah Annex, Paterson, with President Vosburgh presiding.

MEMORIAL, DR. H. H. LUCAS

The following memorial of Dr. Henry H. Lucas was read by Dr. Yager, Secretary, and adopted:

"*Whereas,* an all-wise Providence has seen fit to call to Himself and to his eternal reward our colleague and member, Henry H. Lucas, M.D., the Passaic County Medical Society desires to place on record this testimonial as a mark of the high esteem in which his fellow-members held him.

"It is with profound sorrow that his colleagues in the Society record the passing of one of its oldest and most cherished members. During his life he had been signally honored by the Passaic County Medical Society. He was twice elected President of the Society, an honor which has been accorded to few, and a position which he filled with great credit to himself and to the lasting benefit of the Society. His life as a physician and as an outstanding member of the community in which he lived was an example to all. His ability, his courage and his integrity will live forever in the minds of those who knew him. Therefore, be it

"Resolved, that his death leaves a void not only in the ranks of his profession but also in his home and in the community, and be it further

"Resolved, that this testimonial be incorporated in the minutes of the Society, and that a suitable copy of this resolution be presented to his family as a token of this Society's deep appreciation of his great service to his fellowmen.

"Andrew F. McBride, M.D., *Chairman*
Orville R. Hagen, M.D.
Frances H. Todd, M.D."

NEW MEMBERS

The following applicants were elected to regular membership:

To Regular Membership—

Dr. Augustin Gallardo, Paterson
Dr. Samuel Hirsch, Passaic
Dr. Frederick P. Lee, Paterson
Dr. Leonard J. Trilling, Paterson
Dr. Earl L. Warren, Paterson

To Associate Membership—

Dr. Herbert I. Katz, Paterson

Six applications were received for regular membership

MEDICAL-DENTAL SERVICE BUREAU

A motion was made by Dr. Dingman and seconded by Dr. Roemer that $300 be given to the Medical-Dental Bureau for advertising. The motion was passed.

POST-GRADUATE EDUCATION

Dr. Hall announced post-graduate lectures on March 15th by Dr. L. de la Chappelle on "Syphilis in Relation to Cardiovascular Disease". On March 29th Dr. Lewis Conner will speak on the "Treatment of Heart Conditions". Other lectures will be given on gall-bladder diseases; gastric ulcer and endocrinology. He expects to announce the speakers at the next meeting.

SCIENTIFIC

The speaker of the evening was Dr. Saul S. Samuels, Chief of Clinic for Peripheral Arterial Diseases, Fourth Division, Bellevue Hospital; Chief of the Department of Arterial Diseases, Stuyvesant Polyclinic Hospital; and author of recently published book on the subject of his talk, "Peripheral Arterial Diseases—Fundamentals in Diagnosis and Treatment".

(It is planned that an abstract of this paper will be published in an early issue of this Journal.—Editor's note.)

SOMERSET COUNTY

A. W. Pigott, M.D., Reporter

MEMORIAL TO DR. DAN S. RENNER

A special meeting of the *Somerset County Medical Society* was called by the President, Dr. Sferra, at the Nurses' Home of the Somerset Hospital on December 14, 1937, in honor of Dr. Dan S. Renner, who died on Decemebr 13, 1937.

There were twenty-three members and guests present.

Brief eulogies of Dr. Renner were made by Dr. Ely, Dr. Field, Dr. Grey, Dr. Hegeman, and others.

A committee composed of Dr. Ely, Dr. Sferra and Dr. Pigott presented the memorial of Dr. Renner.

RESOLUTION

Dan Smith Renner, Superintendent of the New Jersey State Village for Epileptics at Skillman, New Jersey, died suddenly at his home on December 13, 1937. Dr. Renner was born July 25, 1884, in Bloomfield, Missouri. He received his preliminary education in the Bloomfield High School and was graduated from the Medical Department of the University of Louisville, Kentucky, in 1909. He served two years at the Western State Hospital at Hopkinsville, Kentucky, and two years at the Mt. Pleasant State Hospital, Mt. Pleasant, Iowa. He came to the New Jersey State Village for Epileptics in January, 1913, working as Senior Resident Physician until April 3, 1929, when he was made Superintendent. He married Dr. Clara C. Carlson, September 17, 1913, who survives him.

Dr. Renner was a member of the State and County Medical Societies, having served one term as President of the County Medical Society, and doing duty on numerous committees of the County and State Societies. He was Chairman of the Committee on Education and arranged the Post-Graduate Medical Courses from the time of their inception. He was a fellow in the American Medical Association, a member of the American Psychiatric Association, American Association on Mental Deficiency, and the International League Against Epilepsy. He was a Blue Lodge Mason, and a member of the Crescent Temple, Scottish Rite. He was on the staff of the Mercer Hospital in Trenton and the Somerset Hospital in Somerville.

Dr. Renner was a leader in community activities, being chairman of the Blawenburg Boy Scouts, which he was instrumental in organizing in 1934. He was also active in community relief work.

Dr. Renner was well liked by all and dearly loved by those who knew him intimately. His memory will live with his associates for a long time, and his influence for good will be felt for many, many years. In his passing the New Jersey State Village for Epileptics has lost a wise executive and leader, the community has lost a true friend, and the medical profession has lost an active and able servant.

THE WOMAN'S AUXILIARY

EXECUTIVE BOARD OF THE STATE WOMAN'S AUXILIARY

An open meeting of the Executive Board of the Woman's Auxiliary to The Medical Society of New Jersey was held on January 10, 1938, at the Hotel Stacy-Trent, Trenton, at 10:30 a. m. The President, Mrs. Samuel L. Salasin, presided, and Mrs. James Mason was appointed Secretary pro tem. There were seventy-five members present.

The Treasurer's report, showing a bank balance of $393.05, was read, and received for audit. It was regularly moved and seconded that bills submitted be paid. Motion carried. The question was raised by Mrs. Rogers as to whether or not she was entitled to $25.00 which she had received for expenses while attending the National Convention of 1937. After much discussion, a motion was made by Mrs. Surran, seconded by Mrs. Hornberger, that she was entitled to the expense. Motion carried.

The Corresponding Secretary read several letters:

From Dr. Herrman, regarding (1) program material; (2) scrap book and clippings; (3) willingness to pay $75.00 from the President's Contingent Fund for Auxiliary program.

From Dr. Kler, commending the Essay Contests rules, and the "Hand Book for State Auxiliaries". He does not wholly approve of the Study Envelopes, especially those on contagious and communicable diseases.

From Dr. Wilkes, regarding cost and composition of program.

From Mr. John Hall, Secretary of the New Jersey Sanitary Association, that Mrs. Salasin had been appointed to the Executive Board of the New Jersey Sanitary Association.

Mrs. Hubbard raised the question as to whether or not, if the County Society were willing, Hygeia subscriptions could be taken and an active committee be formed. The Chair replied that Hygeia had been voted down by the State Society.

A National Bill on cancer and a State Bill on pre-marital examinations were read. It was moved by Mrs. Adams and seconded by Mrs. Lippincott that they be referred to Mrs. Wilkes, Legislation Chairman. Motion carried.

Press and Publicity: Mrs. Carlander, Chairman. The National Chairman commented favorably on publicity in State Journal, and asked for three sets of newspaper clippings, one for your own county scrap book, one for State Publicity Chairman, and one for the Central Clipping Bureau of the Executive Offices. Send a report to the Editor of the Journal immediately after each county meeting.

Health Education, Mrs. Van Ness, Chairman. Same as October meeting. Program approved in July by two advisory boards and Dr. Joseph Kler. Commended Essay Contest carried on in Atlantic County. Five-minute health talks approved by Essex County, therefore are given in that county. It was moved by Mrs. Epler and seconded by Mrs. Teimer that this report be accepted. Motion carried.

Reports from the following counties were read by their President or representative: Atlantic, Burlington, Camden, Essex, and Hudson. These reports were accepted and are filed with these minutes.

A motion was made by Mrs. Corbusier that a note of sympathy be sent to Mrs. Dan Renner on the death of her husband. Seconded by Mrs. Kinch. Motion carried.

The members received a message from Dr. Herrman through Dr. Wilkes. Dr. Kler, Chairman of Public Relations of the State Medical Society, spoke at length on his work, as also did Mrs. Lippincott.

Mrs. Augustus Kech, National Auxiliary President, gave a most inspiring talk on what the women did do and can do to aid the medical profession. Mrs. Salasin expressed her gratitude to the speakers, Mrs. Schulman, State Chairman of Arrangements, and especially to Mrs. Chianese, President of Mercer County, and Mrs. Ivins, Chairman of Arrangements for Mercer County, for a most delicious luncheon, and for a splendid vocalist, Mr. Holder, and his accompanist.

The meeting was again called to order by the President at 3:15 p. m.

Registration, Mrs. David Allman, Chairman. Reported the attendance as follows: Executive Board, twenty-four; County Presidents, eight; members, forty-three; making a total of seventy-five.

Mrs. Salasin called for reports of the remaining counties.

Mercer and Union read their reports and are filed with these minutes. The report of Somerset County was not read when called but is also filed with these minutes.

Mrs. Salasin called for names to be chosen for delegates and alternates to the National Convention. The following were named and elected: Delegates—Mrs. E. Mulford, Mrs. A. J. Casselman, Mrs. Don Epler, Mrs. A. E. Jaffin, Mrs. F. A. Kinch, Mrs. H. V. Hubbard and Mrs. P. Joy. Alternates—Mrs. G. E. McDonnell, Mrs. H. D. Corbusier, Mrs. J. H. Hornberger, Mrs. D. B. Allman, Mrs. G. A. Rogers, Mrs. L. A. Wilkes and Mrs. J. H. Mason.

The President informed the members that the Auxiliary has been honored by the appointment of Mrs. Haines Lippincott to the National Board as Chairman of Public Relations.

Mrs. Salasin asked the opinion of the general assembly of the advisability of holding a conference meeting of Public Relations Chairmen and Program

of Health Chairmen to be held the Tuesday before the Annual Meeting, May 17, 1938. After some discussion a motion of approval was made by Mrs. Don Epler, seconded by Mrs. Hubbard, and carried.

A discussion of entertainment at the Annual Convention resulted in dropping the card party.

Mrs. James Mason,
Secretary pro-tem.

Atlantic County

Reported by Mrs. Morton Major

The Executive Board of the *Woman's Auxiliary to the Atlantic County Medical Society* met on Tuesday afternoon, January 11, 1938, at the home of Mrs. E. H. Nickman, 101 South Newton Avenue, Atlantic City. Mrs. Lawrence Wilson presided at the session, and announced that Dr. Samuel Salasin would be the guest speaker at the regular meeting of the Auxiliary to be held at the Ambassador Hotel Friday evening, January 14, at 9 o'clock.

At that meeting an amendment to the Constitution of the Auxiliary will be voted upon.

Among those present were Mrs. Harry Subin, Mrs. Ruffin Stamps, Mrs. Lawrence Wilson, Mrs. Allen Reick, Mrs. Edward Dyer, Mrs. Samuel Salasin, Mrs. Charles Hyman, Mrs. Louis Feinstein, Mrs. E. H. Nickman, Dr. Clara Bartlett, and Mrs. Morton Major.

An open forum followed Dr. Samuel Salasin's talk on "Contagious Diseases" before the *Woman's Auxiliary to the Atlantic County Medical Society* Friday evening, January 14, 1938, in the Ambassador Hotel. Mrs. Lawrence presided at the meeting.

Dr. Salasin developed his topic with particular relation to public health, and stressed the fact that fundamental knowledge of disease is important. Contagious diseases described by Dr. Salasin included chicken pox, smallpox, diphtheria, whooping cough, measles, German measles, typhoid fever, scarlet fever, and infantile paralysis.

Mrs. Wilson presented Mrs. Grace Manners, of the Ambassador Hotel, who spoke on the subject "Bring Prosperity to Atlantic City".

The Auxiliary will donate a book to the Public Library in memory of the late Dr. William Edgar Darnell.

The Auxiliary voted on an amendment to the Constitution of the Auxiliary, namely that there should be a President, President-Elect, First Vice-President, Second Vice-President, Recording Secretary, Corresponding Secretary, and Treasurer.

The President announced the following Nominating Committee: Mrs. Carl Surran, Chairman; Mrs. E. H. Nickman, Mrs. Louis Feinstein, Mrs. A. G. Merendino, Mrs. V. Earl Johnson.

Attending were: Mrs. Herman Kline, Mrs. Louis Feinstein, Mrs. Manuel Malley, Mrs. Bernard Crane, Mrs. Harry Subin, Mrs. David Allman, Mrs. Ily Beir, Mrs. Samuel Gorson, Mrs. Andrew Smith, Mrs. Peter Marvel, Mrs. Edward Dyer, Mrs. Daniel Reyner, Mrs. James H. Mason, Mrs. James MacFarland, Mrs. M. B. Holoman, Mrs. B. H. Timberlake, Mrs. W. J. Carrington, Mrs. W. W. Hersohn, Mrs. Louis Rosenberg, Mrs. Carl Surran, Mrs. Charles Hyman, Mrs. E. H. Nickman, Mrs. J. Carlisle Brown, Mrs. Charles Kaighn, Mrs. Percy Joy, Mrs. Lawrence Wilson, Mrs. Ruffin Stamps, Mrs. Allan Reick.

Burlington County

Reported by Mrs. Roscius I. Downs

The following activities have been carried on by the *Woman's Auxiliary to the Burlington County Medical Society*:

November 30, 8 p. m. The Executive Board met at the home of the President, Mrs. Dean H. LeFavor, in Palmyra. The first reading of the By-Laws, by Mrs. Downs, followed by discussion, was the main business of the evening.

December 6, 11 a. m. A meeting of the whole group was held at the Burlington County Hospital in Mt. Holly. We contributed modest donations to both Zurbrugg Hospital and Burlington County Hospital for use by the social service departments.

Mrs. Howard Hornberger requested material for exhibit of hobbies and medical history to be shown at the State Convention. Offers were received to compile the life of Dr. Joseph Stokes, of Moorestown, and of Mrs. Alexander Marcy, deceased, who was organizer of our Auxiliary in 1927. Mrs. Downs read the By-Laws.

January 3, 1 p. m. A luncheon meeting was held in Moorestown, and was well attended. Mrs. Luther Hartman arranged the luncheon and received sincere praise.

Mrs. O. R. Carlander, of Camden County, was our honored guest in the dual capacity of State Chairman of Publicity and of President of the Camden County Auxiliary. Apropos of publicity, she requested us to send material for The Journal directly following each meeting. In describing the activities of Camden County, she mentioned, among others, one very worthy project—that of awarding Y. W. C. A. memberships to the Cooper Hospital nurses.

Mrs. G. E. McDonnell read us the list of books which we are contributing to the Nurses' Training School in Burlington County Hospital as follows:

Twelve Tests of Character—Fosdick
Social and Ethical Significance of Nursing—Goodrich
Principles of Ethics 1935—Moore
Notes on Nursing: What It Is and What It Is Not—Nightingale.
Jurisprudence for Nurses—Scheffel
Ethics—Gladwyn
Meaning of Right and Wrong—Cabot
Reluctantly Told—Hillyer
Professional Problems, 2nd Edition—Gabriel
Nurses on Horseback—Poole
Psychology of Insanity—Hart
Keeping a Sound Mind—Morgan
Forty Years at Hull House—Addams
Studies in Ethics for Nurses—Aikens
A Short History of Nursing—Dock and Stewart
Life of Clara Barton—Epler
Reminiscences of Linda Richards—Richards

Introductory Sociology for Students of Nursing —Kulp
Charm of Fine Manners—Starrett
Life of Dorothea Lynde Dix—Tiffany
Ward Administration—Sellew
Eye, Ear, Nose and Throat Nursing—Denison
Outlines of Nursing History—Goodnow
Wholesale Personality—Burnham
House on Henry Street—Wald
Review of Nursing, 2nd Edition—Hansen
Private Duty Nursing—Dewitt

January 10. Six members attended the State meeting at the Stacy-Trent Hotel in Trenton, and felt especially rewarded because we were privileged to hear our National President, Mrs. Kech. We were all impressed with her personality and her fluent oratory. Those who attended were Mrs. Dean H. LeFavor, Mrs. G. E. McDonnell, Mrs. Howard Hornberger, Mrs. E. Vernon Davis, Mrs. L. E. Viteri, and Mrs. R. I. Downs.

January 14, 8 p. m. The Executive Board met at the home of the President, Mrs. LeFavor, in Palmyra and planned the details of the next two meetings. The members present felt well pleased with the healthy condition of our unit and attributed increased attendance at meetings to the extension to nine meetings a year. More frequent meetings and a varied program have promoted a broader fellowship. Our unity of purpose has been to carry out the wishes of the State Program Committee and Public Relations Committee of the State Medical Society.

Camden County

Reported by Mrs. Lawrence L. Glover, Haddonfield

A book festival was planned at the meeting of the *Executive Board of the Woman's Auxiliary to the Camden County Medical Society* on December 8th, 1937, held at the home of the President, Mrs. Oswald R. Carlander, in Merchantville. Three books chosen from current popular fiction of outstanding interest to the medical profession were to be used in review and discussion for the occasion. The books were to be the selection of Mrs. A. Haines Lippincott, Program Chairman of the Auxiliary, who was arranging the festival.

In preliminary preparation, Mrs. Lippincott, with Mrs. Arthur Casselman, Mrs. M. L. Weiman, Mrs. Orris W. Saunders, Mrs. Carlander and Mrs. Lawrence L. Glover, planned to attend a lecture given by Dr. Victor Heiser at the New Century Club, Philadelphia. Dr. Heiser is the author of "The American Doctor's Odyssey".

Attention was called to the sesquicentennial anniversary of the Constitution of the United States. Recognition of this event is being celebrated all over the country, but more particularly in and around Philadelphia.

Mrs. Carlander announced her committee for the rummage sale to be given next month in the interest of the Scholarship Fund of the Auxiliary. The fund will provide scholarships, or memberships, in the Young Women's Christian Association to student nurses at Cooper and West Jersey Homeopathic Hospitals. The sale is to be held in Camden under the supervision of Mrs. A. Lincoln Sherk, Mrs. Saunders, Mrs. William J. Scruggs, Mrs. E. Reed Hirst, and Mrs. Glover.

Topics for the remainder of the year for the weekly broadcast sponsored by the American Medical Association were announced. These programs are presented in the form of a playlet every Wednesday from 2:30 until 3 p. m., over stations WEAF, KYW, and WDEL.

On Friday, December 10th, the Woman's Auxiliary to the Philadelphia Medical Society sponsored a program "Eat and Grow Thin", which was open to the public, and which was given in the Inquirer Building in Philadelphia. A motion picture and an exhibit were arranged. As many of our members and their friends as could attend were invited.

Three books in which the medical profession is featured were reviewed at the meeting of the *Woman's Auxiliary to the Camden County Medical Society* which was held on January 5, 1938, at the home of Mrs. Oswald R. Carlander, President, 1972 Browning Road, Merchantville.

The meeting took the form of a book festival, and the program was arranged by Mrs. A. Haines Lippincott, chairman.

Mrs. R. E. Haldeman, of Mt. Holly, member of the Burlington County Auxiliary, was our guest speaker. She discussed "The Woman Surgeon" by Dr. Rosalie Morton. Mrs. M. L. Weiman, of Haddon Heights, followed with a review of "Doctors on Horseback" by James Thomas Flexner, and Mrs. Lawrence L. Glover, of Haddonfield, with a review of "An American Doctor's Odyssey", by Dr. Victor Heiser.

Mrs. Carlander presided for a short business meeting. Mrs. Orris W. Saunders, of Camden, Chairman of the Hospitality Committee, assisted by Mrs. A. Lincoln Sherk and Mrs. Alfred Elwell, both of Camden, received. A very delightful tea followed the regular meeting. Mrs. Joseph E. Roberts and Mrs. Glover, both of Haddonfield, poured, and Mrs. Penrose Thompson, of Camden; Mrs. William Braun, of Merchantville; and Mrs. Kenneth MacAlpine, of Gloucester, assisted.

Essex County

Reported by Mrs. Gerald Hayes

The regular meeting of the *Woman's Auxiliary to the Essex County Medical Society* was held at the Academy of Medicine in Newark on Monday, January 24th, 1938. Seventy members were present at the session, with Mrs. Charles Rathgeber, President, presiding.

Mrs. Samuel Salasin, President of the Auxiliary to the State Society, was the guest of honor. She conveyed greetings to us from the National President, Mrs. Augustus Kech.

The speaker of the afternoon was Judge Frederick Stickel, Jr., who was presented by Mrs. J. Irving Fort, program chairman. Judge Stickel is a noted jurist, who discoursed upon his favorite subject: "The Relations of the Family to the Courts". His talk was delightfully received.

Following the meeting tea was served, with Mrs.

Samuel Salasin and Mrs. Rathgeber pouring. The social phase of the afternoon was conducted by Mrs. J. Hunter Scott and her committee.

Hudson County

Reported by Mrs. Nellie D. Nevin

The regular monthly meeting of the *Woman's Auxiliary to the Hudson County Medical Society* was held on January 3rd, at the Y. W. C. A., Mrs. Charles B. Kelley presiding.

An invitation to the State Meeting to be held at the Stacey-Trent, Trenton, on January 10th was read by our Secretary, the President and many others accepting.

Members were urged to use every effort to make the Auxiliary Bridge-Tea to be held at the Rainbow Roof, Rockefeller Center, on January 22nd a success.

Counselor Patrick Dwyer was the guest speaker, his subject: "Malpractice".

Tea and a social hour followed, which all remained to enjoy.

Passaic County

Reported by Mrs. Burt W. Botbyl, Paterson

An interesting program was presented by the *Woman's Auxiliary to the Passaic County Medical Society* at its quarterly meeting held at the Woman's Club on January 17th, 1938. Mrs. Richard McDonald, President, presided.

Miss Elizabeth Harris, a member of the State Department, presented a moving picture entitled "For All Our Sakes". The picture told the story of social disease from early times up to the present day. Following the picture, Dr. Victor Desmet gave an enlightening talk on the subject.

His lecture was followed by a talk by Paul Erber, Clifton florist, who spoke on the care of cut flowers and the use of them in the home. Many points of interest were described as to arrangement, holders and placement. Mrs. Lawrence Coen, Program Chairman, presented the speakers.

The meeting concluded with the Social Chairman, Mrs. William Spickers, and her committee serving refreshments.

Those present at the meeting were: Mrs. F. W. Ash, Mrs. B. W. Botbyl, Mrs. H. E. Briody, Mrs. S. Chester, Mrs. H. Coggan, Mrs. L. Coen, Mrs. H. Durant, Mrs. William A. Dwyer, Mrs. J. Gallo, Mrs. H. Gochman, Mrs. A. DeRosa, Mrs. J. DeRosa, Mrs. J. R. Jehl, Mrs. A. Linares, Mrs. J. Lamauro, Mrs. James Morrill, Mrs. N. Pelusio, Mrs. J. Phelps, Mrs. D. Polowe, Mrs. O'Brien, Mrs. A. F. McBride, Mrs. T. Rothman, Mrs. William Spickers, Mrs. Charles Russell, Mrs. M. Keller, Mrs. Ralph Vreeland, Mrs. H. Wassing and Mrs. R. J. McDonald.

Somerset County

Mrs. Charles F. Halsted, Reporter

The *Woman's Auxiliary to the Somerset County Medical Society* held its regular meeting Thursday evening, December 9, 1937, at 8:30, in the Nurses' Home, Somerset Hospital.

The President, Mrs. D. S. Renner, presided, and after the usual business, appointed the following Nominating Committee: Mrs. Lancelot Ely, Chairman; Mrs. A. L. Stillwell, Mrs. William Gray.

The date of the annual meeting, January 10th, 1938, was impressed upon the members, and Mrs. Renner urged as many as possible to attend.

Mrs. E. G. Brittain entertained with a review of "The Citadel", by Dr. Cronin, after which the meeting adjourned and a social hour followed.

Union County

Reported by Mrs. Herschel S. Murphy

On Wednesday evening, January 12th, the *Woman's Auxiliary to the Union County Medical Society* met at the home of Dr. and Mrs. George L. Orton, of Rahway. February 23rd was set as the day for the bridge party to be held at Koos Brothers in Rahway. Reports of committees were heard. Following the business, Mrs. H. D. Corbusier, of Plainfield, showed two travel pictures of Morocco. Interesting street scenes were portrayed showing the people visiting the shops and gathering around to watch the dancers, snake charmers, and storytellers.

Refreshments were served by the hostess, assisted by Mrs. George Knauer, Elizabeth; Mrs. Charles F. Card, Rahway; and Mrs. E. N. Davidson, Linden.

The next day, January 13th, the Auxiliary held its annual Reciprocity Tea at the home of its President, Mrs. D. R. McElhinney, of Elizabeth, for the P.-T. A. and other lay organizations. Mrs. A. Haines Lippincott, National Chairman of the Public Relations Committee, was the speaker. Her topic was "The Progress of Medical Science". She told of the first time women ever received medical diplomas; the first time a doctor dared penetrate the abdominal wall; and many other interesting accounts, some of which are described in "Doctors on Horseback", by Flexner. Mrs. Lippincott concluded with a humorous monologue about a woman who said she could cure nearly everything.

Refreshments were then served. Mrs. H. D. Corbusier, Plainfield, and Mrs. P. DuBois Bunting, Elizabeth, poured.

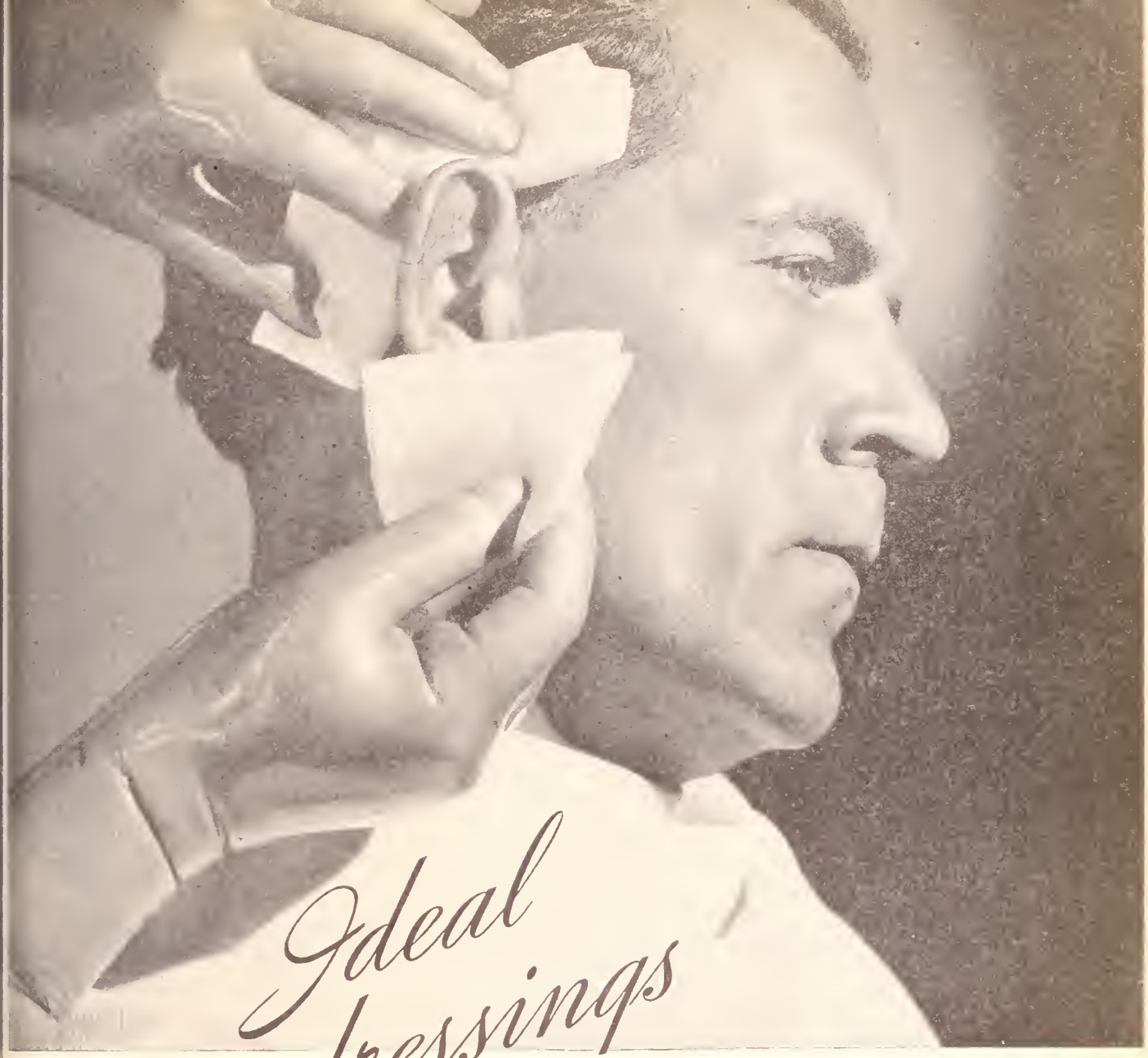
Warren County

Reported by Mrs. W. H. Varney, Publicity Chairman

The *Woman's Auiliary to the Warren County Medical Society* met at the home of its President, Mrs. James Weres, Alpha, N. J., for a dessert bridge. On July 20 Mrs. F. A. Shimer, of Phillipsburg, entertained the members of the Auxiliary together with their friends at her summer home at Lake Hopatcong. Swimming, boating and bridge formed the afternoon's entertainment, followed by a buffet lunch.

In October the Auxiliary met in Belvidere, N. J., and after a business meeting joined the doctors for the dinner in the Belvidere Hotel.

The Auxiliary and friends were entertained by the Washington members at the home of Mrs. Leon W. Hackett with a dessert bridge in November.



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Potassium (K)	Trace	Trace
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Phosphorus	Trace	Trace
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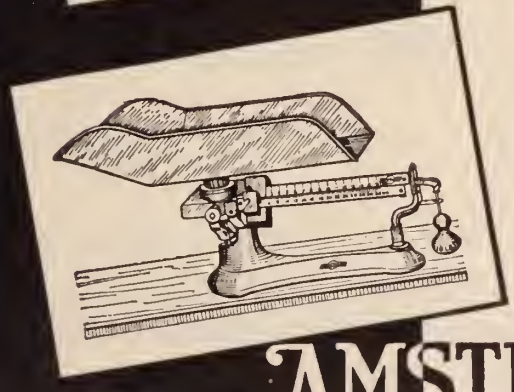

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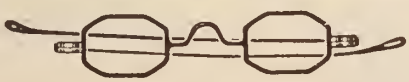

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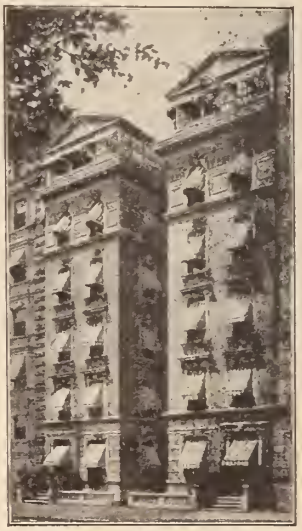

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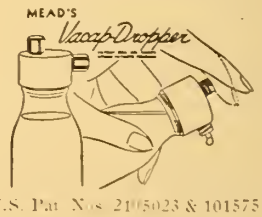

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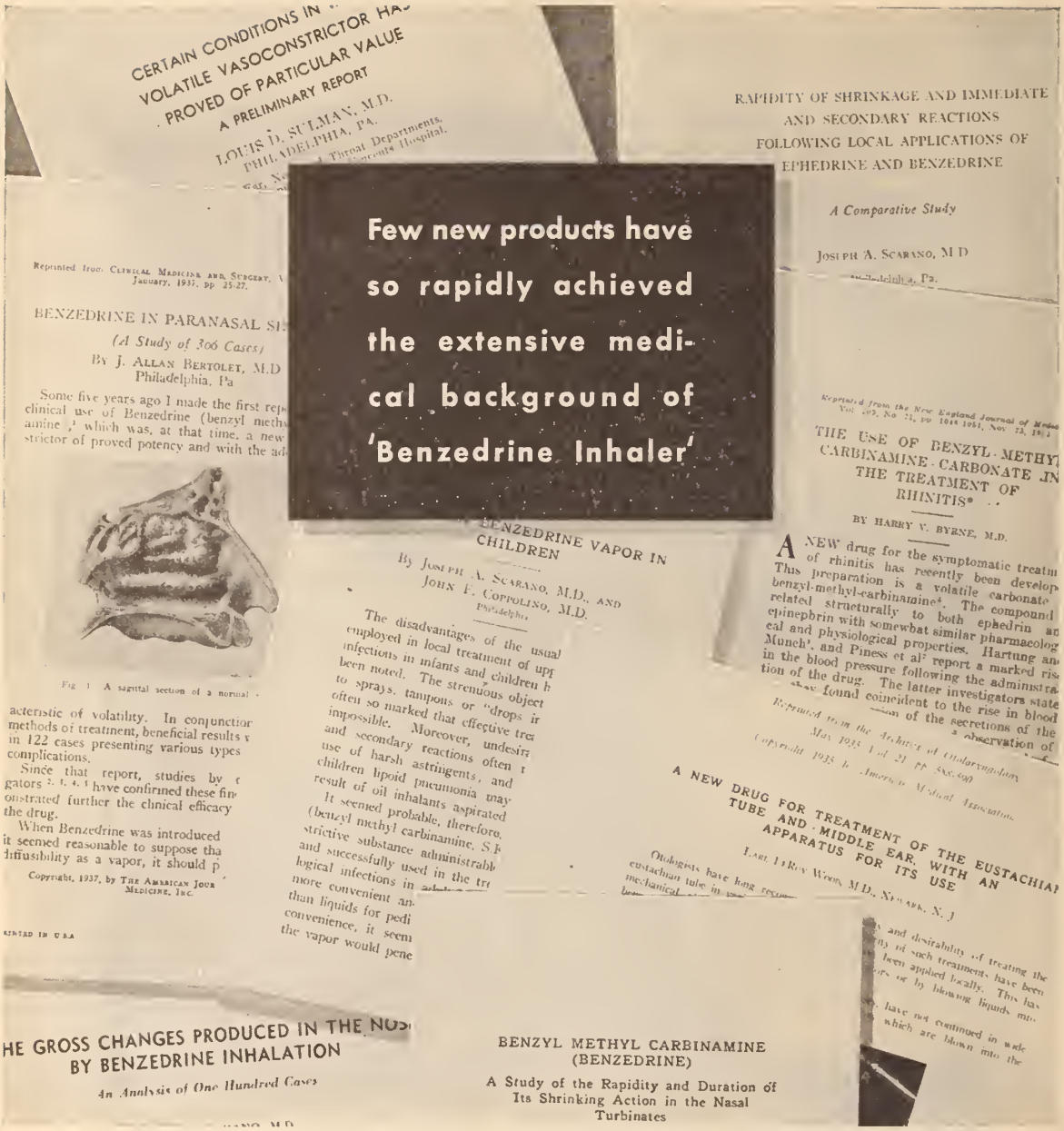

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Arch. Otolaryngology, Mar. 1936, Vol. 23, No. 3
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

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I. CLEANSING OPERATIONS

● As reference to a recent text on canning will disclose (1) the details of commercial canning procedures will vary from product to product. There are, however, certain basic operations which are included in practically all canning procedures. In the belief that they may prove of interest, it is our intention to describe in broad detail the nature and purposes of these essential operations.

One of the first and most important steps in commercial canning is the thorough cleansing of the raw food material received at the cannery. The purpose of such an operation is, of course, immediately evident, namely, to remove soil, dirt or other inedible substances which may be present. However, cleaning also serves to reduce substantially the load of spoilage bacteria with which Nature usually endows raw foods.

Commercially, cleansing is effected in a variety of ways. In general, however, water washers specifically designed for the various types of products are used. In these machines, the raw food material is subjected to high-pressure sprays or strong flowing streams of potable water while passing along a moving belt or while being tumbled by agitating or revolving screens. Sometimes a "flotation" type of washer is also used to remove chaff or similar material. With certain products, water washing is preceded by a "dry" cleaning treatment in which adhering soil and dirt is mechanically removed from the food by revolving or agitating screens, or by strong air-blasts.

Also, in certain canning procedures, operations whose basic functions are not primarily to clean the raw material may also exert a cleansing effect. Thus, the "blanch" or scalding treatment accorded many products serves to clean the food, as does the water spray sometimes applied to foods after the blanch.

Modern canners know the necessity of thorough cleansing of the raw materials they use. They appreciate that thorough cleaning and removal of extraneous material decreases the load of spoilage organisms which must be destroyed by the heat processes to which all canned foods are subjected. They also appreciate the necessity of maintaining strict plant and equipment sanitation to destroy spoilage bacteria which may be carried in by raw foods.

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230 Park Avenue, New York, N. Y.

(1) 1937 Appertizing or The Art of Canning, A. W. Bitting, The Trade Pressroom, San Francisco.

(2) Preventive Medicine and Hygiene, M. J. Rosenau, Appleton-Century Co., New York.

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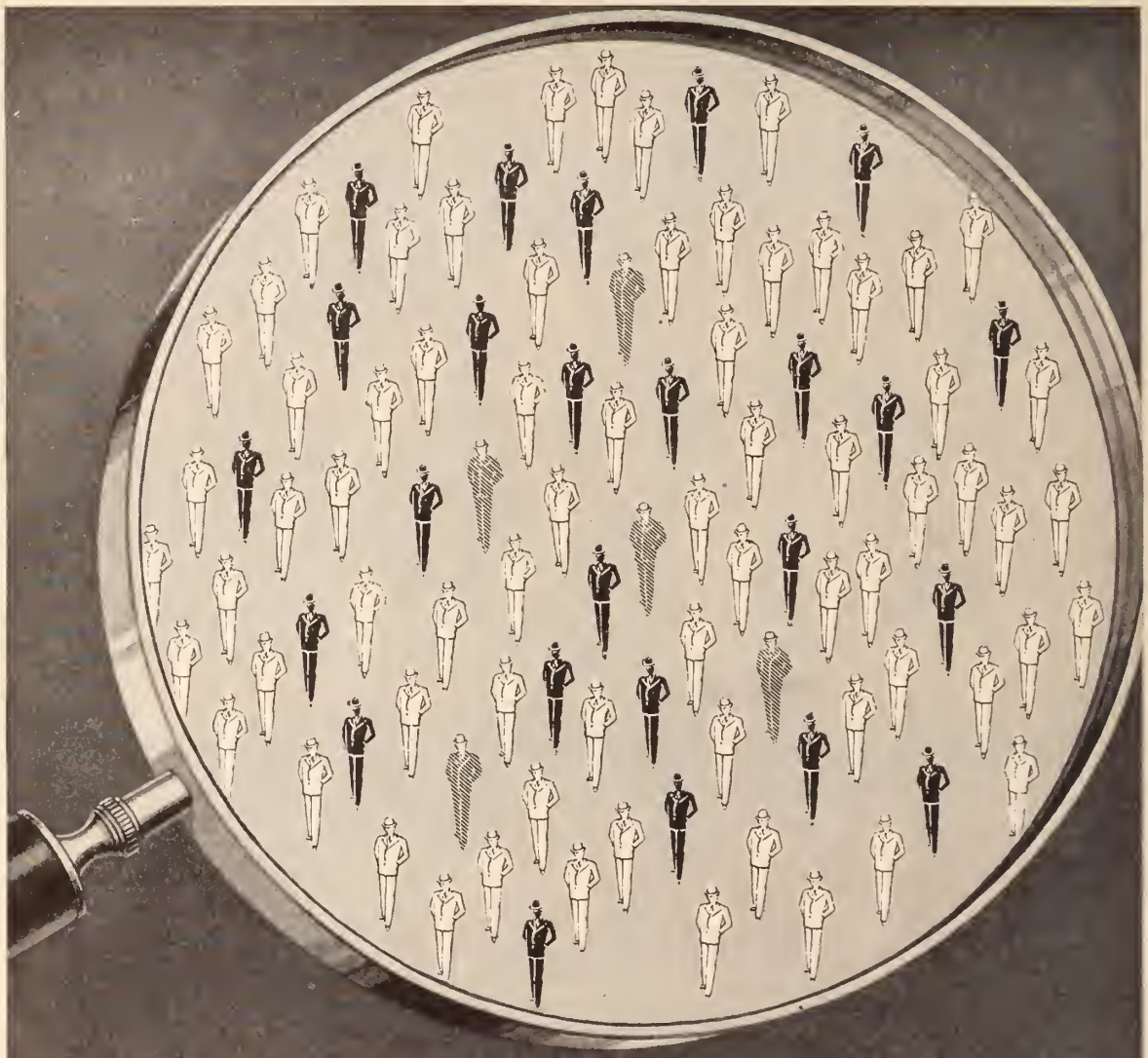

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Binding Your Journals

The Publication Committee has given serious consideration to easy ways of holding the journals together so that they will not become disarranged or misplaced. Beginning with this issue, your Journal will come to you with its edge perforated with two quarter-inch holes, through which flexible brass fasteners like broad, thin cotterpins can be inserted. As each month's Journal is received, it can be laid upon the previous issues, and clipped firmly in place. Each clip will hold seven journals,—those of six months, and with extra room for the official list in the Spring, and the Transactions in the second half of the year.

It will take only a minute to open the clip and insert another Journal, and close the clip until the next issue arrives. The Journals of six months, clipped together in this way, make a volume that is attractive in appearance, and may be easily opened to any page. And at the end of six months, the volume is ready for filing, and a new volume may be begun.

The most practical use to which the binding may be put is that of holding the current numbers together. A single number easily becomes hidden beneath other papers on the doctor's desk; and two or three lying loose are sure to be misplaced. When a member sees several Journals lying loose, he has to search through the lot for the right issue, and that one is sure to be the last one that he locates. But two or three issues, clipped together, make a bulky volume which may be located with ease, even in a pile of loose papers.

A member usually glances through each new Journal and notes its contents, with the expectation of reading certain articles with care. He goes to his county society and hears a discussion of a project which is described in a recent Journal. It is a gratification for him to return to his office with the knowledge that he can locate that particular article with ease. Every member who serves on a committee will appreciate the ease with which he can locate the particular Journal which contains the information that he desires. (See p. 181.)

The Publication Committee believes that every member will appreciate the service which the perforations make easily possible.

Preserving Communications and Correspondence

A SUGGESTION TO COUNTY MEDICAL SOCIETIES

The number of official letters and mimeographed items of information which every member receives is constantly increasing. These communications are sent out on the theory that a member will read a brief communication which would escape his notice if it appeared only in The Journal.

Probably the most frequent topic of conversation among officers and committeemen of medical societies is how to get the members to preserve the communications which they receive, in an accessible place.

The first essential in preserving communications is to bind them together so that they form a mass which is easily recognizable on the doctor's desk. Three of the simplest methods of accomplishing this are as follows:

1. Buy a five-cent spring clip, and insert each communication in it as soon as it is received.

2. Buy a twenty-five cent punch and a small box of brass paper fasteners, punch a hole in each communication or letter, and fasten it to the others with the fastener which may be opened, and closed after a new sheet is inserted.

3. Buy a loose-leaf binder at a cost as low as ten cents. Punch holes in each sheet, and insert it in the binder.

Either of these three methods will enable a member to preserve a communication of any size in one bunch in which he can locate any sheet after a moment's search.

When a new member joins a county medical society, receive him formally with an address calling his attention to the official communications which he will get from time to time, and to their information and suggestions which will be of great value to him personally.

2. Present the new member with the following gifts:

a. A loose-leaf binder with the name "The Medical Society of ——— County" stamped on its face in gold letters.

b. A paper punch.

3. Inform the new member of the value of using these gifts in preserving current communications in an accessible form.

The Society receives the advance dues of every new member, and can well afford the small outlay which the gifts will cost.

Each older member, realizing the practical use of the gifts, will wish to purchase them for his own use as a constant reminder of what his society is doing for him, and of what he is expected to do for the society. After all, what the member does for the society is his best inspiration to greater activity. Moreover, his prompt reply to an official communication will warm the heart of the officer or committeeman who sent it. Any means which will enable the member to answer communications promptly will promote the highest interests of both himself and his brother members.

Medical Needs and Their Supply

The Organization Section of the Journal of the American Medical Association of February 12, 1938, contains a four-page outline for a medical survey of each State and county, including both its needs, and the means of supplying those needs. Extensive surveys of Michigan and California have been made with emphasis on the medical economics phases of the problem, and with a minimum amount of advice regarding the means of supplying those needs.

The A. M. A. plan rightly emphasizes the point that the surveys should be made by counties; and should include the existing means of meeting the needs which are found to exist.

A plan of surveying the counties of New Jersey has been authorized, and a tentative survey has been made of a rural county in which the information could be obtained with comparative ease. The result of the survey of Hunterdon County was published in The Journal of September, 1937, page 578.

The survey was made according to a simple outline which was published in the September, 1937, Journal, page 543.

The A. M. A. article contains the excellent suggestion that the surveys of each county shall be made by a committee of the county society; but in order that the surveys shall have a unity of purpose and form, two conditions are necessary:

1. A simple outline of the points to be investigated.

2. Supervision, or at least advice and review, by some State Society officer who has had experience in making surveys and securing information.

The work will naturally be done first in the smaller counties, in which the information can readily be obtained because the physicians are personally acquainted with the welfare workers and local officials. Moreover, the data in them will be comparatively simple, and easy to be summarized in a readable report. With this experience the surveys may be extended into the larger counties in which it will necessarily be more impersonal and statistical.

A defect in many surveys of health services is that they begin at the top with statistical summaries derived from the larger cities, and are then applied to the smaller counties in such a way that the rural communities are placed in the position of lacking the proper facilities for giving health services. The fact is that the physicians in the smaller counties already have a broad knowledge of their local health needs, and of the existing means for meeting them. A trial balance of the need and supply of health work in a small county can easily be struck, and an extension of the services already in operation can readily be developed.

The method proposed by The Medical Society of New Jersey is that the surveys shall be started in those counties in which there are few complexities of organization, and almost no preconceived prejudices for or against any particular methods or findings. By this method, each county society can readily adapt its methods of service to its own local needs, as Hunterdon County has done.

Obituaries and Memorials

Compiling the biographies of the 153 Presidents of The Medical Society of New Jersey (Jour., Feb., p. 104) has consisted largely in a search of the annual volumes of Journals and Transactions for data regarding their lives. The notices of deaths for a century and a half have been written in two forms:

1. The *Obituary,*—a statistical record of the events of the life of the departed, written by the secretary or other officer.

2. The *Memorial,*—an appreciation of the character of the deceased and of his devotion to public welfare, written in a formal style by a special committee of his colleagues.

THE OBITUARY

The obituary is a record of essential *facts* concerning the deceased, including:

The dates of his birth and death.
The town in which he lived and worked.
The name of his medical school, or, for the older physicians, the name of the preceptor under whom he studied; and the year of his graduation or licensure.
The year in which he joined his county medical society, and the important offices which he held in it.
The offices which he held in the State Society, and the committees on which he did outstanding service.
The civic positions which he held, and the years in which he served.

All of these facts will be found in an obituary in a newspaper; but to obtain them is no easy task for the reporter to whom the assignment is given. Still more difficult and time-consuming is it for the medical society secretary who is not aware of the necessary items that he should obtain. The result has frequently been that The Journal and the Transactions contain only a meager, incomplete record of the lives of some of the outstanding Presidents; and in some instances no record at all is found.

THE MEMORIAL RESOLUTION

In contrast with the accurate facts contained in the obituary, the *memorial resolution* deals with the *reputation* of the deceased physician. It is easy to write a memorial testifying in a general way to the civic and social virtues of the deceased, but few of the memorials contained in The Journal and Transactions are of informative value to the historian whose object is to trace the development of medical movements, or to record the lives of their leaders. It has frequently happened that a memorial resolution has been printed in The Journal with the statement that a biography of the deceased will appear in the next issue,—and none has appeared.

The memorial resolution is an important item of information, and every one that is received in the executive and editorial offices is printed at once; but the important point is that it cannot take the place of the obituary, or record of the life of the member, or the record of his accomplishments both professional and civic.

The most effective memorial resolution is that which is printed as the final paragraph of an informative obituary, as evidence of the esteem of the associates of the deceased member. If both the obituary and the memorial resolutions are received in time, they are printed in the Journal as a single article, as are those of Colfax, page 179.

Development of Organized Medical Services

In recent years every annual meeting of The Medical Society of New Jersey has been a demonstration of progress toward the realization of the ideal *objective* that was stated by Dr. William G. Schauffler, Chairman of the Committee on Public Health, in his annual report on June 6, 1933, when he wrote:

> The time has come for the State and County Medical Societies to assume leadership and responsibility for the general health of the citizens of New Jersey; and thereby to preserve the personal and private relationship between physician and patient, which is most desirable for the health needs of the patient.

This ideal objective of the Committee on Public Health was developed into a permanent *policy* in 1934, under the chairmanship of Dr. Stanley Nichols, when organized work in maternal welfare and child health was initiated.

In 1935 this policy was further developed into specific *projects,* which were coördinated and unified under the Welfare Committee, and with the coöperation of committees of the county societies.

In 1937 the projects had developed into thirty specific programs, which were enumerated by Dr. Hilton S. Read, Chairman of the Welfare Committee, in his annual report of 1937. These enterprises were conducted under the leadership of seven advisory committees of the Sub-Committee on Public Health of the Welfare Committee, and with the active coöperation of an increasing number of members by whom the *services* were delivered to the people.

Thus in five short years, the ideal *objective* stated by Dr. Schauffler has been developed through the stages of *policies stated, projects undertaken, programs initiated,* up to the final stage of the *delivery of their services* by the members of the county societies.

Even more striking has been the developments in educating the people during the past two years by the Committee on Public Relations under the chairmanship of Dr. J. H. Kler. The people of New Jersey are now realizing the deep significance of the work of the Medical Societies of the State and the local units of the counties. No longer are the people asking "What is the County Medical Society?", but welfare organizations both state-wide and local are seeking the advice of our State Society, just as individuals are asking the advice of their family doctors.

The *Sub-Committee on Medical Practice* is making equally rapid progress in its studies of hospital relationships, nursing, contract practice, and other forms of medical service in which *organizations* rather than *individuals* are vitally concerned.

Each year the progress toward the attainment of the ideal objective of Dr. Schauffler is equal to that of a decade under the unorganized system.

ORIGINAL ARTICLES

THE PHYSICIAN'S USE OF THE PATIENT'S HOSPITAL RECORD

By Andrew F. McBride, M.D., St. Joseph's Hospital, Paterson, N. J.

PRESENTED AT THE AUTUMN CONFERENCE OF THE NEW JERSEY HOSPITAL ASSOCIATION IN THE HACKENSACK HOSPITAL, HACKENSACK, N. J., NOVEMBER 17, 1937

Although the keeping of hospital records on a broad scale throughout the country is a relatively recent innovation, the time has passed when it is necessary to persuade hospitals to adopt the idea. The more progressive hospitals have sensed the value of complete records long since, and have elaborated schemes whereby the wealth of information contained in them is readily available at all times; the more recalcitrant hospitals have been brought into line by the American Medical Association and the American College of Surgeons. However, although all good hospitals keep records, the value of these records varies greatly, and is directly commensurate with the skill of the physician eliciting information, and his industry and integrity in recording it. In short, the duty of the *physician* lies with *individual cases*. The duty of the *hospital* lies in classifying, indexing, and housing the information so that its usefulness is not lessened by its inaccessibility or its perishability.

Let us consider who stands to benefit by well-kept hospital records, and in what manner.

BENEFIT TO THE PATIENT

In the first place, the patient is the beneficiary. Whenever hospitalized he has a lasting record of the status of his health at the time of his admission and a record of the therapy invoked at that time. Let me illustrate in what way this is beneficial to the patient. Today a man is brought into this world by an obstetrician. He is then turned over to a pediatrician who treats his measles, his scarlet fever, and his mumps. In young adult life the surgeon removes his appendix, and perhaps operates on his ulcer. At forty-five the internist treats his hypertension; and finally the urologist removes his prostate. This is in contrast to the days when one man carried him through all of these illnesses until the patient's physical—and I may add mental—shortcomings were engraved on the physician's mind.

In this day of increasing specialization and hospitalization it becomes correspondingly more necessary that the patient's changing physical status be perpetuated by some means whereby the patient may be treated in the light of what has gone before. Add to this the factor that ease of transportation has so narrowed the globe that these illnesses may not only have been treated by different physicians, but in different parts of the country, and one can readily see what a real safeguard to the patient is an official record which is available to his physician. The patient is further benefited by the protection a hospital record offers to him in matters of medicolegal or medicoeconomic importance. He has available an objective report, the disinterestedness of which is further insured by the fact that it usually contains the notations of more than one observer. Through this he or his heirs can be assured of their rights in the way of lodge benefits, and disability or life insurance. In the event of a law suit, he is less dependent on the memory of a busy physician, or his ability to withstand the circumlocutions often addressed to him on the witness stand.

BENEFITS TO THE PHYSICIAN

Although the benefits to the individual physician are not as apparent as those to the patient, they are nevertheless real. In the first place, the writing of complete records reacts upon the effort we put into our observations.

The knowledge beforehand that the written expression of our findings, impressions, and treatment will be subjected to the scrutiny and criticism of our colleagues makes for better observations because it lays bare a spot in which every man is vulnerable—his pride. Conversely, it precludes retrospective rationalization by which we humans are too apt to be victimized. However, for those among you who are sceptical of psychological values there are more practical advantages to be obtained. The surgeon called in to decide whether a patient has an acute surgical abdomen should be able to find out in a few minutes on the phone whether the scar on the patient's abdomen signifies a previous appendectomy or a salpingectomy and so simplify his problem. Similarly, the internist with a summary in hand of the course of the patient lately institutionalized for tuberculosis can speak in an authoritative manner that will increase his patient's confidence and place the physician at a decided advantage in treating the disease.

I will dismiss the advantages of a complete record to the physician in the ever-increasing medicolegal problem by saying that an objective statement of the situation written, as it must be, before the question of suit has arisen, is of much greater value as evidence in a court of law than the spoken word of plaintiff or defendant or the attorney of either of them. By and large the law has, in its judgments, taken cognizance of the difficulties that beset the medical profession; and I think we should not strain those judgments by a lack of evidence that is expected of us.

SCIENTIFIC

Collectively, physicians stand to benefit by hospital records because of their scientific value. It can be taken as a corollary that the use of hospital records in a scientific manner is a measure of the *progressiveness* of the physicians who run it. The major portion of our therapy is evolved as a result of the successes or failures revealed by the compilation of clinical data. That such data can be expected to give correct answers is shown not only by the strides made in therapy, but by the fact that the medicoactuarial figures of the largest insurance businesses in the country are based on them. While it is true that the bulk of the medical profession do not engage in clinical research, it is incumbent upon the physicians of any hospital service to evaluate the effectiveness of their therapy. The illuminating facts that emerge from such analyses can be seen in our medical journals every day. Suffice it to say that the stimulus derived is one which prevents the internist from becoming a "pill-passer", and the surgeon from becoming a mere technician.

BENEFIT TO THE HOSPITAL ADMINISTRATION

To the hospital administration come the accumulated benefits derived by patient and physician, for the life and progress of a hospital depend upon the satisfaction derived from it by patient and doctor. The patient's chart is the only single place wherein is accumulated all the data telling who the patient is, when he came, who sent him, who is going to pay for him, what has been done for him, how he responded to the therapy, and what has become of him since discharge. Since the function of the hospital administration is the integration of the efforts of the various branches of the personnel on behalf of the patient in the most efficient manner, it becomes obvious that the administration must take on the duty of being sure that these questions are properly answered. In answering them the administration finds out the efficiency of the physicians, nurses, social service, and the business department. With such knowledge comes the formation of a sound basis on which to reorganize or expand. It is probably significant that two of the most successful clinics, organized primarily on a business basis, have two of the best-run and widely used record rooms.

VALUES, IMMEDIATE AND REMOTE

In speaking to you of the value of hospital records, you have probably noticed that I have constantly used some qualifying adjective such as "complete" or "well-kept". Therein lies the significance of this talk. I have probably not mentioned anything to you that you have not

heard before, and yet medical records are still far from ideal. Undoubtedly the reason for this is that the initial effort necessary to the improvement of records overshadows the far-away and somewhat intangible remuneration for the effort. In order that it may not be said that I have failed to give a constructive turn to this discussion, let me add a few more words on what is desirable in hospital records, and some thoughts on how these qualities may be achieved.

Hospital records must be *complete;* they must be easily *available;* they must be readily *understandable* to any informed readers; and they must have a degree of *permanence.* To possess these qualities requires the earnest and wholehearted coöperation of the entire personnel. There is no room for individualism after a method has been decided upon. So first let me urge you, if reasonable punitive measures do not suffice to bring an erring brother to do his duty, *slough him from you.*

Having assured yourselves of coöperation, look to your record room and see to it that it does not suffer from extremes of temperature and humidity. Well-informed authorities agree that dust, light, and extremes of temperature and humidity are the great enemies of the preservation of records. Be sure that the physical characteristics of your record room are such that your records are not likely to suffer from the minor catastrophes that occur in the life of every building—I have in mind such dangers as broken water pipes, fires, and similar hazards.

Having made sure of a safe repository, select a paper and ink that will survive the ravages of time. A high rag content paper and a standardized ink will preserve your notations for many years.

HUMAN ELEMEMNT

Thus far we have discussed only the material things necessary for good records. When we consider the human element, the safeguards must be greater. A record librarian must have qualities which are too obvious to name here. But to aid her in her dealings with the many personalities, certain suggestions are in order.

She should not have other duties than librarian. To maintain the records and cross index the material according to name,—major or minor diagnosis, and, as is done in many institutions, operations,—requires an energy and efficiency that can ill afford to be spent in diverse channels.

To facilitate the work of classifying charts, a standardized nomenclature of diseases will obviate the waste of unnecessary time on her part. A great many institutions have adopted such a system with a success that has rewarded the initial effort.

Finally, the librarian should have a central point of appeal on each service for delinquencies against her department. The greatest burden of the record librarian is in overcoming the difficulties in classifying diseases and obtaining a promptness from the staff which is essential to an efficient record room.

THE MEDICAL AND SURGICAL STAFF

Finally, one has to consider what is probably the most important cog in the wheel—the attending and house staff. It would be platitudinous to emphasize the importance of a complete recording of history, physical examination, laboratory findings, pre- and post-operative diagnoses, progress notes, and the other important details of the patient's record. However, the frequent omissions found in charts warrants a few suggestions as to methods of assuring the presence of completeness.

A weekly history meeting should be held by the internes of the particular service and a younger attending or resident, at which time the charts of all the patients discharged during the previous week should be considered in regard to completeness and final diagnoses. A card summary for the follow-up of the particular service should be made out at that time.

In order that the final diagnoses do not conflict with that of the attending in charge, it should be required of him to write a note on the chart during the patient's stay, and in the case of the surgeon to give a pre- and post-operative diagnosis to the anesthetist at the

time of operation. To such weekly meetings the librarian may refer charts for correction and completion.

The monthly meetings of the staff required by the American Medical Association can be assured of the efficiency of the weekly meetings by a report from the librarian. Questionable cases in which provisory diagnoses have been made untenable in the light of subsequent pathological reports can be corrected monthly. Those persons lacking in the proper coöperative spirit may be filled with it in the manner which seems best.

The seal of progress is stamped upon the hospital that maintains an efficient record room, for in it lies the unblushing record of its achievements, and the measure of its ambitions.

SAFEGUARDING THE PATIENT'S RECORD

By John R. Howard, Jr., Superintendent, Muhlenberg Hospital, Plainfield, N. J.

Abstract of a paper presented at the Autumn Conference of the New Jersey Hospital Association in the Hackensack Hospital, Hackensack, N. J., November 17, 1937.

The most complete and concise statement governing clinical records in a hospital is contained in two pamphlets printed by the St. Louis University Hospitals, one intended for the use of Insurance Companies, Employment Agencies, the Workmen's Compensation Commission, etc., and the other for the use of the hospital staff responsible for furnishing information and abstracts. The first is called "Procedure Governing Application for Medical Information"; the second, "Regulations Concerning Inspection and Transcript of Patient's Records".

RECORDS CONFIDENTIAL

The clinical record of a patient's stay in a hospital is a confidential record between the patient and the doctor. It should be shown to nobody else except as provided by law. The original record, including the x-ray films, is the property of the hospital, and should be protected against loss. This means that it should not leave the hospital except with proper authority, and should not leave in any case except in the hands of an agent of the hospital. This does not include members of the medical staff.

In the case of a private patient, the physician who attended the patient in the hospital should be consulted. I have never known a physician to refuse such a request; but if he should, it seems clear to me that the patient's interest comes first, and that another physician,—in a distant town or in the same town,—should, at the request of the patient, be given the information necessary properly to treat him. However, in the St. Louis pamphlet referred to, the rule states, "If a physician in private practice requests the history of a patient in our institution, he may obtain it, if he is a staff member,—but only after he has secured the permission of the past previous physician in attendance upon the case whose history is in question." I certainly cannot see why the physician need to be a "Staff member".

Whether the record is copied, summarized, loaned, or subpoenaed, record should be made of the fact and authority for it. The written request of the patient is sufficient authority for making a copy or summary of a record for medical purposes. For legal purposes such request should be acknowledged before a notary. Hospitals are often asked by members of the family for information concerning a patient who has been hospitalized. Unless the patient is a minor, such information, where there is any question, should be given only with the written consent of the patient.

INFORMATION FOR NON-MEDICAL PURPOSES

It is common practice for members of the medical staff to have free access to hospital records. A recent experience in our hospital—where the physician to a family employing a domestic, obtained and transmitted to the fam-

ily information concerning the domestic—has led us to rule that members of the medical staff may not consult individual histories unless they are treating the individual concerned. Since this rule was made two doctors have asked for similar information concerning domestics employed by families under their care. They were advised that there are two alternatives open to the employer; one, to obtain the written consent of the employee to consult the record; or two, to require the employee to have a physical examination. Failure to accede to either is ground for discharge.

OUTSIDE REQUESTS FOR INFORMATION ON PREVIOUS ILLNESS

There are other conditions under which it is common practice to give information concerning a patient without the patient's consent, with what legal basis, I do not know. The first is where an out-of-town doctor writes that he is treating a patient, that the patient was hospialized in our hospital, and that he wants to know what was found and done. I presume that the assumption here is that the patient has made the suggestion, and by inference the request. In any case, it is usual to send the information asked for, with the usual consultation with the attending physician where it is a private patient.

To summarize, a patient's hospital history is the property of the hospital. It should be carefully safeguarded, with due regard for medical ethics, for the protection of the patient, the physician, and the hospital; and used, except as provided by law, only for the interest of the patient, or, under proper conditions, for scientific purposes.

LEGAL ASPECTS OF A PATIENT'S RECORD

By WENDELL J. WRIGHT, Trustee, Hackensack Hospital, Hackensack, N. J.

Abstract of a paper presented at the Autumn Conference of the New Jersey Hospital Association in the Hackensack Hospital, Hackensack, N. J., November 17, 1937.

Is the patient's record a confidential record between the patient and physician?

Who may examine the patient's record?

Is permission of the patient necessary?

Is permission of the physician necessary?

What is the status of the record in compensation and medical legal procedures?

The Statute Law of our State is for the most part silent upon these questions; and therefore we must rely upon the general principles of the common law.

HOSPITAL LIEN LAW

The only statutory provision which has a bearing upon these questions is Section 4 of the Hospital Lien Law of 1930, which provides:

> Any person or persons, firm or firms, corporation or corporations legally liable or against whom a claim shall be asserted for compensation for such injuries, shall be permitted to examine the records of any such association, corporation, or other institution or body maintaining such hospital in reference to such treatment, care and maintenance of such injured person.

This Statute is limited to the cases commonly known as "damage cases" in which the injured persons claim to have been injured by the negligence of third parties; and is limited to those cases of that class in which a hospital files a lien against any judgment or settlement which may be made with the injured person.

NO "PRIVILEGED COMMUNICATIONS"

Contrary to this general belief, communications between a physician and his patient are not privileged communications in New Jersey. Such communications were not privileged communications under the common law. Several of the states, New York among them, have passed statutes which make such communications pivileged and confidential, but New Jersey is not one of those states.

QUALIFIED PRIVILEGE

It is obvious that, if communications between a physician and his patient are not privileged, there is no more reason to hold a hos-

pital record privileged. Such a record is not *legally* either confidential or privileged, either as between the patient and the physician, or between the patient and the hospital, or as between the hospital and the physician. Except as to cases falling squarely within the provision of the Hospital Lien Act, the liability of a hospital for the disclosure of a patient's record is governed by the Law of Libel and Slander. Under such laws there is what is known as "qualified privilege". This means that certain communications made under certain circumstances to third parties who have interest in the subject matter are not actionable if they are made in good faith with reason to believe that they are true and without any malice toward the person affected.

RIGHT OF ACCESS TO RECORDS

As to the next question to be discussed—"Who may examine or receive information with respect to a patient's record?"—the answer is that only a person having a real interest in the information to be disclosed has a right thereto. The public authorities and particularly such authorities as have charge of the enforcement of the criminal law, unquestionably have the right to such information if it reasonably pertains to a bona fide investigation which they are making. Such records are always available, if relevant, to litigants in the Courts, and the Courts will require their production by process of subpoena. Persons who have a real and substantial interest in the information desired, as distinguished from mere curiosity, are entitled to receive such information, but the burden is upon them in the first instance, to satisfy the hospital or physician, that they in fact have a substantial interest.

HOSPITAL RECORD A MEMORANDUM

"What is the status of the record in compensation and medical legal procedures?" The hospital record is not in itself evidence of what it contains. It is simply a "memorandum" made by the physician or nurse, or some other employee of the hospital of facts ascertained by them or someone else. Its sole value in legal procedures is as a memorandum to be used to refresh the recollection of the person or persons who made or supervised the making of the record. The physician who treated the patient is entitled to refer to the record to refresh his recollection when testifying as to the patient's condition—similarly a nurse, called as a witness, may if she made the record herself, use it to refresh her recollection as to the fact with respect to which she is called upon to testify.

UVEAL TUBERCULOSIS

By George P. Meyer, M.D., Camden, N. J.
Associate in Ophthalmology, Department of Ophthalmology, University of Pennsylvania, Philadelphia, Pa.

Read before the Section on Eye, Ear, Nose and Throat at the Annual Meeting of The Medical Society of New Jersey, April 28, 1937.

The study of tuberculosis of the uveal tract is both interesting and baffling. Its diagnosis and treatment are difficult. It occurs only in an individual who has tuberculosis elsewhere, for it is always secondary. There is great difficulty in diagnosing uveal disease as being tuberculous owing to the fact that the physician rarely has an opportunity to demonstrate the presence of the tubercle bacillus in the uvea. This is the only certain evidence of the tuberculous nature of the lesion.

TYPES OF PATHOLOGY

There are two main types of responses in the uveal tract to tuberculosis.

1. A tubercle.
2. Exudative lesions.

The diagnosis of a typical *tubercle* is not difficult. It is most frequently seen in miliary tuberculosis, as an accompaniment of meningeal tuberculosis; and it represents in its purest form the deposit, by way of the blood stream, of an offending organism which has

been loosed by the breakdown of a distant lesion, usually a tuberculous lymphnode.

The etiologic diagnosis of *exudative* lesions however is more difficult. The clinical picture is not pathognomonic, and tubercle bacilli are rarely demonstrable. The etiology of the exudative uveal lesions is variously interpreted.

European observers[1] have long emphasized the tuberculous nature in a high percentage of cases; while American reports,[2] on the contrary, have pointed out the importance of focal infections and minimized tuberculosis. Studies that would help to clarify this situation would be welcome.

It would be a great help in understanding the clinical forms of ocular tuberculosis if we better appreciated the body responses following tuberculous infections.

IMMUNITY AND ALLERGY

It is well known that primary tuberculosis rarely kills. It usually occurs early in life,—sooner in urban, later in rural dwellers. This primary infection, when it doesn't kill, induces a tissue response which assists the host in resisting further invasion by the offending organism. This response is called *immunity*.

With a second infection the host may, however, respond in a manner indicating that a hypersensitivity has been induced. The tissues seem to react in such a violent fashion that inflammatory and exudative phenomena occur which are more damaging than the response of the host to the primary infection. The individual is then said to be *allergic*. Allergy does not always follow primary tuberculous infection.

There are some who maintain that allergy and immunity are the same mechanism; but in allergy the response is so uncontrolled and violent that the effort meant to defend really injures.[3]

Others maintain that these two states are separate mechanisms, and can be dissociated by immunologic means.[4]

It is clear therefore that the character of the response of an individual to secondary tuberculosis infection depends on the quantitative relationship of three factors:

1. Number and virulence of invading organisms or their toxic products.
2. Degree of allergy.
3. Degree of immunity.

Great numbers of organisms with low immunity and low allergy result in miliary tuberculosis.

Small numbers of organisms with high immunity and little allergy, result in mild febrile reactions with few local lesions.

Moderate numbers of organisms with high allergy, result in highly exudative, even necrotizing lesions.

EXPERIMENTAL WORK

Much experimental work on the responses of animals to tuberculous infection has been done with the view of duplicating human clinical uveal tuberculosis. Intracarotid injection of live tubercle bacillis has been done with resultant tubercle formation in the eye.

Injection of living and dead tubercle bacillis into the anterior chamber has resulted in the production of tubercles. The microscopic response of the cornea to injections of tubercle bacilli has been studied by Long and Holler.[5] However, these studies concern themselves with tubercle formation. Would it be possible to produce in the eyes of experimental animals responses that are not typical tubercles, and which simulate those exudative lesions of the uvea about which there is so much difficulty in making an etiologic diagnosis?

How does a sensitized animal respond to injections of tuberculo-protein into the eye? While at the Wills Hospital I had the privilege of doing experimental work along these lines with my chief, Professor Francis Heed Adler. The work was done at the Phipps Institute.

Groups of normal, control, and sensitized animals were studied. Sensitized animals had been infected with tuberculosis. Their sensitization was demonstrated by positive skin test. These animals were injected subsclerally with tuberculo-protein and phosphatid, singly and in combination. These studies will be continued and reported in greater detail; but we are convinced that, when a tuberculous animal is injected subsclerally with products of the tuber-

cle bacillus to which it is demonstrably sensitive, the uvea responds with an exudative lesion exactly like the greenish-white exudative choroidal lesion about which there is so much difficulty in differential diagnosis. Normal non-sensitive animals did not respond in this fashion. We feel certain that the lesions found in the eye of man may too be an allergic response to tuberculo-protein to which he is sensitive. The factors determining the site of local response in man remain undetermined.

DIAGNOSIS

Given a lesion in the uvea which is tuberculous in origin, one should be able to demonstrate either tubercle baccilli in the lesion or blood stream, or an unusual degree of sensitivity to tuberculo-protein.

Tubercle bacilli may be demonstrable in fresh smears or culture, tissue inoculations, or stained sections of tubercles. However, such eyes are rarely available for pathological study. Tubercle bacilli may be demonstrated in the blood stream.

An unusual degree of sensitivity to tuberculo-protein may be demonstrated by the tuberculin tests. Many products can be used for testing, but we have chosen *Purified Protein Derivative* (PPD) because of its stability, and uniform potency of different batches. Many methods or sites may be utilized. Among these are the ophthalmic reaction of Calmette, Von Pirquet skin scratch, the subcutaneous, and intracutaneous Mantoux tests. We feel the Mantoux test is the best because of its cleanliness, the accuracy of dosage, the ease of reading reaction, and the unlikelihood of undesirable general and focal reactions.

Many precautions have to be observed in the performance of the intracutaneous tuberculin or Mantoux test. To ignore them is to court disappointment from unreliable results. Dilutions must be made up frequently, owing to rapid deterioration. Syringes must not be interchanged, glassware must be meticulously free of prior tuberculin contamination, solutions should be refrigerated, and tests accurately controlled.

A positive reaction is marked by an area of redness and edema, reaching its height usually in forty-eight to seventy-two hours; and the degree of reaction is designated as +1 (1 to 1.5 cm. in diameter), +2 (1.5 to 2 cm.), +3 (over 2 cm.), or +4 if there be a necrotic centre.

A positive reaction means that an individual has had tuberculosis and is sensitive to tuberculo-protein. It does not necessarily mean that an existant lesion is tuberculous or that active tuberculosis is present. Owing to an almost universal sensitivity to tuberculin in urban dwellers [6] because of general early infection, the mere presence of a positive Mantoux test would seem to lack diagnostic significance. Hence we have come to use in the last few years what is called a quantitative Mantoux test.[7]

In performing this test, we first use an amount of PPD insufficient to elicit a positive reaction (.0000001 mgm. PPD or less) and increase the amount in each test tenfold until a positive is obtained. By this means, we have an accurate estimate, quantitatively expressed, of the sensitivity of the individual to tuberculo-protein.

We have studied several hundred cases by this method in the last few years and feel sure it has some value, as do Friedenwald and Dessoff,[8] in the differential diagnosis of tuberculous eye lesions. We feel that in the presence of allergic tuberculous lesions in the eye a higher degree of sensitivity is manifested than in non-tuberculous eye disease. We urge the wider adoption of this technic, and hope thereby to determine the value of the quantitative Mantoux test.

TREATMENT OF UVEAL TUBERCULOSIS

Treatment may be:

1. General, or specific.
2. Preventive, or curative.

1. General preventive measures include universal tuberculin testing, early diagnosis and isolation together with those educational efforts that have been so effective in the reduction of the mortality from tuberculosis in the last few decades.

2. General curative measures such as rest, diet, heliotherapy, etc., are as much indicated in eye tuberculosis as in pulmonary or other

tuberculosis. Their importance has been emphasized by many observers,[9] for many cases will be retarded or completely fail in their recovery until these measures are applied.

3. Specific prevention of tuberculosis is being attempted by the use of Bacillus Calmette Guerin (BCG). This is an attenuated tubercle bacillus which is given by mouth or subcutaneously. By all reports it is effective but its general adoption has been disappointingly slow, probably because of tragic events associated with its early use. It has been more widely employed in Europe than in America.

4. Specific curative measures include drugs, physiotherapy, autohemotherapy, non-specific protein therapy and specific desensitization with tuberculin. In addition to the drugs ordinarily employed, the following have been recommended:

Gold, in the form of gold sodium thiosulphate or sanocrysin.[10]

Neoarsphenamine.[11]

Mercury and iodides. The latter, however, should be used with caution for fear of reactivating old pulmonary or other lesions.

Many physiotherapeutic measures are advocated such as diathermy, infra-red rays, hot pads, and x-rays.

Autohemotherapy, too, has its advocates, chiefly abroad.[12]

Non-specific therapy, in which are employed agents as milk, typhoid or other vaccines. Diphtheria antitoxin has a field of usefulness and it should be included in the therapeutic armentarium of the ophthalmologist.[13]

DESENSITIZATION

Specific desensitization with tuberculin, however, is the most important of the curative measures. The tuberculin employed is usually Old Tuberculin (OT), though there are many preparations of products of the tubercle bacillus that are used by many observers with favorable results. Treatment is usually given subcutaneously. The initial dose should be one-tenth of the minimum dose of OT (or its equivalent in other products) sufficient to elicit a positive skin reaction. Increasing doses should be given every four to seven days. The increase should be 10 to 100 per cent and be restricted in the presence of local and general reactions. Focal reactions are dangerous and are particularly to be watched for and avoided. A maximum of 25 or 50 mgms. per dose may be reached.

The use of any particular measure in the treatment of uveal tuberculosis is usually not attended with any startling rapidity in improvement. This is not surprising when one considers the slow response in dealing with other than ocular forms of tuberculosis; and the ophthalmologist who would secure the best results must employ every means at his disposal to combat this troublesome condition.

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FAILURES AFTER GASTRO-JEJUNOSTOMY

A CLINICAL AND EXPERIMENTAL STUDY

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Read before the General Scientific Session of the Annual Meeting of The Medical Society of New Jersey, April 29th, 1937.

Much is said and written about the failures after (Von Hacker) gastro-jejunostomy; but strictly speaking, this operation properly performed and carried out under proper indications probably admits of few failures. To begin with, there seems to be an unwritten law in many institutions to observe, to palliate, but only in the last resort to re-operate upon a patient who has undergone gastro-jejunostomy, and who has recurrent gastric complaints. This attitude prevents the collation of statistics bearing on the rationale of symptoms following gastro-jejunostomy. Cases of gastro-enterostomy covering the decade 1920-1930 have been reviewed and a number of recent cases have been re-operated upon in the Third Surgical Division, Bellevue Hospital. These observations have disclosed some interesting data.

Re-operation does not imply taking down the gastro-jejunostomy and submitting the subject to a great deal of major surgery. In many instances the indications for reparative surgery are quite simple and mild. If undoing the anastomosis be desirable, the lowered resistance of the patient may make necessary some attempt at plastic surgery short of the extensive resection operations advisedly performed in the patient of good operability. Most of our patients were of the poorer group.

If it be assumed that the operation be properly performed with proper indications, one must deal with certain developments that may

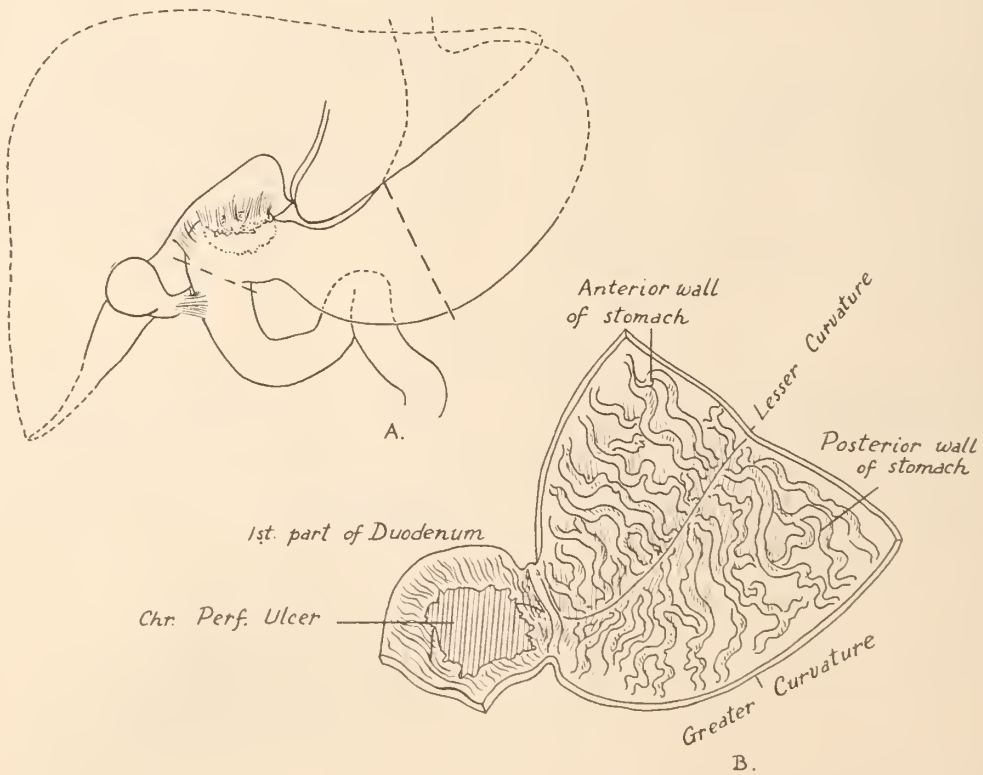

Fig. 1.—Chronic ulcer of duodenum perforating into liver. Resection of duodenum and stomach necessary after freeing ulcer from liver. Gastro-enterostomy alone advised.

limit the duration of usefulness of the operation. These changes may be pyloric, or may be located about the stoma.

PYLORIC CAUSES

1. Ulcer at the pylorus may continue as a chronic perforating ulcer instead of cicatrizing. Balfour advised cauterization at the time of anastomosis, in order to anticipate perforation and to hasten repair of such an ulcer. These ulcers occasionally perforate into the liver or into the pancreas. (See Fig. 1.) The non-interference with the duodenal adhesions to these viscera at the time of gastro-enterostomy has probably been good judgment in view of subsequent unfortunate results in which dislodgment of the chronic perforations was attempted. It has seemed wise to be content with primary gastro-jejunostomy as the method of choice for chronic ulcer and to reserve permanent pyloric exclusion, or resection, for those patients who continue post-operatively to complain of pain and vomiting.

There is again a very small percentage of such ulcerated cases in which no biopsy had been obtained at the primary operation, who continued to present symptoms, and who were found to be malignant in the final check-up. Failure of good results from the anastomosis in this type of case is thoroughly justified.

2. The ulcer after posterior gastro-jejunostomy may bleed until exsanguination occurs. These bleeding ulcers after gastro-jejunostomy in our series have been patients whom the medical service despaired of saving, and who hemorrhaged in spite of the hematemesis regime, and patients on whom no further surgery could safely be performed. Two out of three of the bleeding duodenal ulcers who have submitted to a palliative gastro-jejunostomy, with or without pyloric exclusion, have survived. This would indicate gastro-jejunostomy to be worth undertaking for massive hemorrhage of the duodenum in critically ill patients. Resection has been reserved for the good risk cases, or as a last resort in otherwise hopeless individuals.

3. Cicatricial stenosis rendering the pylorus permanently useless for gastric emptying occasionally occurs. This is determined by x-ray study. Such a pylorus can not again pick up the original function of gastric emptying, and leaves with the gastro-enteric stoma the necessity of permanently providing for emptying. Should the stoma contract in such a case, as a fair percentage undoubtedly do, a failure is chargeable to the operation of gastro-jejunostomy since the pylorus can not resume its normal function.

4. Then there is that indeterminate group of patients with irremovable pyloric tumor, the nature of which cannot be made out. One meets with the same problem in the enlarged head of the pancreas in gall-bladder surgery. The "tumor" may be inflammatory, or malignant. Besides a known number of these patients who died from cancer, there are probably a remarkably large number of the untreated individuals who meet the same fate. These are a few of the pyloric cases in which gastro-enterostomy may appear to fail; but they are all individuals in whom complications beyond the surgeon's control bring about new symptoms.

CAUSES REFERABLE TO THE STOMA

There are conditions at the stoma which interfere with the proper functioning of the gastro-jejunostomy. These include (1) duodeno-jejunitis, (2) ulceration about the stoma or of the anastomotic loop, and (3) adhesions between the afferent and efferent jejunal loop.[1]

1. Duodeno-jejunitis occurs for the most part immediately after the anastomosing operation, and continues during the next two weeks. There are congestion of the mucosa, oedema, erosions, and superficial ulcerations in the distal loop. This toxic (chemical) enteritis is believed due to the digestive action of the gastro-duodenal secretions, particularly trypsin. It should, and in the great majority of instances does, subside under symptomatic treatment; but the inflammation may develop into extensive ulcerative, and even perforative, enteritis.

2. The solitary ulcer, so much described as the marginal or gastro-jejunal ulcer, following

1. In addition to these local causes interfering with emptying through the stoma and checked by operation, there is one case on record of idiopathic dilatation of the jejunal loops associated with rapid emptying through the stoma, and pyloric occlusion. Pain occurring six months post-gastroenterostomy led to x-ray study. She improved under medical supervision.

gastro-jejunostomy, may be a sequella of the chemical irritation, or duodeno-jejunitis naturally following gastro-jejunostomy. It may be due to some single necrotizing factor in the tissue of the anastomotic loop. Sutures, intestinal clamps, and thromboses have been considered such possible causes but apparently always, especially of late, with a certain amount of mental reservation. It seems more logical to assume that the same chemical agents,—hydrochloric acid, pepsin, and trypsin,—suddenly forced into the jejunal loop produce the mucosal congestion and erosions; and when continued in this action, also bring about the occasional marginal ulcer. Gastro-jejunal ulcer verified by operation or by necropsy has been rare in this series—not over two per cent.

3. Adhesions probably account for a large proportion of failures after gastro-jejunostomy. At least in the Third Surgical series there have repeatedly been cases diagnosed marginal ulcer which at operation were found to be not ulcer, but loop adhesions. In this series ulcer at the stoma following gastro-jejunostomy appears once in the 1920-1930 operative records after duodenal ulcer, and twice after gastric ulecr.[2] Although gastro-jejunostomy has failed because of adhesions, the indication is not to resect, but to undo an adhesion band, or to perform entero-enterostomy. (See Fig. 2.)

OTHER CAUSES OF FAILURE

One also meets with the patient upon whom gastro-jejunostomy was performed perhaps advisedly, and who presents other lesions within the abdomen that account for the symptoms wrongly ascribed to gastro-enterostomy. These have been found to be appendicitis, cholecystitis, disease of the biliary apparatus, and pelvic disorders.

The statistics in the 1920-1930 series, as in other groups made up of ward patients, presents a large proportion of incorrect addresses, individuals not known and not to be found at the given residences, and patients who for other reasons cannot be located or contacted. This group constitutes about one-half of the entire number. During the above decade there

2. With the exception of one gastro-jejuno-colic ulcer following a technical error there was no such ulcer after gastro-jejunostomy in our series.

Fig. 2.—Healed duodenal ulcer after gastro-jejunostomy. Entero-enterostomy for adhesions about stoma.

were 226 operated duodenal and pyloric ulcers, 153 of whom had had posterior gastro-jejunostomies. Of these 226, 121 reported. Eight died postoperatively, accounting for a mortality percentage of 6.5 per cent.[3] Eighty gastro-jejunostomies reported "improved" for periods of from one to seventeen years, the maximum number being between the first to fifth years. There were fifteen who were not improved. Of these seven were treated medically, and eight were re-operated upon.

Two of these eight patients who returned for further surgery revealed ulcer in the duodenum, one marginal ulcer, one both marginal and duodenal ulcers, one pyloric adhesions, one stoma adhesions (see Fig. 2), and two stenosis of the stoma. In these cases pain began after operation, and continued for two months to one year or until re-operated upon. From a study of these and subsequent cases of posterior gastro-jejunostomy, certain observations have been made which we hope shall develop into a method of value for the handling of such patients.

The disengagement of the gastro-enteric anastomosis in a patient of lowered resistance constitutes a serious clinical problem. Statistics have been presented which appear to indicate gradual stenosis of the stoma after the lapse of several years. It has been assumed that, as the pyloric lesion for which the anastomosis was performed heals, the gastric emptying increases by the pylorus. In a normal dog after gastro-jejunostomy, emptying is very largely pyloric from the beginning. Under such conditions, it may be assumed that there exists a tendency for the accessory opening to close, and that any artificial stenosing factors expedite such closure.

EXPERIMENTAL DATA ON SURGICAL OCCLUSION OF THE STOMA

Experiments were recently carried out on four dogs as follows: Gastro-enterostomy was performed in each. In two of these pyloric ligation was added. Seven weeks later the stomat of two of the animals were mobilized and attempts made to obliterate the fistulae by transfixion ligatures. Three weeks later the stomachs were found acutely dilated due to adhesions at the sites of the gastro-enterostomies. The stomata corresponded in size to the original openings. The remaining two animals, after duodenal ligation, were laparotomized. The duodenal ligatures had entirely disappeared within one month. The stomachs were normal in size, and the gastro-enteric stomata remained unchanged. (See Figs. 3, 4, 5, 6, 7.)

Subsequent experiments were performed to determine the outcome of sutures inserted between the edges of a gastro-enteric stoma through an opening in the anterior stomach wall. In two instances dogs were prepared and anesthetized as in human cases. Following laparotomies, the gastrotomies were done, the stomata were exposed, the edges freshened by excision of mucosa and sutured together with

TABLES SHOWING RESULTS OF GASTRO-ENTEROSTOMY

From the records of the Third Surgical Division, Bellevue Hospital, and from the published papers of various surgical clinics.

I. FOR DUODENAL ULCERS

Surgeons	No. Cases	Percentages: Mortality	Good Results	Marginal Ulcers
Barber and Bogatko	103	6.7	80	2
Various Others	1599	6.8	85–92	1.6—7

II. FOR PYLORIC ULCERS

Barber and Bogatko	153	6.5	76	2.6
Various Others	1490	5.2	80	4 —7

III. FOR GASTRIC ULCERS

Barber and Bogatko	50	6.0	70	4.0
Others, American and European	641	8.9	71	4 —5

3. Of these 226 cases, 123 were duodenal and 103 were gastric ulcers. Of these 153 gastro-jejunostomies, 103 were duodenal and 50 gastric ulcers. The mortality of gastro-enterostomy following duodenal ulcer was 6.7 per cent, and that following gastric ulcer was 6 per cent.

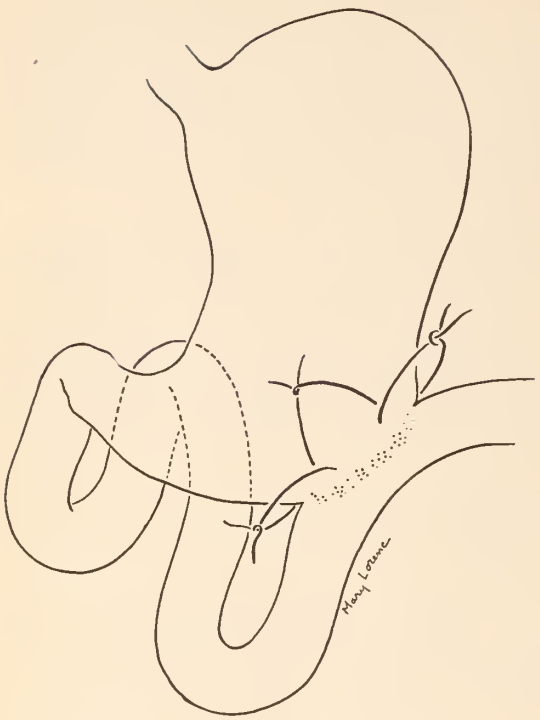

Fig. 3.—Dog's stomach, seven weeks after gastro-jejunostomy, showing three interlocking "obliterating" sutures in place.

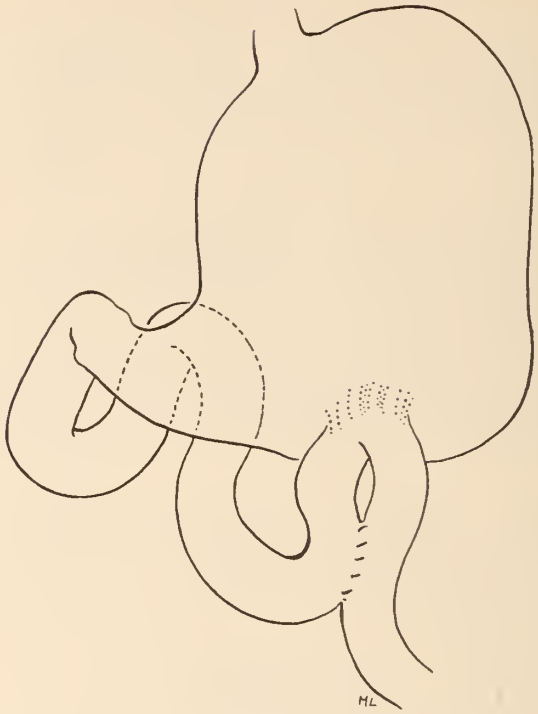

Fig. 5.—Acutely dilated stomach following adhesions about stoma, and between afferant and efferant jejunal loops. Note further jejuno-jejunostomy for relief of jejunal obstruction.

linen. Two weeks later there were no traces of these sutures, and the stomata appeared as before suture closure was adopted. There was a slight increase in the fibrous tissues about the anastomotic openings; otherwise, there was no observable change in the anatomical relations.

On the basis of these experimental data, therefore, occlusion of the gastro-enterostomy

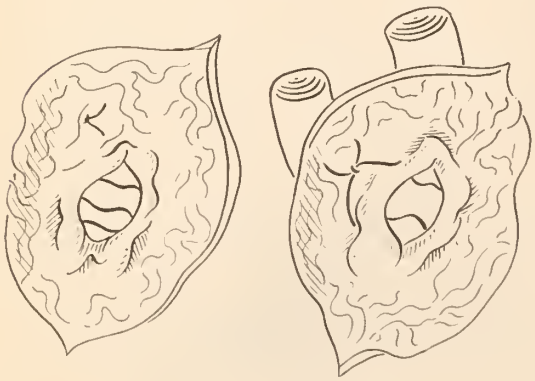

Fig. 4.—Same as Fig. 1, showing attempts to obliterate the gastro-enterostomy stoma by suturing within the stomach.

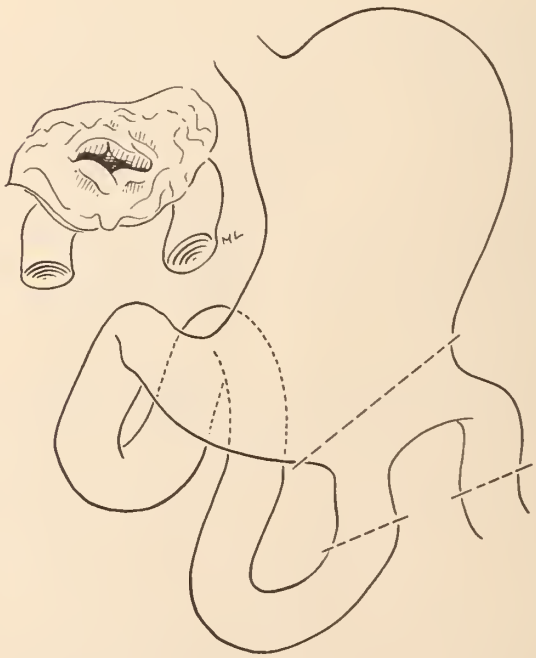

Fig. 6.—Diagram representing a possible palliative excision of stoma in a patient of lowered resistance.

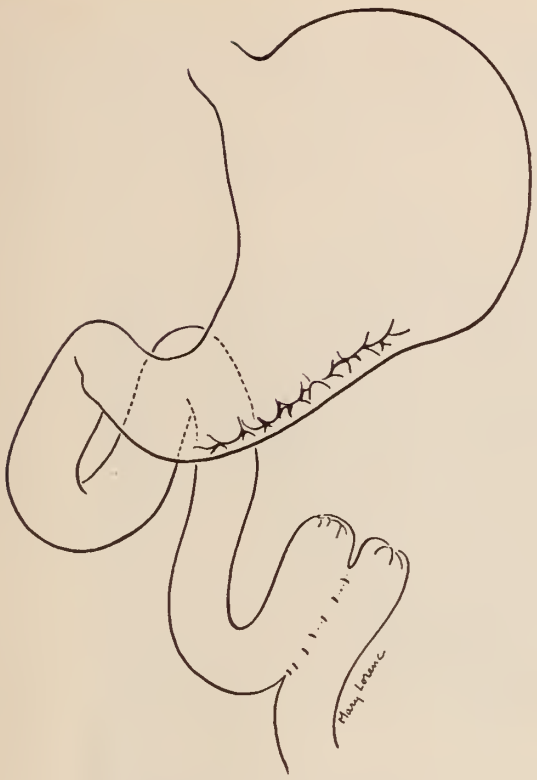

Fig. 7.—Same as Fig. 6, completed.

stoma by ligature, or by suture, has been impossible.

In view of the extensive surgery required to "take down" a gastro-enterostomy, it has been found helpful in certain patients of low operability to simply perform entero-enterostomy between the oral and aboral limbs of the anastomosed jejunal loop, with or without local excision for marginal ulcer. (See Fig. 2.) Ulcer at the stoma produces spasm and interferes with emptying, so that one must depend upon the pylorus. If this is patent, anastomosis between the jejunal loop suffices; if not, a pyloroplasty or gastro-duodenostomy must be added.

It has been our practice to study the means of emptying whether by pylorus or by stoma, and the emptying time in these stomachs before operation. Obviously it would be useless to perform entero-anastomosis without first determining the patency of the pylorus or stoma. If both the pylorus and stoma are stenotic, it suffices to perform a gastro-duodenostomy in addition to the entero-enterostomy. If gastro-duodenostomy is impractical or unwise, a plastic on the gastro-enterostomy stoma may be added in place of that on the pylorus. In a more recent case, stenosis of the stoma followed a Bilroth II operation, and developed the symptoms and signs of subacute gastric dilatation. This patient was relieved by an anterior gastro-enterostomy and an entero-enterostomy. It seems wise, therefore, to ascertain the efficiency of pylorus and stoma, and perform simple entero-enterostomy for perijejunal adhesions; but if there be delayed gastric emptying due to stenosis at the pylorus and stoma, gastro-duodenostomy should be added; and if this is impossible either plastic surgery on the stoma or a new gastro-enterostomy in addition to the entero-enterostomy must be performed.

Other palliative operative procedures found of value that may be combined with gastro-enterostomy for non-resectible pyloric or duodenal ulcers are vagotomy, and permanent pyloric exclusion. (See Fig. 8.) Vagotomy may be helpful in reducing the acidity in chronic and recurrent ulcers in the hyperacidity cases. Unfortunately the muscle tone of a vagotomized stomach may also be impaired. If conditions become favorable for ulcer healing, and a tolerable gastric emptying maintained, motor nerve section may develop into a worthwhile procedure. Pyloric or gastro-duodenal exclusion (Devine) may be performed by severing the stomach on the proximal side of the ulcer or tumor, turning in the distal edge, and uniting the proximal border to the side of the jejunum as in the Polya anastomosis. (See Fig. 9.) This secures rest for the diseased portion of the stomach and duodenum without exposing a low resistence patient to the high mortality of gastric resection. (See Fig. 10.) It has been utilized in certain non-resectible chronic perforated and hemorrhaging ulcers in the present series.

Ligation about a bleeding ulcer has not been found practicable in our experience. Indeed, from an anatomical viewpoint, elimination of the blood supply of the duodenum seems well nigh impossible in the living subject. From an examination of Figure 11, it will be seen that one must ligate the gastro-duodenal or superior

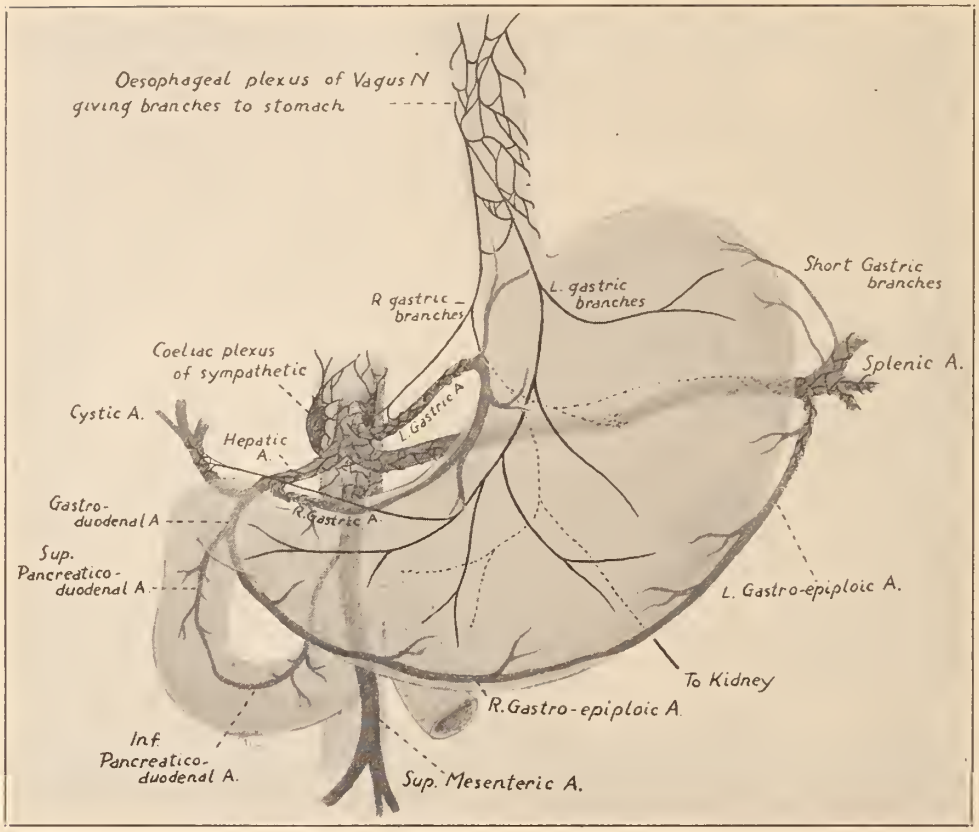

Fig. 8.—Anatomical drawing showing blood supply of duodenum. Note superior pancreatico-duodenal branch of right gastro-epiploic and inferior pancreatico-duodenal branch of superior mesenteric artery. Note inaccessibility of these for surgical ligations.

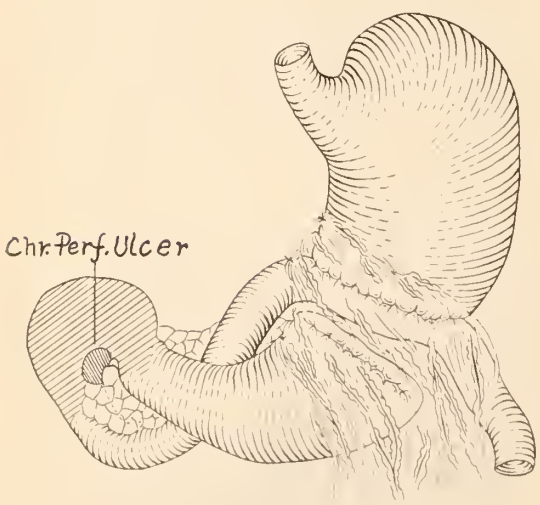

Fig. 9.—Chronic ulcer of duodenum perforating into pancreas. Pyloro-gastric exclusion and poly gastro-enterostomy.

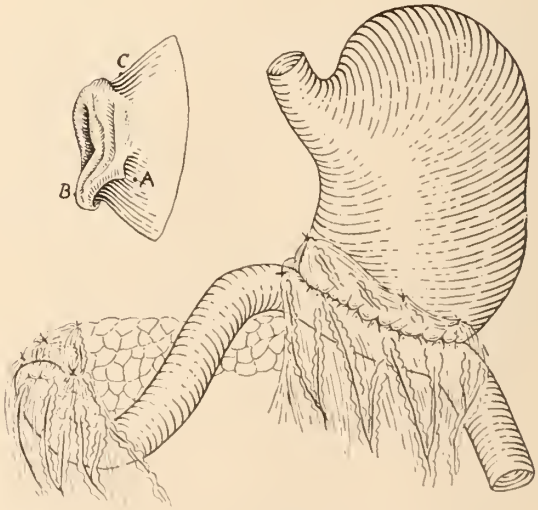

Fig. 10.—Secondary gastrectomy of excluded segment of stomach for chronic perforated ulcer of duodenum. Insert shows ulcer A-C, edge of ulcer exposed. A-B-C attachment to pancreas.

pancreatico-duodenal artery and the inferior pancreatico-duodenal branch of the superior mesenteric artery. The pancreas overlies these vessels anatomically. Clinically one is aware of the inflammation, adhesions, and immobilization of the ulcerated duodenum, all of which, added to the urgency of the hemorrhage, make overtake a properly functioning gastro-enterostomy, and produce symptoms wrongly attributable to the gastro-enterostomy.

3. Of the 226 cases operated there were 153 gastro-enterostomies. Of these, eight returned as failures for further operation. These included ulcers in four, adhesions in two, and

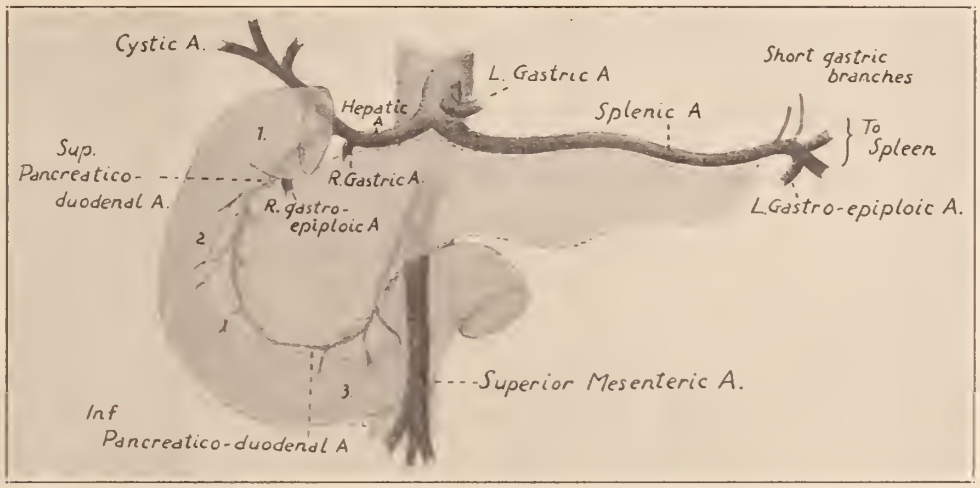

Fig. 11.—Anatomical drawing showing most constant vagus innervation of stomach. Note pyloric branch of hepatic on lesser curvature. Sympathics follow arteries as indicated. Vagotomy above re-entrant angle has been performed in third surgical series.

a successful ligation a hopeless undertaking, a procedure more formidable than a gastrectomy.

From these observations it appears:

1. Gastro-enterostomy on the Third Surgical Division, Bellevue Hospital, is followed by a high percentage (80 per cent) of clinical improvements when properly performed and under proper indications.

2. Failures have been found due to pyloric causes, conditions about the stoma and other lesions within the abdomen. Among the conditions about the stoma are chronic perforated ulcer, hemorrhage, cancer, and cicatricial stenosis. Among the second group are duodenojejunitis, ulceration, stenosis, and loop adhesions. Subsequent intraäbdominal lesions may stenosis of stomata in two. The total mortality was 6.5 per cent, the duodenal being 6.7 per cent and gastric 6.0 per cent.

4. Entero-enterostomy between the afferent and efferent jejunal loops is offered as a palliative procedure in certain poor risk patients as a substitute for radical gastrectomy.

5. Attempts at obliteration of the stoma by ligature or suture have been proven by experiment to be of no avail.

6. Vagotomy, in addition to gastro-enterostomy, is suggested for the chronic ulcer with hyperacidity.

7. Permanent pyloric exclusion is suggested as an added therapeutic means worthy of trial in inoperable ulcers.

THE TREATMENT OF PITUITARY AND OVARIAN DYSFUNCTION

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Read at the General Scientific Session of the 171st Annual Meeting of The Medical Society of New Jersey at Atlantic City, April 29th, 1937

In considering the complexities of functional sterility, primary and secondary amenorrhea, and meno-metrorrhagia, one is faced with the problem of deciding the etiological factors responsible for the individual dysfunction.

Before proceeding with biologic investigations, a thorough *physical examination* should be made to rule out constitutional and dietary abnormalities, and a gynecological examination to eliminate pelvic pathology.

After these preliminary examinations, an *endocrine analysis* should be undertaken. Such an analysis consists of weekly bio-assays of the blood and urine for estrogenic and gonadotropic factors. In many cases, such as in severe headaches, mental depression and menopausal disturbances, the daily variations are extreme, and bio-assays of the urine are indicated at more frequent intervals. Weekly endometrial biopsies are also of inestimable value since ovarian activity is directly reflected in the appearance of the endometrium. These specimens are easily obtained in the clinic or in the physician's office by means of the Novak suction curette. In the absence of facilities for biological assay of blood and urine, these tissue biopsies are of paramount importance.

The pituitary and ovarian dysfunctions are responsible for the following clinical entities:

1. Primary and secondary amenorrhea, and sterility.
2. Functional uterine bleeding of puberty, maturity and menopause.
3. Menopausal and pseudo-menopausal headaches.

Each of the above entities are illustrated by a clinical case.

PRIMARY AMENORRHEA

The gonads are influenced by, and dependent upon pituitary activity. In *primary pituitary* defects, the symptoms tend to be clear-cut, producing characteristic body contours. In primary amenorrhea of pituitary origin, the patient is usually short of stature, breast development is poor, the complexion fair, and the skin smooth and delicate. Gynecological examination reveals hypoplastic external and internal genitalia; and endocrine analysis reveals absent or markedly reduced pituitary and ovarian hormones in the blood and urine.

When the defect is *ovarian* in origin, the resulting picture is not as generalized as in the pituitary dysfunction. The patient is usually tall, presenting eunuchoid contours and measurements, the lateral span being three to four inches greater than the body height. Occasionally the patient is of normal stature, with markedly thickened lower extremities and deposits of trochanteric fat. The degree of breast development varies.

In ovarian failure, the pituitary gland becomes hyperactive, and produced excess gonadotropic hormone (prolan). The treatment of this type of amenorrhea with massive doses of *estrogenic hormone,* especially when followed by progestin hormones in their physiological sequence, usually results in uterine bleeding, breast development, and growth of the uterus and tubes, and also of the endometrium, which exhibits a proliferative phase, in contrast to the atrophic endometrial development prior to the therapy. With the cessation of therapy, the periods usually cease and the pelvic organs atrophy.

The value of estrogenic hormonal therapy lies in its psycho-therapeutic effect. The artificial periods so produced assist materially in achieving mental and emotional readjustments.

The use of the gonadotropic factors of the anterior pituitary gland, and x-ray therapy in

stimulatng doses to the pituitary gland and ovaries, have so far proven ineffectual.

The following case of primary amenorrhea illustrates a temporary response to hormone therapy:

A. W., a white female, unmarried, aged twenty-one, was referred to the Enodcrine Clinic by Dr. Rose Bass, on September 24, 1935. She appeared undersized, thin, had no breast development, and had never menstruated. A complete blood count, urine analysis, and x-ray of the sella turcica and long bones revealed normal findings. Her blood chemistry was normal except for a cholesterol of 300 mgms. per 100 cc. of blood. A uterosalpingogram revealed a small uterine cavity one and one-quarter inches long. The tubes, however, were not visualized. The endocrine bio-assays revealed threshold quantities of estrin, and an increased excretion of gonadotropic hormone.

Intensive estrin therapy by intramuscular injections and oral administration resulted in several menstrual periods. Several endometrial biopsies following the estrin therapy revealed a proliferative phase. No luteal phase could be demonstrated. The cessation of therapy resulted in a four-month period of amenorrhea. Administration of the gonadotropic factor of the anterior pituitary gland (Maturity Factor—Ayerst, McKenna and Harrison) in November, 1936, resulted in one menstrual period. Longer administration of this factor, however, was ineffectual and further treatment was discontinued.

SECONDARY AMENORRHEA

The prognosis is far better in secondary amenorrhea, where menses had once been established, only to be followed by periods of amenorrhea varying from four months to four years. Most of the patients responded to intensive hormonal therapy such as pituitary, pituitary-like or estrogenic preparations followed by progestin. In some obstinate cases radiation therapy applied after a course of hormonal administration proved beneficial.

The following case of amenorrhea was successfully treated with hormones and x-ray therapy:

I. S., a white female, aged twenty-nine, unmarried, was first seen April 4, 1932. She gave a history of having had only three periods in her entire life,—at the ages of nineteen, twenty-two and twenty-five years. Although the patient was short, she was properly proportioned. A rectal examination revealed a hypoplasia of the pelvic organs. The endocrine bio-assays revealed a low normal estrin, and a negative prolan content. Endocrine therapy administered over a period of four months failed to correct the amenorrhea. The patient then received stimulation doses of radiation therapy to the pituitary gland and to the ovaries (80 'r'—scat. in divided doses) which resulted in several menstrual periods. Later, occasional additional endocrine therapy was administered to further stimulate her menstrual function.

FUNCTIONAL UTERINE BLEEDING OF PUBERTY, MATURITY AND MENOPAUSE

Functional uterine bleeding is usually the result of an insufficient production of Prolan-B by the pituitary. This results in a deficient luteinization as indicated by endometrial biopsies. The ovary may exhibit numerous functioning or non-functioning follicular cysts, or may show atretic follicles. The endometrium, under continuous estrin influence, which is insufficiently opposed by progestin, bleeds excessively. Menorrhagia may commence at puberty. The patients usually present a picture of precocious exuberant feminity with well-developed breasts, rounded thighs and luxuriant growth of pubic and axillary hair. A rectal examination reveals indurated cystic ovaries which are frequently tender.

In some cases the patient may have normal menses at first, and may even bear children before the maturity bleeding sets in. These patients may exhibit other symptoms of pituitary deficiency such as obesity, sluggishness, and a moderately diminished basal metabolic rate. Habitual abortions are frequent. The endometrial biopsies usually exhibit a continuous proliferative phase. Further regression of ovarian function results in diminished estrin production and endometrial proliferation, eventually culminating in amenorrhea. Thus, functional uterine bleeding and amenorrhea are both manifestations of ovarian failure in varying degrees.

The following case of puberty uterine bleeding was controlled with x-ray stimulation and hormone therapy:

S. C., a white female, aged eleven and one-half years, was referred to the endocrine clinic by Dr. B. Gershenfeld. The patient gave a history of profuse, continuous bleeding for one and a half years since the onset of her periods at ten years of age. Upon examination, the patient presented a picture of precocious development of secondary sex characteristics, well-developed breasts and thighs, and a luxurian growth of pubic and axillary hair. A rectal examination revealed a tenderness and fullness

in the right fornix. The x-ray of the sella turcica was normal, and her basal metabolic rate was minus five per cent. The endocrine bio-assays revealed a low estrin content probably due to depletion from exanguination after one year and a half of bleeding. Injections with Antuitrin-S controlled the bleeding only temporarily. X-ray therapy to the regions of the ovaries (80 'r' scat.) resulted in normal monthly menstrual periods for the last five years. Only on two occasions during the first year did the patient require additional injections of Antuitrin-S for a moderately profuse flow. (See chart number one.)

In this case of puberty bleeding, Antuitrin-S was only of small and transitory benefit. X-ray stimulation restored normal cyclical bleeding. Occasional subsequent recurrences of the bleeding were sucessfully controlled by a few injection of Antuitrin-S.

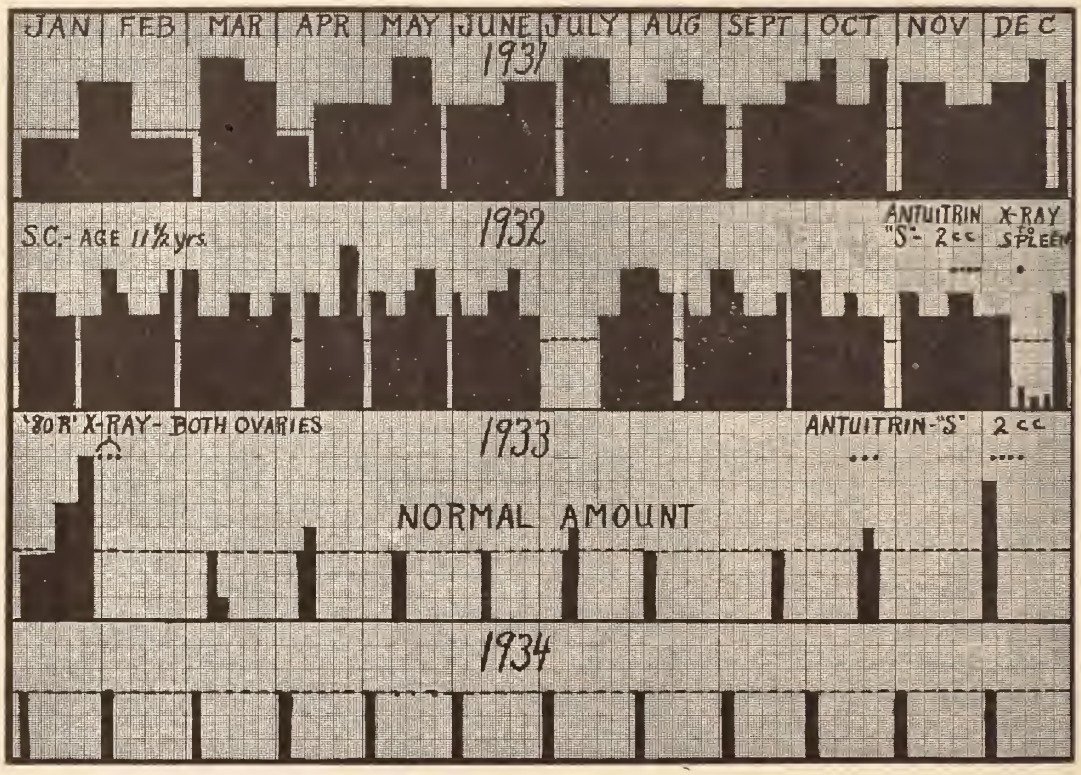

Chart 1.—Puberty menorrhagia for one and a half years in an eleven-and-a-half-year old girl Hormone therapy transiently effectual. Small-dose stimulation x-ray therapy restored normal menstruation.
Chart by Rose B. Berger

SNAKE VENOM THERAPY

The following case of puberty uterine bleeding was treated successfully with snake venom:

M. H., a sixteen-year-old white female, was first seen on November 1, 1936. The patient gave a history of normal periods for three years starting at eleven years of age. Following an appendectomy, in February, 1934, the patient had continuous spotting which persisted through 1934, 1935, and 1936. Examination revealed an obese but well-developed young female, weighing 182 lbs. The rectal examination revealed normal pelvic organs. The basal metabolic rate was minus twelve per cent. Weekly bio-assays revealed a low normal content of estrin and prolan in the urine. Moccasin snake venom (Lederle) injections, one cc. twice weekly, were administered for four months. After the first months, normal menstrual periods were established, and have been maintained ever since. (See chart number two.)

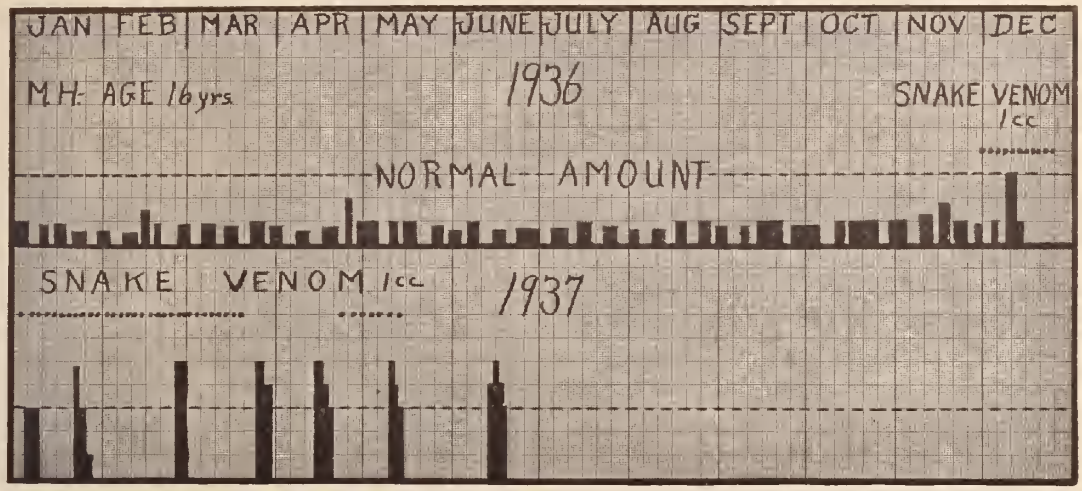

Chart 2.—Puberty bleeding for two and a half years in a sixteen-year-old girl. Treated exclusively with snake venom. Cyclical menstruation restored.
Chart by Rose B. Berger

The snake venom therapy was chosen for the following reasons:

1. The patient had normal menstrual periods for three years.

2. Rectal examination did not reveal any abnormal pelvic pathology.

3. The weekly bio-assays presented a normal hormone picture.

Peck and Goldberger postulate the diminution in permeability of the uterine and endometrial capillaries after prolonged administration of snake venom for functional uterine bleeding, and on this basis advocate its use in these instances.

X-RAY STIMULATION

The following case of maturity bleeding and sterility was successfully treated with x-ray stimulation:

E. P., a married, white female, aged twenty-seven years, was first seen on May 21, 1935. The onset of her menses at thirteen years of age was followed by an eight months' period of amenorrhea. From then on the patient had six to eight periods a year, with occasional periods of amenorrhea lasting from six to seven months. For the past two months, however, the patient had continuous staining. Examination revealed an obese female, weighing 214 lbs. A pelvic examination revealed the uterus to be normal in size. The right ovary was palpable and tender. The Rubin test showed the tubes to be of normal patency. Four endometrial biopsies taken at weekly intervals showed a proliferative phase only.

Injections with anterior pituitary and anterior pituitary-like substances did not improve the condition. X-ray therapy was then given to the ovarian regions, (80 'r' scat.) delivered to each ovary. The staining ceased and was replaced by normal, monthly menstrual periods. An endometrial biopsy taken one day prior to the fourth period revealed a luteal secretory phase of the glands and an embryonal structure. This structure is a twelve-day-old embryo and will be fully described by Carl G. Hartman and Dr. George L. Streeter, of the Carnegie Institute of Experimental Embryology in Baltimore, Md.

Since that time the patient has had five normal monthly periods, and has again conceived. She is receiving bi-weekly injections of proluton to aid the maintenance of this pregnancy.

Thus functional uterine bleeding responds to either of the following measures:

1. Administration of mocassin snake venom subcutaneously, one cc. twice a week, or more frequently if necessary.

2. Administration of anterior pituitary or anterior pituitary-like substances daily or twice daily. Administration of progestin hormones is occasionally beneficial.

3. Radiation therapy. When endocrine therapy fails, radiation therapy should be admin-

istered. Small doses of x-rays, such as 10 per cent S. E. D. (equivalent to eighty roentgens measured with back-scattering), have the capacity to produce a stimulating effect upon the pituitary gland and the ovaries. The nature of this stimulation effect is unknown.

COMPENSATORY PITUITARY HYPERPLASIA

The compensatory pituitary hyperplasia of menopause or of premature ovarian failure may produce a train of symptoms such as migraine headaches, blurred vision, and vertigo. This syndrome usually responds to the administration of estrogenic compounds intramuscularly or orally.

When a more permanent response is desired, radiation therapy to the pituitary gland has been found to be of distinct benefit. The beneficial effect of hormone therapy has been known to last from three to four weeks. The relief of menopausal symptoms obtained from radiation therapy depends on the dosage administered. The relief may be permanent, may last a few months or only five to six weeks.

The following is a case of hormonal control of menopausal disturbances:

J. M., a frail, white female, aged forty-four, married, was seen on February 10, 1937. She complained of vasomotor disturbances of menopause ever since radiation castration was performed one and a half years ago for meno-metrorrhagia due to small uterine fibromyomatas. The weekly bio-assays of the urine before therapy revealed an excessively high gonadotropic hormone (prolan) excreton. An endometrial biopsy revealed insufficient endometrial tissue. Intramuscular injections of 22,000 rat units of progynon-B, over a period of three weeks, were

URINE PROLAN STUDY
Before Therapy

	2/ 11/ 37	2/ 18/ 37	2/ 25/ 37
Case Findings	400 M.U.	400 M.U.	500 M.U.
Normal Findings	From 0 to 100 M.U. per liter.		

ESTRIN THERAPY
Bi-weekly injections over a period of three weeks from 2/26/37 to 3/15/37 - Total 22,000 R.U.

URINE PROLAN STUDY
After Therapy

	3/ 16/ 37	3/ 20/ 37	3/ 25/ 37
Case Findings	50 M.U.	100 M.U.	50 M.U.
Normal Findings	From 0 to 100 M.U. per liter.		

Chart 3.—Urinary prolan excretion before and after administration of estrogenic hormone (Estradiol Benzoate—Schering Corp.). 22,000 rat units given over a period of three weeks. Bio-assays carried out by Mr. P. C. Brown and Miss B. Zirin at the Laboratories of the Newark Beth Israel Hospital.

given and resulted in the disappearance of the vasomotor symptoms, and a marked diminution of gonadotropic excretion.

An endometrial biopsy performed after this short course of therapy revealed an increased amount of stroma, exhibiting slight proliferative tendency.

PITUITARY HYPERPLASIA WITH MIGRAINE

The following is a case of pituitary hyperplasia with migraine, compensatory to a primary ovarian failure in a young woman:

S. B., a white female, aged twenty-nine, was first seen on January 8, 1935. She had been married for seven years and was sterile. For the past nine months the patient had been complaining of attacks of vertigo, blurred vision, severe unilateral headaches, mental depression, and anxiety neurosis. Her menses, commencing at thirteen years of age, were normal until two and a half years ago, when they became progressively scantier. At present there is only a pinkish stain for one day. X-ray of the sella turcica was normal. Her basal metabolic rate was plus ten per cent. The daily endocrine bio-assays, before therapy was initiated, revealed a high gonadotropic hormone (prolan) excretion. Estrogenic preparations, amniotin and progynon-B were administered by intramuscular injections three times a week. During this period, approximately 75 per cent of the symptoms disappeared. When the therapy was discontinued, however, the symptoms recurred in a few days.

X-ray treatment was then administered to the region of the pituitary gland (1200 'r' scat.) to each of three portals. Severe reactions followed each treatment, and temporary epilation of hair occurred. No relief of the symptoms was noted during the treatment, and therefore estrin therapy was administered throughout and for a short period following radiation therapy. However, the symptoms gradually abated so that at present she has only a mild premenstrual headache and vertigo. The menses remain scant.

Five months after the cessation of both radiation and endocrine therapy, the bio-assays revealed a normal gonadotropic hormone excretion. (See chart number four.)

CONCLUSIONS

1. Both functional uterine bleeding and amenorrhea are clinical manifestations of ovarian hypofunction. This failure may be primary ovarian or secondary to a pituitary disturbance.

2. The treatment of primary amenorrhea has been unsatisfactory insofar as permanent relief is concerned. The administration of ovarian hormones, estrin, and progestin, in their physiological sequence, act as temporary substitution therapy and produce artificial menstrual cycles. Anterior pituitary and pituitary-like hormones, as well as radiation therapy, have been found to be ineffectual in the treatment of primary amenorrhea. In secondary amenorrhea, the administration of ovarian and pituitary hormones alone, or followed by radiation therapy, is effectual.

3. In functional uterine bleeding, anterior pituitary and anterior pituitary-like preparations should be used. If ineffectual, x-rays, in small doses, applied first to the pituitary and then to the ovarian regions, may control the bleeding. Snake venom has been found beneficial. Menopausal bleeding should be controlled by radiation therapy preceded by a diagnostic curettage.

4. Migraine headaches of the menopause, or premature ovarian failure are controlled by estrogenic hormones or radiation therapy.

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TUBERCULOSIS OF THE ANO-RECTAL REGION

By Julius Gerendasy, M.D., Elizabeth, N. J.
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Read before the Gastro-Enterological Section at the 171st Annual Meeting of The Medical Society of New Jersey, April 28, 1937

Proctologists associated with large tuberculosis institutions have for years endeavored to break down the traditional belief that involvement of the ano-rectal region, secondary to pulmonary tuberculosis, should be left alone. The feeling that tuberculous infection in this area will recur after operation, or that interference will reactivate an inactive pneumonic lesion, still seems to prevail. Our purpose is to counteract this impression. We wish to show that the removal of this specific focus in the ano-rectal region increases the patient's physical and mental well-being. This is especially important in a patient already handicapped with pulmonary tuberculosis.

In order to determine what effect eradication of an ano-rectal lesion will have upon the patient's well-being, we selected for study fifty consecutive cases operated upon during the year 1936. The patients in question were treated on the Proctological Service at Sea View Hospital, a municipal tuberculosis sanitarium in New York City. Many of these had multiple operations, thus forming a special group to be discussed later. Fistulae due to osteomyelitis of the pelvic bones, and three cases of lymphopathea venerea were eliminated. Thirty patients received careful follow-up.

All the patients considered in this study had a positive sputum at some time. About one-half were still in the active stage and were receiving pneumonic therapy. Their ages ranged from nineteen to sixty-five. There were twenty-eight males and two females. Local lesions, that is the duration of the ano-rectal pathology, varied from six weeks to thirty-one years.

Operation was indicated and performed on the following lesions: Seventeen fistulae, seven ischio-rectal abscesses, three prolapsing internal hemorrhoids, one pilonidal sinus, one anal ulcer (fissure), and two perianal skin tuberculides.

The report on thirty biopsy specimens from this series revealed twenty-three tuberculous, and seven pyogenic lesions. Of the tuberculous lesions, there were four ischio-rectal abscesses, sixteen fistulae in ano, one anal ulcer, and two perianal skin tuberculides.

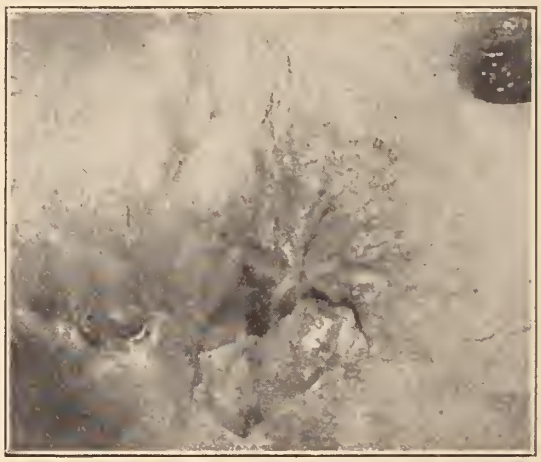

Fig. 1.—Peri-anal cutaneous tuberculosis, lupoid type, appears at first as a subcutaneous nodule covered with a bluish unbroken skin. Later, central necrosis and ulcer formation occur.

COURSE OF THE ABSCESS

Tuberculous ischio-rectal abscess begins as an induration. When incised early, a watery, sero-sanguinous fluid is obtained. Cultures are usually sterile. In cases secondarily infected, frank pus is present. In this type of abscess, pain and tenderness are minimal in contrast to the pyogenic type. Practically all ischio-rectal abscesses are followed by a fistula.

The characteristics of tuberculous fistulae have been well described by previous authors (Gabriel, Martin, and others). The patients in our group appear to fall into two forms: the superficial and the deep. In the superficial, the skin is extensively undermined and has a bluish discoloration through varying areas around the ulcerated skin (cutaneous tuberculosis). Several such ulcers may be present (fig. one). A probe will pass from one ulcer to the other just underneath the integument, and a small

channel communicates with the anal canal. In the second type, more or less excessive destruction of the ischio-rectal space had occurred (fig. two). There is no fibrous channel, and incision reveals a cavity lined with tuberculous granulation tissue. This tissue is quite characteristic and is recognized by its violaceous or dusky-red granular appearance. Both the above forms may co-exist in the same patient.

Fig. 2.—Peri-rectal abscess and fistula. The artery clamp is in a large cavity, which is usually lined with typical violaceous tuberculous granulations.

A third type of tuberculous fistulous lesion frequent in our experience presents a small external opening; and if a probe be passed into the fistula, a channel, fibrous in nature, will be found. This is difficult to differentiate from a simple pyogenic fistula. A point of some importance is that the former is practically painless.

MODE OF INFECTION

Tuberculous sputum swallowed by the patient passes down the gastro-intestinal tract, and is the source of infection in most cases. That other sources exist is not questioned. Except in an occasional case of miliary tuberculosis we doubt, however, that hematogenous infection of this area occurs.

The mode of infection of the ano-rectal region is still a debatable problem. We proctoscope all our patients. In our experience, ano-rectal ulcers are not common, although this may be one source of infection. Others believe that direct passage of the tubercle baccilli through a break in the ano-rectal mucous membrane or along blood vessels of this region may occur. It is our belief that infected crypts are more commonly the origin of the spread of infection than is generally appreciated.

Tuberculous patients being bed-ridden for most of the time, become constipated. The taking of enemas and laxatives is common. In persons whose physical resistance is below par, the infection of a crypt is relatively simple, caused by this form of trauma at the anal outlet. Fistula frequently result from these very things.

Whether the degree of lymphatic involvement explains the various type of tuberculous lesions in this area is a mooted question. Auerbach, in a personal communication, claims he has not found the lymphatics or adjacent lymph nodes affected in ano-rectal tuberculosis.

How severely destructive perianal tuberculosis may be, is exemplified by one of our patients in this series. A tuberculous ulcer of the rectum burrowed into the left ischio-rectal space, destroyed both the external and internal sphincters, and a large part of the adjacent tissues. However, the external opening of this fistula was not of unusual size, and there was very little sero-purulent discharge. A probe passed into the opening revealed an extensive cavity, which on exposure was lined by the typical granulation tissue described above. It appears that the amount of destruction caused by the tubercle baccilli depends upon the virulence of the invading organism.

A tuberculous anal ulcer has certain typical characteristics. The single case in our series involved the posterior commissure and exposed the subcutaneous external sphincter muscle. Its edges were undermined. The skin margin was bluish. It did not appear to be as painful as the nonspecific type, nor was it associated with sphincter spasm.

One of our cases of skin tuberculide followed excision of an external thrombotic hemorrhoid; the other, a skin tab following a hem-

orrhoidectomy. Within about ten days, the wound was covered with the typical dusky-red tuberculous granulation tissue. Biopsy confirmed our clinical impression. This bears out our idea that there appears to exist a marked susceptibility in patients with active pulmonary tuberculosis to secondary ano-rectal involvement.

The lesions reported as tuberculous by Dr. Auerbach, pathologist at Sea View Hospital, conformed to the usual criteria. Well-marked, giant cells having a clear central area, and a group of polymorphs in relation to it, were found. Frequently the report included tuberculous involvement of adjacent skin.

Guinea pig innoculations were not made. We feel that clinical observation, supplemented by histologic findings, when positive, are sufficient criteria for diagnosis.

SURGERY

This brings us to the indications for operation. It must be remembered that surgery of this area is merely an incident in the management of pulmonary disease. However, we find few contraindications to the eradication of a chronic recurrent tuberculous ano-rectal lesion which may cause additional toxemia and deplete the patient. It is inadvisable to operate on simple fissures, pappillae, external skin tabs, or nonprolapsing hemorrhoids in patients with positive sputum because of the danger of secondary tuberculous contamination of the wound.

Other indications for surgery occur, for example, when the pain or discomfort produced by prolapsing inflammed internal hemorrhoids interferes with the proper bowel function or comfort of the patient. Another indication is where the infection is of sufficient severity to be a serious focus of infection. Such a condition would be a perianal abscess, which requires early excision as soon as it is diagnosed. This will not only release a source of toxic absorption, but prevent the spread of infection.

Our patients receive adequate sedation prior to operation, so that usually they are free from apprehension in the operating room.

Caudal anaesthesia is the anaesthetic of choice. We use 30 c.c. of a two per cent procaine solution, and obtain adequate sphincter relaxation without resorting to a traumatizing divulsion in an already infected tissue. In a few cases, low spinal anaesthesia, using 50 mg. of procaine, was found necessary where infecton involved the caudal region, or where caudal anaesthesia was unsuccessful. In about eight per cent of cases, caudal anaesthesia was ineffective or unsuccessful.

In the identification of a fistulous tract, we are opposed to the use of bismuth paste, lipiodal, or any dyes. We feel that they obscure the field rather than assist in its delimitation. The recognition of unhealthy tuberculous tissue is usually not difficult, and some of its characteristics have been described above.

Where the lesion is extensive, and particularly where infection involves the internal sphincter, multiple operations are indicated. In such cases, we lay great stress on a soild block of scar tissue support before proceeding to secondary operations. We endeavor to identify the internal openings of fistulae wherever possible. Where this cannot be done, the characteristic appearance is an aid for removing infected areas. We use the cutting current where extensive tuberculous granulation tissue is present, then coagulate all parts of the wound with the coagulating current. However, when a clean dissection eliminates all diseased tissue, the current is not used. In inaccessible parts, the knife is also indicated. The after-pain is much less following this procedure. However, we have noted in common with others that coagulation kills the infection, seals lymphatics, and prevents excessive blood loss. This procedure also insures greater certainty of eradicating all diseased parts, and assures more permanent results.

POSTOPERATIVE CARE

The question of the rate of healing of the wound following rectal surgery naturally depends upon the general well-being of the patient prior to the operation. The condition of the lungs, whether active or arrested, the presence or absence of complications, particularly ileo-cecal tuberculosis, the type of lesion oper-

ated upon, the extent of the wound,—all are factors in this problem. However, healing is usually active and clean, particularly when all disease tissue is eradicated.

Locally, we apply a gauze saturated in cod-liver oil, and for cleansing, sitz baths twice daily are recommended. We use pure cod-liver oil, although it has been suggested by others that crude cod-liver oil is more efficacious in keeping the wound clean and promote healing.

We cannot lay too much stress on post-operative follow-up of these patients. We rarely keep our packing in longer than forty-eight hours. The wound must be watched closely, bridging avoided, and free drainage promoted so that the wound heals from within, —outward, and a healthy block of scar tissue is produced. At no time should the sphincter control be interfered with, for the ultimate object is to bring this region into as near normal function as possible.

In our experience, the healing of an ano-rectal lesion has a decidedly beneficial effect on the general morale and comfort of a tuberculous patient. A further result of surgery is a gain in weight, which may be anywhere from five to twenty-five pounds, particularly with arrested lesions of the lung. In personal interviews with the patients in this series, almost all stressed the mental relief at not having to perform local hygiene, which, at varying intervals, had been a daily necessity.

We admit that in advanced cases, the removal of an infected ano-rectal lesion produces no appreciable effect on the lung lesion. However, we feel that in a measure we aided the patient materially by removing an annoying or depleting focus.

CONCLUSIONS

Irradiation of a tuberculous focus in the ano-rectal region is possible. However, a new focus may arise adjacent to it and require surgical intervention; but this lesion will also heal. Multiple operations are the rule in this type of lesion, but each focus can be cured. Besides, the operation has an excellent psychologic effect on the patient's morale.

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ROENTGEN THERAPY OF LOBAR PNEUMONIA

A review of an article by Eugene V. Powell, M.D., Temple, Texas, in the Journal of the American Medical Association of January, 1938, page 19.

The literature regarding the application of x-rays to the treatment of pneumonia is scanty. The available knowledge of the subject has been increased by Dr. Powell's report of 134 cases treated by him in the King's Daughters Clinic in Temple, Texas, between January, 1933, and June, 1937, in which he wrote:

> I have used roentgen radiation in 104 cases of acute lobar pneumonia, and in thirty cases of broncho-pneumonia. Only five of the patients with lobar pneumonia died, and those with broncho-pneumonia showed a reduction in mortality from 30 per cent to 13 per cent.
>
> The patients who had received roentgen therapy were also relieved of their respiratory and circulatory distress in a short while,—occasionally within thirty minutes, but more often within two or three hours.
>
> The technic I am using is that from 250 to 350 roentgens of 0.3 angstrons unit of effective radiation (135 kilovolts with 3 mm. aluminum) is given anteriorly or posteriorly over an area a little larger than the involved portion of the lung.
>
> If the temperature and white blood cells have not dropped to normal within thirty-six to forty-eight hours, a second roentgen treatment to an opposite field is given. It is only when the leucocyte count stays high, or when the temperature remains elevated that the additional treatment is given.

The relief from distressing symptoms, and the striking reduction in mortality are incentives to New Jersey radiologists to apply radiation in the treatment of pneumonia and keep accurate records of the cases, including typing the sputum, making blood counts, and preserving a series of films of the lungs.

THE ROLE OF THE HOSPITAL IN REDUCING MATERNAL MORTALITY

MATERNAL WELFARE ARTICLE NUMBER TWENTY-FOUR

By Arthur W. Bingham, M.D., F.A.C.S., East Orange, N. J.
Chairman, Committee on Maternal Welfare, Medical Society of New Jersey
Presented before the General Session, American Hospital Association Convention, September 15, 1937

The responsibility of the hospital in maternal welfare is increasing each year for the following reasons:

1. More obstetrical patients are being cared for in hospitals every year.

2. The well-organized obstetrical hospital unit is the ideal place to conduct an obstetrical case.

It is therefore important at this time for every hospital admitting obstetrical cases to check its equipment and personnel in order to make sure they are adequate for the proper care of these patients. Public opinion is becoming more and more in favor of the hospital as the safest place for maternity care. It is up to the hospital to provide that safety. Of the patients treated by the Maternity Center of the Oranges in 1923, 25 per cent were delivered in hospitals; in 1936, 83 per cent. In East Orange in 1936, 90 per cent of the births were in the hospitals; in Newark 85 per cent.

The fact that in certain sections more maternal deaths may have occurred in hospitals than in the homes only shows that, when a case becomes serious, the patient is sent to a hospital; while if normal she may remain at home. Few give any consideration to the idea that, if she had been in a hospital, the complication might not have been so serious.

PLANNING AND ORGANIZING AN OBSTETRICAL DEPARTMENT

In planning and organizing an obstretrical department the following points should be kept in mind:

1. Isolation from other patients, preferably in a separate building. A separate building is the ideal arrangement. The private rooms and wards must be isolated from other departments. The delivery rooms should not be in the same unit with the operating rooms as is frequently planned,—they should be in the obstetrical department, entirely away from surgery. They should be in a group with labor rooms separated from the private rooms and wards by soundproof partitions. The hospital which treats maternity cases in close proximity to other patients is not giving the patient a fair chance. It may be a question of finances, but the necessary funds can usually be obtained if the public is acquainted with the need. Do not be satisfied until your hospital has an isolated obstetrical unit.

The nursing staff must be separate, and nurses in other departments should not be allowed to visit the obstetrical unit. Isolation is imperative for safeguarding the obstetrical patient.

2. Supervision of the department by a competent obstetrical staff, with provision for an ample courtesy staff of general practitioners. Whether large or small, the obstetrical department must have supervision. The obstetrical hospital can best serve the community by having a large courtesy staff of general practitioners who can bring their patients and treat them under supervision. The closed hospital may have better statistics but it is not aiding the campaign for better obstetrics to the fullest degree. If the general practitioners are not allowed to attend cases in our hospitals, they must take them to nursing homes or keep them in the home. In neither of these places will they get any supervision. By attending cases in a supervised hospital, the physician constantly adds to his knowledge of obstetrics. The contact is educational and reacts favorably on the patient as well as the physician. It is one of the important factors in promoting maternal welfare.

3. Standard routine procedures to be adopted by the obstetrical staff and followed by all physicians attending cases, both ward

and private. So many obstetrical cases are normal that routine procedures can easily be carried out. They greatly facilitate the nursing efficiency, and make it possible for a nurse to care for more patients. The procedures should be plainly posted on each floor so that attending physicians may see what is being carried out. The patients appreciate that there is less friction when routines are used. Of course in special conditions special orders may be given. In the Orange Memorial Hospital recently there were nineteen patients on one floor attended by seventeen different physicians. There was no confusion for routine procedures were being followed.

The Committee on Maternal Welfare of The Medical Society of New Jersey recommended the following rules to be carried out in every hospital in the State taking obstetrical cases:

1. Gloves must be worn for all examinations and deliveries; hands must be scrubbed for five minutes before putting on gloves.
2. Do as few vaginal or rectal examinations as possible.
3. Except in postpartum emergency, the doctor msut be present when pituitrin is given. If given ante partum, the dose must not exceed Mv, and the patient must be on the table ready to deliver. Reasons for giving pituitrin must be recorded.
4. The obstetrician, anesthetist, and nurses must wear masks during examinations and delivery.
5. All cases of infection to be transferred from the Maternity Department.
6. No douches or intravaginal treatments should be given in the maternity section.
7. All normal babies are to be put on the regular feeding routine.
8. All circumcisions must be done with strict surgical asepsis. Hands must be washed the same as for any other surgical procedure.
9. Consultation with a competent consultant is required in all of the following cases:
   a. All prolonged labors (24 hours).
   b. Cases requiring Cesarean sections.
   c. Breech presentations (unless very premature).
   d. Difficult forceps cases or versions.
   e. Occiput posterior presentations requiring forceps or version.
   f. Other complicated cases: Eclampsia, placenta previa, etc.

4. Rules requiring consultation in abnormal cases. This is a very important provision. If each physician is going to treat his abnormal cases as best he can without advice or assistance, progress will be very slow indeed. Under the protection of the hospital he will undertake procedures he is unable to carry out without disastrous results. Consultations should be free unless the patient is well able to pay a moderate fee. For the sake of maternal welfare petty jealousies must be put aside, and a helping hand given to any physician who needs it in an abnormal case. In some hospitals the rule is to call a member of the obstetrical staff, while in others any competent consultant may be called. The calling of a consultant in an abnormal case not only helps the patient but gives the physician a practical demonstration in obstetrics. When once this custom is established, there will be very little trouble in enforcing the rule.

5. Provision for isolation of infected cases. If a case is infected on admission or becomes infected, it must be taken from the obstetrical department unless in a larger hospital there is a special place provided for such cases. As a rule it is safer to move the patient to the general medical or surgical department to avoid contamination of the normal obstetrical patients. There should be a special isolation nursery with cubicles for babies with sore eyes, syphilis, impetigo, or other infections. They should be attended by special nurses wearing a separate pair of gloves for each case; and gowns as well as masks should be worn by all entering this nursery as in other nurseries.

6. Adequate records kept in order to study cases and tabulate results in the annual report. The record sheets should be concise, but containing all the essential information. If the records are too complicated, it will be difficult to get the courtesy staff to fill them out properly. If a pyhsician is not willing to keep a reasonable record, he should be denied hospital privileges. Records should not be filed away

until they are completed. Every hospital should make out an annual obstetrical report so as to properly evaluate its results. In New Jersey, the Maternal Welfare Committee receives an annual report from every hospital in the State taking obstetrical cases.

7. Obstetrical staff conferences held regularly and open to all physicians interested. Monthly conferences are most valuable, as here details are discussed regarding causes of complications, how to prevent them, and how to treat them, as well as reasons for maternal deaths. Any physician may occasionally make an error in judgment or technic; but if he attends such conferences he is less likely to do so. Attendance in some hospitals is made obligatory for courtesy staff as well as regular staff members.

8. Prenatal clinics as part of a comprehensive community system of prenatal care. The hospital which treats in its clinic only those cases which are to be cared for in its ward is only partially doing its duty to the public.

The community maternity center consists of a visiting nursing association worker in conjunction with hospital or other prenatal clinics. The organization is responsible for all the public prenatal work for the community. The prenatal clinics may be in different hospitals all parts of the same organization.

The prenatal work is divided between prenatal clinics and prenatal nurses in the field. This method, modeled from the Maternity Center of New York City, is well suited for suburban or rural communities where there is not enough work for more than one or two clinics, and where the distances prevent patients making regular visits to the clinic, but may be adapted to any municipality by simply multiplying in units. The nurse who is specially trained in prenatal work goes to the home of the patient, takes the blood pressure, makes a simple urinalysis, gives advice, and leaves printed instructions. Four or five times or oftener if necessary, the patient is sent to the clinic. There she is examined by a physician to determine the presentation of the child and size of pelvis. The heart, lungs, teeth, and tonsils are examined, the weight and blood pressure are checked up, a complete urinalysis made, and a Wassermann taken. A complete history is recorded. The patient has a history card on which the nurse records her findings, and which the patient takes to the clinic for the doctor to add his record. The card is taken to the hospital if the patient goes there for confinement; or if remaining at home she will have it there for the convenience of her physician.

THERE ARE FOUR GROUPS OF PATIENTS

Group 1. Those who intend to go to a hospital. They will be cared for and referred to any hospital they wish to enter.

Group 2. Those who have engaged a doctor or intend to have one, but are having no prenatal care owing to the oversight of the doctor or the patient's inability to pay for it.

Group 3. Those who intend to have a midwife. These patients are watched carefully for complications, and if any arise the condition is tactfully explained to the midwife and patient, and hospital care is advised. In case a physician or midwife has been engaged, their consent must be obtained before the patient is listed for treatment; and any abnormalities are reported to them.

Group 4. Those who have not any arrangements. These patients are advised regarding their cases, and are referred to a hospital or to a physician interested in obstetrics.

No patient who has a physician is given prenatal care without the physician's consent. No patient who can afford a physician is referred to a hospital for confinement unless abnormal conditions are found, and then only after consultation with the physician or midwife in charge. By means of this simple scheme the obstetrician at the clinic and the prenatal nurse in the field work together as part of the same system, keeping in touch with the patient wherever she may live yet not interfering with her plans for her confinement.

The points suggested are no theories, but are being carried out in many hospitals today. Yet, I am sure, there must be some hospitals which will require considerable overhauling before they will fit into the scheme suggested.

HOME DELIVERIES

Having delivered many patients in the home in former days, I am well aware of the advantages and disadvantages. Compared with the first class obstetrical hospital there are no advantages in home deliveries. To be sure, some patients might be more comfortable at home, but no amount of comfort will make up for faulty technic with resulting complications. There are many disadvantages except possibly in rare cases where practically everything has been brought into the home including assistants. As very few patients can afford this, it need not be considered.

Some of the disadvantages are:

1. Low, soft bed to work on unless a table has been procured.
2. Poor lighting facilities, seldom in the right place.
3. Very little at hand for emergencies.
4. Impossible to make a good repair, unless extra equipment and assistants are brought in.
5. Almost impossible to carry out aseptic technic.
6. Modern apparatus for resuscitation of baby not at hand.
7. Equipment for combating hemorrhage not at hand.

Why subject the patient to the risk?

Any community which has an adequate community obstetrical hospital unit and a community maternity center has taken important steps in advancing maternal welfare.

MATERNAL WELFARE WORK IN NEW JERSEY

Organized maternal welfare work in New Jersey began in the Oranges in 1921 when the Maternity Center Association of the Oranges and Maplewood was organized. Two years later, in 1923, the Essex County Maternal Welfare Commission was appointed by the Essex County Medical Society.

Since its organization, the maternal mortality in Essex County (the largest county by population in the State) has dropped from 6.9 to 3.5 per thousand live births. On account of these results, The Medical Society of New Jersey appointed a Committee on Maternal Welfare in 1931. The State committee aided in organizing maternal welfare committees in every county, and directed the maternal welfare work of the State. Included in its activities is the investigation of every maternal death in the State. Since 1931, the uncorrected maternal death rate has dropped from 5.7 to 3.3 per thousand live births.

During the past eighteen months, the State Department of Health has coöperated with the State Medical Society in giving financial aid to this work with funds received through the Social Security Act.

Not many years ago, all kinds of surgical operations were performed in the home. Now this is done only in a rare emergency; so with obstetrics. The place to handle an obstetrical case safely and efficiently is in a first-class obstetrical hospital unit. The drawback is, there are not enough of them. Let us have more of these units so that every expectant mother will have the opportunity of being cared for under the best possible conditions.

Educate your community to back up this proposition. Maternal Welfare work is being carried out all over the United States. Let the hospitals get in the front line and equip themselves to do their part in raising the standard of maternity care. It will take initiative, work, time, and money; but, IT WILL SAVE LIVES.

THE PHYSICIAN AND HIS PRESCRIPTIONS

PHARMACEUTICAL ARTICLE NUMBER FOUR

Sponsored by the Joint Committee on Professional Relations of The Medical Society of New Jersey and the New Jersey Pharmaceutical Association

THE COMMON COLD AND COUGH

By Chester I. Ulmer, M.D., Gibbstown, N. J.
and
Robert P. Fischelis, Phar. D., Trenton, N. J.

"Colds" are among the oldest of diseases. They are forms of sickness with which everybody is most familiar; yet, at the present time, there is apparently no panacea for their prevention or cure.

Explorers who have been to the Arctic Circle say that Eskimos go through the bleakest winter without colds, only to start sneezing and wheezing the first day a foreign steamer drops anchor in the harbor in the Spring. Colds are infectious, and are caused by specific germs or viruses. One could sit in wet clothes by an open window on a cold winter day and, if there were no cold organisms present, he would not catch cold. The chances are, however, that cold germs *would be* present. Most people carry a quota of them all the time. When their resistance is lowered by wet feet or exposure, they succumb to the germs or virus and "catch cold". It is, of course, the micro-organism which causes the cold, not the wet feet.

INTERESTING STATISTICS

Statistics on colds have been gathered by such field workers as Dr. Dean F. Smiley, of Cornell; Dr. Wilson G. Smillie, of Harvard; The U. S. Public Health Service; The U. S. Army; and the Metropolitan Life Insurance Company, which has been interested in colds ever since the influenza epidemic of 1918. The high mortality in this epidemic cost this company over $26,000,000 in death benefits. These statistics seem to show:

That most people have two or three colds a year.

That there is a definite "cold susceptible" class.

That occupation has a good deal to do with colds. (Office workers, according to the Metropolitan Life, are nine times as susceptible to colds as taxi-drivers.)

That exercise and woolen underwear have an influence. (Questionnaire showed that those who wore little underwear and took little exercise had the fewest colds.)

That smoking, taking cold baths, and breathing through the mouth have not much influence.

That temperature changes have *everything* to do with the case.

CATARRHAL FEVER

Inasmuch as it is practically impossible to distinguish bacteriologically and clinically between influenza, grippe, and the common cold, Fantus and others advocate the use of the term "catarrhal fever" as a convenient designation for the group of clinical conditions characterized by inflammation of the mucous membranes and rise in body temperature. From a practical standpoint the therapeutic objective is the same in all three—the prevention of complications. Complications are numerous and much more severe and dangerous than the disease itself. Uncomplicated catarrhal fever rarely, if ever, causes death. Pneumonia is the most frequent serious complication of catarrhal fever. Aggravation of chronic disease, such as a heart or kidney condition, frequently occurs as a result of catarrhal fever.

ETIOLOGY

The etiology has not been completely worked out, although it is now generally accepted that a cold is caused primarily by a filter-passing virus which, after initiating the disease, paves the way for various other organisms—the secondary invaders. These really give rise to most of the symptoms.

CONTAGION

There can be no doubt that catarrhal fever is contagious. This fact was tragically demonstrated in the pandemic of influenza in 1918. The disease is spread by close contact in churches, theatres, schools and crowded conveyances. It has frequently been observed that when epidemics occur in communities the schools are promptly closed by the authorities, yet the churches and "movies" frequently are allowed to remain open. Therefore, any benefit that might have resulted is nullified.

SYMPTOMS

The symptoms of catarrhal fever are well known to every practitioner. The early signs are mostly those of a "cold in the head"—sneezing, running of the nose and impairment of taste and smell. Then follows chilliness, headache, fever, pains and aches all over the body, cough, and frequently profuse sweats. Beckman, in his "Treatment in General Practice" makes a nice differentiation by stating that the severity of symptoms determines the diagnosis: mild attacks are colds; severe cases are grippe; and epidemic forms are influenza.

TREATMENT

A celebrated French rhinologist said that an untreated cold lasts a fortnight and a treated one lasts fourteen days. Be that as it may, no one can accuse the medical profession of neglect in attempts to find a remedy. When one contemplates the vast array of drugs that have been used at one time or another in the treatment of colds, one cannot help but admire the obvious "seeking for the truth".

DRUGS USED IN TREATMENT

The chief objective, according to Fantus, Ely, and other authorities, is to restore the lost immunity, and alkali is the only medicament likely to aid in this. Fantus says that there is a clinical tradition that alkali favors recovery and prevents complications, perhaps by antagonizing acidosis.

Thomas C. Ely is convinced that in perverted metabolism produced by bacterial invasion, it is the acidosis that is fatal. When the system is saturated with alkalies, there is very poor soil for bacterial growth. The harmful acids may be neutralized by harmless alkalies, and these seem to act almost specifically. He has uniformly employed, and always with good results, potassium citrate and sodium bicarbonate by mouth, bowel and skin. Ely further explains what he means by "alkaline saturation". With acidosis as the admitted cause of death in influenza cases, he treated every patient on this theory; all other treatment was secondary to that directed to the acidosis. Through the entire attack he gave every patient by mouth the three well-known alkalies, sodium bicarbonate, potassium citrate, and calcium hydroxide (lime water), and by rectum an enema of a teaspoonful of sodium bicarbonate dissolved in a pint of tepid water every four hours.

D. F. Smiley observed that the alkaline reserve in a group of "cold-susceptibles" was in many cases lower than that in a group of "cold-immunes". He recommends to the "cold-susceptible" group a one-ounce package of a powder composed of equal parts of sodium bicarbonate and magnesium carbonate flavored with oil of peppermint. The directions are to "take one teaspoonful in a glass of water twice a day for three days whenever the nose runs or the throat feels sore".

FOUR EXCELLENT ETHICAL PRESCRIPTIONS

The following prescription will appear in the third edition of the New Jersey Formulary, which will be published very soon. This formula is recommended for the prevention and relief of acute and chronic affections involving the upper respiratory tract. It contains ephedrine in an aqueous non-irritating solution which is isotonic with nasal mucus secretions.

The application of this solution by spray or dropper to the mucous membranes of the nose promptly reduces congestion, causes tissue shrinkage and definitely improves respiratory ventilation. Moreover, with the use of this aqueous solution of ephedrine there can be no hazard of oil globules dropping into the bronchi.

LIQUOR EPHEDRINAE COMP. ISOTONICI

Isotonic Solution of Ephedrine Comp.

N. J. F. No. 55

℞	*Metric*	*Apoth.*
Ephedrine Sulfate	1.0 Gm.	gr. xv
Chlorbutanol	0.5 Gm.	gr. viiss
Menthol	0.1 Gm.	gr. iss
Alcohol	2.0 cc.	f ʒ ss
Dextrose	4.2 Gm.	gr. Lxiii
Water distilled—to make	100.0 cc.	f ʒ iii

AN ANALGESIC COMBINATION

N. J. F. No. 9

Capsularum Acidi Acetylsalicylici Co. N. J. F.
Compound Aspirin Capsules N. J. F.

May be prescribed by title as follows:

℞
Capsularum Acidi Acetylsalicylici Co., N. J. F.
Mitte no. xx.
Sig: (as below).

May also be prescribed by listing ingredients as follows:

℞	*Metric*	*Apoth.*
Acidi Acetylsalicylici	3.25 Gm.	gr. L
Acetophenetidini	3.25 Gm.	gr. L
Caffeinae	0.65 Gm.	gr. x

Ft. cap. no. xx.
Sig: One or two capsules as directed.

AN ALKALIZING COUGH SEDATIVE

Syrupus Potassii Guaiacolsulfonatis Co. N. J. F.
Com. Syrup of Potassium Guaiacolsulfonate N. J. F.

N. J. F. No. 11

May be prescribed by title as follows:

℞	*Metric*	*Apoth.*
Syr. Pot. Guaiacolsulfonatis Co. N. J. F.	120. cc.	f ʒ iv

Sig: (as below)

May also be prescribed by listing ingredients as follows:

℞	*Metric*	*Apoth.*
Potassi Guaiacolsulfonatis	5.00 Gm.	gr. Lxxx
Sod. Citratis	3.60 Gm.	ʒ i
Acidi Citrici	1.20 Gm.	gr. xx
Spiritus Chloroformi	3.00 cc.	m xLviii
Tr. Limonis	0.36 cc.	m v
Syr. Pruni Virg.		
Syr. Tolu.		
Elix. Taraxaci Co. aa, q. s.	120.cc.	f ʒ iv

Sig: One or two teaspoonfulls as directed.

A COUGH EXPECTORANT

Syrupus Ammonii Chloridi Co. N. J. F.
Compound Syrup of Ammonium Chloride N. J. F.

N. J. F. No. 12

May be prescribed by title as follows:

℞	*Metric*	*Apoth.*
Syr. Ammonii Chloridi Co. N. J. F.	120 cc.	f ʒ iv

Sig: (as below)

May also be prescribed by listing ingredients as follows:

℞	*Metric*	*Apoth.*
Potassii Guaiacolsulfonatis	2.40 Gm.	gr. xL
Ammonii Chloridi	2.00 Gm.	ʒ ss
Antimonii et Pot. Tart.	0.0156 Gm.	gr. ¼
Syr. Cerasi	30.00 cc.	f ʒ i
Syr. Pini Alb, Comp., q. s.	120.00 cc.	f ʒ iv

Sig: One or two teaspoonfulls as directed.

BACTERIAL VACCINES

In considering the efficacy of bacterial vaccines as applied to the problem of colds, some investigators have denied their usefulness, while others have reported favorably regarding bacterial vaccine treatment.

Many physicians continue to use "cold vaccines" in the hope of conferring some measure of immunity to their patients, but carefully kept records of the physicians, however, have not shown consistantly satisfactory results. The use of vaccines has certainly been more or less disappointing, and every patient seeking them for either protection or treatment for colds should be made to understand that no definite guarantee of positive results can be made.

Recently bacterial vaccines for oral administration, also a bacterial antigen for topical application, have been offered to the medical profession; but not sufficient clinical experience has occurred to warrant, as yet, an opinion as to their definite therapeutic value.

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SCIENTIFIC EXHIBITS

THE SCIENTIFIC EXHIBITS OF THE 1937 ANNUAL MEETING

ARTICLE NUMBER SEVEN

EXHIBIT NUMBER SEVENTEEN

X-RAY KYMOGRAPHY OF THE HEART

Resumé of the Exhibit of I. Seth Hirsch, M.D.,
Professor of Radiology, New York University School of Medicine

The exhibit illustrates the application of roentgen kymography to the study of the heart. The method consists essentially in moving a film in the vertical direction during the course of a one-second exposure of the thorax, a lead sheet bearing a series of narrow slits about one cm. apart being interposed between the film and the subject. During the one-second exposure the film moves a distance slightly less than that between adjacent slits. The resulting film thus shows a series of tracings of the movement of the cardiac contour during the time of exposure. In each horizontal band of the kymogram the exposure starts at the bottom and the motion of the point of the contour is to be followed from the bottom upward. Thus each chamber of the heart inscribes its movement in the form of a wave. the peak representing the maximum diastole or dilatation, and the deepest point in the wave representing the point of maximum systole or retraction.

The study of the morphology of the waves and their time relationships gives information regarding the manner and time of filling and emptying of the various chambers and the vessels. The normal filling depends on the integrity of the valves, of the musculature, and the conduction system. Since this must differ from the normal when the heart is diseased, this method permits the study of cardiodynamics in health and disease.

The kymographic method contributes the following information to the morphologic and physiologic study of the heart:

1. The actual make-up of the cardiac shadow.

Because the waves are characteristic of its various parts, the extent and boundaries of the various channels making up the silhouette are determinable with accuracy.

2. The shape of the heart as a whole, or any of its chambers during the various phases of movement. By connecting homologous points on the waves, the shape of the heart at any particular instant may be determined.

3. Size of the heart in systole and diastole or any intermediate phase. This is of extreme importance because there may be as much as one to two cm. difference in any measurement depending on whether the heart is in systole or diastole. This fact has not been given the consideration it deserves in clinical interpretation.

4. Characteristics of the movement of the heart as a whole, or of its various chambers. Thus, variations in the filling in disease due to valvular changes vary the morphology of the waves and the time relationships.

5. Activity and accomplishment of the cardiac muscle. Since the waves express muscle accomplishment, injury to the muscle, as in myocardial disease, may be manifested by a change in the morphology of the waves.

6. The relationship of contraction to conduction phenomena. By synchronization with the E K G, the physiological relationships may be determined between conduction and movement phenomena.

7. The relationship of movement to sound phenomena. The sound phenomena are associated with valve closure, and are shown on the kymographic waves of the ventricles and large vessels, and permit the study under physiological and pathological conditions of the ejection phenomena.

EXHIBIT NUMBER FORTY-SIX

TUMORS OF THE GASTRO-INTESTINAL TRACT

By A. Hobson Davis, M.D.
Pathologist, Paterson General Hospital, Paterson, N. J.

The exhibit consists of twenty-four specimens of epithelial tumors arising in the gastro-intestinal tract, one non-neoplastic stenosis of the esophagus, one Meckel's diverticulum, and one serous membrane tumor arising from the peritoneum. With each specimen is a brief history of the patient before and after operation, and in some cases the autopsy findings are included.

ESOPHAGUS

The two specimens illustrate the fact that carcinoma of the esophagus is frequently complicated with perforation and mediastinitis.

No. A 37-10: Male, aged sixty-two years; complained of an occasional pain during the past three months arising in the epigastric region and radiating posteriorly to the back. No nausea and vomiting, poor appetite, loss of strength, and loss of fourteen pounds of weight during past year.

Fluoroscopy demonstrated a filling defect in the middle portion of esophagus, evidently a malignant tumor. Death occurred two weeks later. Autopsy findings: Epidermoid carcinoma of esophagus with perforation into the mediastinum resulting in a mediastinitis and pyothorax, right.

No. A 33-20: Male, aged fifty-eight years; began having trouble swallowing in May, 1933. Biopsy was positive for epidermoid carcinoma. Gastrostomy was performed June 13, 1933. He died November 12, 1933.

Autopsy findings: Epidermoid carcinoma of esophagus with perforation. Mediastinitis. Bronchial pneumonia left and acute pleuritis left. Metastatic carcinoma to the liver, kidneys, and lymph nodes. Marked cachexia.

No. A 35-12: Male, aged forty years; gave a history of having had a gastroenterostomy six months previous for gastric ulcer. Two weeks before admission to the Paterson General Hospital he began to vomit immediately after each meal,—vomiting pojectile in type. He was unable to swallow solid food, and has lost considerable weight. Death occurred from acute generalized peritonitis eleven days after an exploratory laporatomy.

At autopsy there was marked stenosis of esophagus which, on microscopical examination, revealed dense connective tissue without any ulceration or neoplastic tendency.

STOMACH

No. A 34-93: *Gastric polyposis.* Male, aged sixty-seven years; died of acute generalized peritonitis twenty-four hours after an operation for a strangulated hernia. There was no history of gastric disturbance until four days before operation.

Autopsy findings: Acute generalized peritonitis and multiple polyposis of stomach. About two-thirds of the mucosal surface of the stomach is covered with soft, freely movable polypoid tumor masses ranging in size from 1 to 2 cm. in diameter. Some of the polypoid masses are confluent with one another.

No. 35-219: *Adenoma of stomach.* The interesting feature about this specimen is that it is an irregularly shaped polypoid tumor mass attached to the stomach wall by a long pedicle. The impression obtained by a reputable roentgenologist from the first gastro-intestinal series was "inoperable carcinoma". A second gastrointestinal series was carried out by a different roentgenologist a few days later and the report was, "Stomach completely emptied, no filling defect." The discrepancy in pictures made by the two doctors is probably due to the position the patient was in when they were made.

The stomach carcinomas were selected so as to show the different types according to Ewing's classification. This included two specimens of bulky adenocarcinoma, one carcinoma simplex or diffuse carcinoma, one of diffuse scirrhous carcinoma, one of sclerosing fibrocarcinoma or linitis plastica, and two specimens which we were unable to definitely classify.

JEJUNUM

No. 34-775: Adenocarcinoma of jejunum. Female, aged fifty-five years; consulted her physician August 3, 1934, complaining of abdominal discomfort and indigestion. A gastro-intestinal series showed a definite obstruction ten inches below the pylorous. On September 26, the tumor was resected. Patient's condition remained good until January, 1937. During April, 1937, the physical examination revealed a movable tumor mass in abdomen the size of a grapefruit near the site of the primary tumor. At this time there were signs and symptoms of chronic intestinal obstruction and a loss of thirty pounds in weight.

LARGE INTESTINE

This group is represented by eleven malignant epithelial tumors, the degree of malignancy varying from the bulky adenoma malignum to the carcinoma simplex or adenocarcinoma Grade IV. The individual specimens were selected so as to show the marked difference that may exist in the gross appearance of malignant epithelial tumors arising from the large intestines.

PERITONEUM

Serous membrane tumor. (Endothelioma arising from the peritoneum. Diagnosis confirmed by Dr. Fred Stewart, Memorial Hospital, New York City.) No. A 37-27. Male, aged sixty-seven years; noticed that he was losing weight and strength in July, 1934. His abdomen became slightly distended. He consulted a physician in August, 1934, and was put on a diet for "intestinal trouble". He was admitted to the Paterson General Hospital December, 1934, for an abdominal paracentesis and diagnosis. Six and one-half liters of thin, straw-colored fluid was obtained, Pathological diagnosis of the centrifuged cells: "Carcinoma cells present". During the following 27.5 months an abdominal paracentesis was done every ten to twenty-one days. The fluid obtained from each paracentesis varied from seven to nineteen quarts. The fluid was always thin and never blood-tinged. From December 31, 1934, to March 13, 1937 (27.5 months), 145 gallons of fluid was obtained.

Throughout the entire course of the disease the chief complaints were distension of the abdomen with fluid, loss of strength and appetite. Edema of the legs and scrotum developed during the last few months of life.

Autopsy findings: Endothelioma involving the parietal and visceral peritoneum, parietal and visceral pleura, pericardium and the left ventricle. No involvement of the lymph nodes. Ascites. Hydrothorax, bilateral. Edema of the legs and scrotum. Hydrocele, left. Arteriosclerosis, generalized. Emaciation.

EXHIBIT NUMBER SIX

SUBDIAPHRAGMATIC ABSCESS

By W. W. MAVER, M.D., and CHARLES ODERR, M.D., Jersey City, N. J.

Subdiaphragmatic abscess, a collection of purulent material between the diaphragm and the transverse colon and mesocolon, although a relatively rare complication of abdominal or thoracic disease or injury, offers a serious handicap to the recovery of the patient. Usually the victim of this complication has just emerged from a surgical experience, an acute illness, or a serious injury, and his already weakened condition contributes to the high mortality of this process. Recovery depends upon early recognition of the condition and adequate surgical treatment.

The subphrenic space is actually a potential space, and only under abnormal conditions does it assume dimensions. It is composed of six anatomic regions, and is divided by the liver into the superior and inferior hepatic spaces. For practical purposes, a localization of the abscess into the anterior or posterior portion of the right or left subphrenic space seems sufficient for adequate surgical approach.

The right subphrenic space is most commonly involved following appendicitis, cholecystitis, and ruptured ulcer of the duodenum or distal end of the stomach. The left subphrenic space is involved most commonly in perforations of the lesser curvature and cardioesophageal angle of the stomach. Approximately 75 per cent of these abscesses are in the right subphrenic space, and 25 per cent are in the left subphrenic space. The high incidence of rupture of a hollow viscus as the etiological factor is substantiated by most observers.

The average elapsed time of the fulminating process is about fourteen days. This time element is important in fixing attention on the possibility of this complication.

The symptoms are indefinite. An increase in the white blood count, a septic temperature gradually increasing its spiking character, a non-productive cough and occasional hiccough, appear to be the outstanding symptoms. The physical signs are often referable to the lungs and pleura; and limited excursions of the ribs on the affected side may be noted. Nature's attempt to splint the involved area may result in a bowing of the spine and a dropping of the shoulder.

The important and consistent x-ray sign is the elevation and fixation of the diaphragm on the affected side, with preservation of its dome-like contour in the early stages. Later, there is usually evidence of well-localized pneumonitis in the partly compressed lung just above the diaphragmatic level. Pleural reaction with thickening of the pleural surfaces, and an increasing accumulation of fluid either in the cardio- or costophrenic angles, or anterior and

posterior sulci, are practically always a subsequent development. Occasionally the pathology is not seen until late, when empyema or pulmonary abscess may be present; and under these conditions the image of the diaphragmatic dome may be completely obscured. The presence of a gas or air bubble below the diaphragm, with or without a fluid level, has been an infrequent finding in our experience.

The exigencies of the case decide the type of surgical procedure. The wisdom of a diagnostic tap is questioned, since a negative tap has no value, and infections of pleura and subsequent empyemas have been directly attributed to such a diagnostic procedure.

In our series of six cases, the ages ranged from fourteen to sixty-two years. Five were males and one female. The source of primary infection were ruptured ulcers, three; appendicitis, one; pneumonia (type VIII), one; and ruptured liver, one. The time interval from the onset of the initial lesion to the date of recognition ranged from eleven to twenty-five days. From the date of the onset of symptoms to the date of surgical drainage, the range was from seven to twenty-eight days.

X-Ray Evidence	
Elevated and fixed diaphragm	4
Pneumonitis above diaphragmatic dome	1
Gas or air	1
Liver displacement	2
Operative Procedure	
Rib resection	3
New drain inserted high up through angle of laparotomy wound	1
Separation of ulcer from chronic fistulous tract and gastroenterostomy	1
End Results	
Recovered	5
Died	1
Other Complications Prolonging Hospital Stay or Causing Death	
Fistulous tract between abscess and duodenum	1
Diabetes and arteriosclerotic heart disease	1
Pneumonitis	1
Toxemia (died)	1
Pleural fluid	1

EXHIBIT NUMBER TWENTY-SEVEN

PANCREATIC HORMONE (INSULIN FREE) IN CARDIO-VASCULAR DISEASE

By Joseph B. Wolffe, M.D., and Victor A. Digilio, M.D.
Cardiology Department, Temple University School of Medicine, Philadelphia, Pa.

We have stressed the importance of a thorough survey, outside of the cardiovascular system, for existing etiologic factors, in the patient suffering from angina pectoris. Unless nociceptors—such as adenomas of the thyroid (even where the basal metabolic rate is normal), chronic recurring cholecystitis, foci of infection, and prostatic disease with chronic urinary retention,—are carefully eliminated or removed, the anginal attacks will recur after cessation following the use of insulin-free pancreatic hormone and dietary regime.

We have divided the syndrome angina pectoris into two groups: 1, Cardiodynia (pain caused by pathology or disordered physiology in the heart or aorta); and 2, pectoralgia (reflex pain caused by dysfunction in a locus other than the cardiac apparatus).

Group I (cardiodynias) comprised the following:

A. Case abstracts of acute coronary disease varying from the most typical to the most atypical. We presented serial electrocardiograms in each case to emphasize changes (principally in the S-T configuration). Many cases revealed typical electrocardiographic changes in the thoracic leads (Hyman and his associates), while the conventional leads were normal in appearance. Many cases showed definite return to normal electrocardiographic status after varying intervals of treatment. One of the object lessons of this group was that sudden or gradual failure might be the initial signal of an acute coronary occlusion.

B. Case abstracts of chronic coronary disease with electrocardiograms and tele-roentgenograms. An interesting case of this series revealed transient bundle branch block on many occasions in an individual with purely abdominal symptoms. We showed several cases of long standing bundle branch block,

some now showing normal electrocardiograms following treatment.

C. We presented case abstracts of luetic aortitis and aortic aneurysms with electrocardiograms and serial teleroentgenograms demonstrating changes in aortic size and configuration. We believe that in many of these cases suitable specific provocative courses are necessary before the diagnosis can be confirmed serologically.

D. We selected three case types from the rheumatic group. These in our experience more usually suffer paroxysmal precordial pain. They are as follows: 1, Carditis; 2, pericarditis; and 3, aortic valve deformities.

Group II (pectoralgias) comprised the following:

A. Several cases of acute pleuritis diagnosed as angina pectoris or coronary thrombosis with repeated negative nine-lead electrocardiograms.

B. Two cases of malignant pulmonary neoplasms previously diagnosed elsewhere as aneurysm, angina pectoris and coronary disease. The normal nine-lead electrocardiograms were shown, as well as roentgen films and microphotographs of the tissues procured at autopsy or biopsy.

C. One case with paroxysmal precordial pain and a brassy cough (diagnosed aneurysm elsewhere) later found to be suffering from a pulmonary neoplasm.

D. Two cases of asymptomatic arteriosclerotic cardiovascular disease who developed precordial pain during hypoglycemic state were shown.

E. Case abstracts of four "thyrocardiacs" were appended with electrocardiograms, basal metabolic rates and microphotographs of thyroid tissue. One individual one year after thyroidectomy complained of precordial distress similar to that which she suffered prior to operation. Her basal metabolic rate was minus 33 per cent. Thyroid medication raised it to minus 20 per cent with complete relief of symptoms. Another case of hyperthyroidism with paroxysmal precordial pain had a complete left bundle branch block with reversion to normal rhythm after thyroidectomy. The third case of hyperthyroidism developed an acute coronary episode with electrocardiographic changes only detectable in the thoracic leads on serial tracings. After electrocardiographic fixation, thyroidectomy was performed and the patient was well for one year when he died of lobar pneumonia. Autopsy revealed the scar of a healed infarct in the posterior wall of the left ventricle.

F. As an example of endocrine imbalance with obesity, we presented an abstract of a case of post-thrombotic angina. The patient weighed 264 pounds and was in status anginosus. He gradually lost sixty pounds and became symptom-free. An increase of twenty-six pounds resulted in a recurrence of milder symptoms which cleared up again with loss of this "excess weight".

G. We have demonstrated case abstracts, electrocardiograms and teleroentgenograms of patients with neurocirculatory asthenia complaining of precordial pain and excessive smokers with paroxysmal precordial pain. We have emphasized the precordial tenderness exhibited by these cases.

H. We also have presented two cases of herpes zoster with electrocardiograms. These individuals had been diagnosed as "angina pectoris". Electrocardiograms were normal and herpetic lesions erupted several days following the initial attack of pain.

We exhibited charts showing in detail the method of preparation of insulin-free pancreatic extract. We then showed how this extract affords relief in selected cases of angina pectoris and intermittent claudication. The atherosclerotic group seem to have been most benefited following intramuscular injection of this pancreatic extract.

We presented case reports accompanied by serial electrocardiograms, blood sugar, phospholipin and cholesterol determinations in individuals who suffered from angina pectoris and obliterative vascular disease of the extremities. Seventy-two per cent of these cases showed favorable results, in some cases the improvement in capacity for effort being striking, following the administration of pancreatic extract. In individuals suffering from angina pectoris and vascular disease of the extremities associated with diabetes mellitus, the extract was used in conjunction with proper diet and insulin.

From our experimental and clinical investigations we conclude the following:

1. Angina pectoris is a syndrome complex in which the pain component is the most prominent, but not the only symptom.

2. Pain distribution may repeatedly follow a definite pathway and therefore be of a fixed pattern involving the chest and arms and yet may be caused by many extracardiac pathologic processes.

3. Pancreatic extract is a promising remedy for the relief of angina pectoris, intermittent claudication, obliterative vascular disease of the extremities and associated symptoms in patients suffering from arteriosclerosis.

Its modus operandi we attribute to the following influences:

A. It acts as a parasympathetic stimulant and counteracts sympathetic preponderance, as shown by its neutralization of adrenalin.

B. Influences fat metabolism.

C. Improves muscle metabolism.

AN OLD-TIME COUNTRY DOCTOR SHOP

Frederick Stearns and Co., of Detroit, Michigan, has prepared a cardboard window display which shows the interior of an old-time country doctor shop, true to life; and has permitted this reproduction of its photograph as a historic record of a drug store in an early stage of evolution.

Probably few physicians realize that a New Jersey drug store of a century ago was called a "Doctor Shop",—which in fact it really was. When the doctor came in from his daily round of calls, he and his assistant put up the specific prescriptions which he delivered to his patients on his rounds. During the day the assistant was busily engaged in making the secret preparations whose particular color, or taste, or smell distinguished them from imitations which were alleged to be "just as good".

A half century ago the older people still called a drug store a doctor shop.

The following verses are more truthful than poetic; and even the description of the office of the ultra modern specialist is not entirely imaginative.

THE OLD-TIME COUNTRY DOCTOR SHOP

When Doctor Old hung out his sign
To advertise his gifts divine,
The folks were wise and already knew
The virtues of every plant that grew.
Boneset was the best of all,—
Its leaves for the stomach, its flowers for the gall;
Cold for a fever, and hot for a cold,
It was good for what ailed you, young or old;
And whether you were man or beast
It didn't matter in the least.

While birds were singing on every tree
The people kept well on bonset tea.
But when roads were snowed under and bridges were drowned,
They sent for the doctor to come around;
And he always got there when no one else could,—
A Marathon winner in doing good.
Chickens and pumpkins, and cord-wood and hay
Were what he got as his meager pay.

A gatherer of boneset (thoroughwort or Eupatorium perfoliatum) whose massive heads of white flowers adorn our marshes and banks of small streams in early Fall.

THE DOCTOR SHOP

For medicine the folks would drop
Into his old-time doctor shop
Where he put up all sorts of stuff
For babies weak, and teamsters tough,—
A puke that would turn them inside out,
A purge when all else was in doubt.
For the lungs he made poultices, stupes, and blisters,
And for colic and gripes there were turpentine clysters;
And all were sure cures in very fact,—
Except for cranks too perverse to react.

For folks who wished to treat themselves,
All kinds of things were on his shelves,
From castor oil to calomel
And bitter draughts of vilest smell;
And opodeldoc liniment
For backs and joints that were sore and bent;
And lineti and leeches, lohocs and lint,
Horehound candy and peppermint,
Salts and "Sceney" for self-prescribers,
Cordials and bitters for rum imbibers,
Strengthening plasters and teething rings,
And plenty more of forbidden things.

THE VILLAGE CLUB

The shop was a forum, health center, and club
For the rich, the poor, and the callow cub,—
A vaudeville stage for practical jokes,
The scene of many a clumsy hoax
Where the doctor played the hero's part
With kindly innocence and art.
He radioed the latest news
Of local crimes with baffling clews,
While the "Setters" told their expectations,
Their fears and doubts and insinuations,
Deciding questions of mighty weight
Of home and business, church and State.

THE UP-TO-DATE PROFESSIONAL SUITE

The old-time doctor has gone the way
Of his doctor shop and one-hoss shay;
But his grandson's new professional suite
Now stands on the city's swellest street,
His august presence to enshrine
Attested by the golden sign—
"Consultations 1 to 3
Practice limited to Allergy".

A white-robed office girl discreet
With a radiant smile shows us a seat
Where last year's "Hygeia" we nervously scan,
And for a mysterious seance plan.

A nurse severe and capable
Lures us to her confessional
Where all our secrets she extorts,
And writes them down in long reports.
With a sphygmograph she tests our heart;
And x-rays every inward part.
A metabolic test she makes,
And our mental rating sagely takes.
She tests our blood and every excretion
With utter coolness and discretion.

The doctor finally appears
And at the nurse's record peers.
He soon decides where we are at,
And curtly says, "Don't keep a cat".

FRANK OVERTON, M.D., Dr. P.H.,
Journal Editor.

Read at the Annual Banquet of the Bergen County Medical Society, November 19, 1936.

STATE SOCIETY ACTIVITIES

PRESIDENT HERRMAN HONORED BY RUTGERS UNIVERSITY

Dr. William G. Herrman, President of The Medical Society of New Jersey, was given a medal of honor by Rutgers University for his outstanding service to society in the field of medicine, and for his loyalty to his Alma Mater from which he graduated in 1912. The presentation was made on February 22 at the dinner which is a feature of the annual celebration of Alumni Day by the College. Dr. Robert Clothier, President of the University, presented the medal with the following citation:

Citation by Robert Clothier
President, Rutgers University

"Here, in the presence of your fellow-alumni, I want to pay the University's tribute to you for your services, both to your University and to your profession. Voltaire wrote: "But nothing is more estimable than a physician who, having studied nature from his very youth, knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution and pays equal attention to the rich and poor." In war and in peace, you have practiced your profession with achievement and with promise of yet greater achievement to come, especially with reference to the application of radiology and roentgenology to medicine. In recognition of your attainments, you have been made a fellow of The American College of Physicians and of The American College of Radiology—and only recently the President of The Medical Society of New Jersey.

"Yet, despite the exacting demands of your professional work, you have always found time to wear a trail back to the campus where you studied in those years prior to 1912. Your counsel and support have always been available to your Alma Mater. It is appropriate that, with the authority of the Trustees, I should confer on you today The Rutgers University Award. This medal, which I hand you, is the visible token of our tribute."

A similar medal was conferred on William J. Morrison, Jr., Hackensack, N. J., Rutgers '97, President of the Bar Association of New Jersey.

NOTICE OF ANNUAL REPORTS

The following notice, signed by William G. Herrman, President, regarding the annual reports to the House of Delegates was mailed to each officer and committee chairman, on February 16, 1938:

"The *Annual Reports* of all committees must be in the Executive Offices *not later than March 15th.* No part of this regular report can be included in the supplementary report, which will cover only that period subsequent to March 15th. When, for any reason, no report is received from a committee, this fact will be printed in The Journal, as a matter of record and for the information of the Delegates. These Annual Reports will be printed and distributed to the members of the House of Delegates at least one month before the annual meeting.

"*Supplementary reports* covering that period of time subsequent to March 15th in this fiscal year must be received in the Executive Offices *not later than May 10th,* so that they may be mimeographed and distributed to the Delegates at the annual meeting.

"It is the desire of the President to save as much time in the House of Delegates meetings as possible, without in any way curtailing the opportunity of the Delegates for free discussion on important subjects. The presentation of the supplementary reports *in writing* will help to accomplish this, and the Delegates will have had an opportunity to read not only the annual reports, but also any supplementary reports before voting on them."

The reports will be published in The Journal, and a reprint will be mailed to each member of the House of Delegates one month before the annual meeting.

PHILADELPHIA COUNTY MEDICAL SOCIETY POST-GRADUATE INSTITUTE

For the third year the Philadelphia County Medical Society will conduct a Post-Graduate Institute during the last week in March, 1938.

The place will be the Bellevue-Stratford Hotel in Philadelphia.

The dates, Monday-Friday, March 28-April 1, 1938.

The hours, 9 a. m.-5 p. m. with a Dinner Meeting of the Philadelphia County Medical Society at 7 p. m. on Wednesday.

The subject—Diseases of the Digestive Tract.

The teachers,—73 in number.

The cost—Five dollars registration to those who are not members of the Philadelphia County Medical Society.

This is a rare opportunity for physicians of Southern New Jersey.

See announcement on advertising page VII of this Journal.

LECTURES ON THE CHILD OF PRE-SCHOOL AGE

The Medical Society of New Jersey in cooperation with the State Department of Health is giving its second series of free lectures to physicians in order to emphasize *pre-school age* supervision and care.

The lectures are given by teachers from leading medical colleges, and are on subjects of interest to the general practitioner. One lecture will be given each week at each center for a period of five weeks, beginning the first week in April. The time, place, subject, and lecturer for each of the five selected centers are given on the accompanying chart.

Special record forms for the use of the general practitioner in his supervision of the pre-school age child are available upon request to the Executive Offices in Trenton. The field physician in your county will, upon request, tell you more about these lectures, or you may write to the Executive Offices.

The New Jersey members of the American Academy of Pediatrics assisted in this coöperative program.

Stanley Nichols, M.D., Chairman,
Sub-Committee on Public Health,
The Medical Society of New Jersey.

Harrold A. Murray, M.D., Chairman,
Post-Graduate Education Committee,
New Jersey Academy of Pediatrics.

Julius Levy, M.D., Consultant,
Bureau of Maternal and Child Health,
State Department of Health.

SCHEDULE OF LECTURES

HACKENSACK CENTER	MORRISTOWN CENTER	SOMERVILLE CENTER	TRENTON CENTER	ATLANTIC CITY CENTER
All lectures at Hackensack Hospital Nurses' Home, Hackensack Wednesday—8:30 p. m.	All lectures at New Jersey State Hospital, Greystone Park Wednesday—9:00 p. m.	All lectures at Somerville Hospital, Somerville Tuesday—8:45 p. m.	All lectures at Mercer Hospital Nurses' Home, Trenton Tuesday—8:30 p. m.	All lectures at Atlantic City Hospital Solarium, Atlantic City Thursday—9:00 p. m.
April 6, 1938 "Food and Nutrition" Dr. Murray Bass, Asso. Prof. Pediatrics, Post-Graduate School, Columbia	April 6, 1938 "Cardiac Disorders" Dr. Martin M. Maliner, Prof. Cardiac Disorders, N. Y. Post-Grad. Med.	April 5, 1938 "Normal Growth and Development" Dr. Harry Bakwin, Asso. Pediatrician, Bellevue	April 5, 1938 "The Importance a..d Appraisal of Criteria for Determining Mental and Emotional Development" Dr. Ira Wile, Mt. Sinai Hospital, N. Y. C.	April 7, 1938 "Dental Problems of the Child of Pre-School Age" Dr. Arthur S. Gabel, Prof. Operative Dentistry, U. of P.
April 13, 1938 "Cardiac Disorders" Dr. Martin M. Maliner, Prof. Cardiac Disorders, N. Y. Post-Grad. Med.	April 13, 1938 "Normal Growth and Development" Dr. Harry Bakwin, Asso. Pediatrician, Bellevue	April 12, 1938 "The Importance and Appraisal of Criteria for Determining Mental and Emotional Development" Dr. Ira Wile, Mt. Sinai Hospital, N. Y. C.	April 12, 1938 "Dental Problems of the Child of Pre-School Age" Dr. Arthur S. Gabel, Prof. Operative Dentistry, U. of P.	April 14, 1938 "Food and Nutrition" Dr. Murray Bass, Asso. Prof. Pediatrics, Post-Graduate School, Columbia
April 20, 1938 "Normal Growth and Development" Dr. Harry Bakwin, Asso. Pediatrician, Bellevue	April 20, 1938 "The Importance and Appraisal of Criteria for Determining Mental and Emotional Development" Dr. Ira Wile, Mt. Sinai Hospital, N. Y. C.	April 19, 1938 "Dental Problems of the Child of Pre-School Age" Dr. Arthur S. Gabel, Prof. Operative Dentistry, U. of P.	April 19, 1938 "Food and Nutrition" Dr. Murray Bass, Asso. Prof. Pediatrics, Post-Graduate School, Columbia	April 21, 1938 "Cardiac Disorders" Dr. Martin M. Maliner, Prof. Cardiac Disorders, N. Y. Post-Grad. Med.
April 27, 1938 "The Importance and Appraisal of Criteria for Determining Mental and Emotional Development" Dr. Ira Wile, Mt. Sinai Hospital, N. Y. C.	April 27, 1938 "Dental Problems of the Child of Pre-School Age" Dr. Arthur S. Gabel, Prof. Operative Dentistry, U. of P.	April 26, 1938 "Food and Nutrition" Dr. Murray Bass, Asso. Prof. Pediatrics, Post-Graduate School, Columbia	April 26, 1938 "Cardiac Disorders" Dr. Martin M. Maliner, Prof. Cardiac Disorders, N. Y. Post-Grad. Med.	April 28, 1938 "Normal Growth and Development" Dr. Harry Bakwin, Asso. Pediatrician, Bellevue
May 4, 1938 "Dental Problems of the Child of Pre-School Age" Dr. Arthur S. Gabel, Prof. Operative Dentistry, U. of P.	May 4, 1938 "Food and Nutrition" Dr. Murray Bass, Asso. Prof. Pediatrics, Post-Graduate School, Columbia	May 3, 1938 "Cardiac Disorders" Dr. Martin M. Maliner, Prof. Cardiac Disorders, N. Y. Post-Grad. Med.	May 3, 1938 "Normal Growth and Development" Dr. Harry Bakwin, Asso. Pediatrician, Bellevue	May 5, 1938 "The Importance and Appraisal of Criteria for Determining Mental and Emotional Development" Dr. Ira Wile, Mt. Sinai Hospital, N. Y. C.

LEGISLATIVE BULLETIN No. 1—FEBRUARY 11th, 1938

The following bills of interest to the medical profession have been introduced into the Legislature, and their present status in the Legislature is noted opposite each one, together with the date of introduction and the proponent. The action of the Legislative Committee of The Medical Society of New Jersey is always noted in the cases where they have considered the bill and taken a stand regarding it.

S-36—Taggart (Atlantic County), January 24—Appropriates $25,000 to State Health Department during 1937-38 for pneumonia serum for indigent patients.

This bill passed the Senate on January 31st, and it now goes to the Assembly.

Our Pneumonia Control Advisory Committee advocated a bill for this purpose asking $50,000 minimum. The purpose of this bill was approved by the Welfare Committee.

S-56—Taggart (Atlantic County), January 31—Includes marihuana in an act regulating sale and distribution of narcotic drugs.

This bill is now in the Public Health Committee of the Senate. A similar bill was introduced and approved by the Welfare Committee last year, but failed to be acted upon in the Legislature.

A-30—Osmers (Bergen County), January 17—Requires health certificates from persons applying for marriage licenses.

This bill was reported out of committee and read the second time on January 31. It is now ready for vote in the Assembly, and has been approved by the Welfare Committee.

A-61—Kerner (Union County), January 24—Authorizes blood tests in paternity cases.

This bill still remains in the Ways and Means Committee, to which it was sent on introduction. The Welfare Committee approved a similar bill last year. The bill, of course, applies to a very limited number of cases coming under consideration by the courts in any given year. The bill was sponsored by Dr. Levine, of Newark.

A-80—Pierson (Morris County), January 24—Governs granting of workmen's compensation for hernia.

A similar bill has been introduced on previous occasions, and this bill is now in the Miscellaneous Business Committee. The Welfare Committee approved a bill similar to this last year.

A-94—Ward (Mercer County), January 24—Defines pneumoconiosis as compensable under Workmen's Compensation Act.

This bill is still in the Judiciary Committee of the Assembly. A similar bill was approved by the Welfare Committee last year.

A-135—Is the perennial Chiropractic Bill which we fight year after year. Its purpose is to establish a separate examining board under sole chiropractic control. The bill was introduced by Assemblyman Wilensky of Passaic County on February 9th. This bill is to be opposed and defeated. It is now in the Public Health Committee of the Assembly. The members of the Public Health Committee are: Dr. Frank S. Hargrave (R.), Essex County; Dr. S. Emlen Stokes (R.), Burlington County; Mr. Harry E. Bischoff (D.), Hudson County; Mrs. Jennie W. Pilch (R.), Morris County; Mr. J. Stanley Herbert (R.), Monmouth County.

LeRoy A. Wilkes, M.D.,
Executive Officer.

MATERNAL WELFARE MEETING, CAPE MAY COUNTY

The semi-annual meeting of the *Cape May County Medical Society* will be held on April 6, 1938, at 11 a.m., at the Ocean City Golf Club, Somers Point, N. J., in honor of Drs. Arthur W. Bingham, Julius Levy, and LeRoy A. Wilkes; and its theme will be Maternal Welfare and Child Health.

PROGRAM

Welcome—Dr. H. H. Tomlin, Wildwood, President, Cape May County Medical Society

Address—Dr. William G. Herrman, President of The Medical Society of New Jersey

Introduced by Dr. Aldrich C. Crowe, Vice-President Cape May County Medical Society, and Trustee of The Medical Society of New Jersey.

Address—Dr. William J. Carrington, Atlantic City, President-Elect of The Medical Society of New Jersey

Introduced by Dr. John Townsend, Ocean City, Immediate Past President of the Cape May County Medical Society.

Address—Dr. Chester I. Ulmer, Gibbstown, Councilor of the Fifth District, and Chairman of the Pharmaceutical Problems Committee of The Medical Society of New Jersey

Address—"What Is Cape May County Doing for the Low Wage Group?", Mr. Percy H. Jackson, Director of the Cape May County Board of Chosen Freeholders.

Address—Mrs. Samuel L. Salasin, Atlantic City, President of the Woman's Auxiliary to The Medical Society of New Jersey.

Introduced by Mrs. H. H. Tomlin, Wildwood.

Address—"The New Venereal Disease Clinic in Cape May County", Dr. A. J. Friedland, Woodbine.

Introduction of guests and visitors by Dr. Clarence W. Way, Sea Isle City, Field Physician for Cape May County.

Address—"State Society Plans for Maternal Welfare and Child Health", Dr. LeRoy A. Wilkes, Executive Officer of The Medical Society of New Jersey.

Address—"Maternal Welfare and Child Health", Dr Julius Levy, Trenton, Director of the Bureau of Maternal and Child Health, State Department of Health.

Address—"Maternal Welfare", Dr. Arthur W. Bingham, East Orange, Chairman of the Maternal Welfare Advisory Committee of The Medical Society of New Jersey.

CAMDEN COUNTY HISTORY

The account of the meeting of the Camden County Medical Society on December 7, 1937 (Jour., Feb., 1938, p. 113), closed with a note that Dr. Henry B. Decker, Chairman of the History Committee, gave a report of the discovery of interesting records which he plans to incorporate in a History of the Camden County Medical Society. This history will continue the good work done by Dr. Edward L. B. Godfrey when his "History of the Medical Profession in Camden County" was published by F. A. Davis Publishing Co., Philadelphia, Pa., in 1896. A review of the work appears in the "Transactions" of the State Society of 1896, page 273. Dr. Godfrey was an outstanding leader in The Medical Society of New Jersey and became its President in 1902.

Dr. Decker's report to the Camden Medical Society was as follows:

During the past several months the committee has made a careful survey of the facilities and property in the Dispensary Building. The Society has accumulated, by legacy, several libraries. These, as you know, are kept in the meeting room, which is used only once a month. The committee feels that the books in these libraries should be marked by a book plate designating the source, and shelves constructed for their storage in the committee room. The committee room is heated at all times, and with good light would make these books available for reference.

Dr. Samuel D. Gross, who was the greatest American surgeon of the last century, had a quarrel with the Camden County Medical Society. Sometime during the winter or spring of 1869 he saw a patient in Haddonfield in consultation with a homeopathic physician. This consultation was reported to the County Medical Society, which censured Dr. Gross for such activity. The letter from Dr. Gross explaining this consultation, in which he said that he was "entrapped", is not among the papers. The first letter is a note to Dr. H. Genet Taylor, at the time Secretary of the County Society, requesting information regarding the action taken on Dr. Gross' examination. Dr. Taylor replied, explaining that the County Society had no authority to answer an explanation which must be given to the State Medical Society.

This led to another letter which was a little sharper in tone, and another reply which elaborated the technic of explaining a mistake to the State Medical Society. This led to a third letter which was more than sharp in tone and Dr. Gross stated his personal feelings and his personal opinion of the President of the County Society, and of the County Society itself, and of Camden County in particular, and New Jersey in general.

Then the high point of the matter was reached at the annual meeting of the County Society in May, 1870. The County Society prepared a resolution in which it refused to accept Dr. Gross' explanation of the matter because of the 'impudent' and 'insolent' tone in which it was couched.

These letters we found stored away in several dusty, friable envelopes. This correspondence is of value, not because it comes from the greatest American surgeon of the last century, but because it shows the bitterness of feeling that permeated medical practice of that time. We shudder when we think of the damage that fire might do to these records. A further recommendation is that a fire-resistant cabinet be purchased for the storage of these and similar documents.

One of the best written articles that we have read is a history of the Camden County Medical Society, written by Dr. Stevenson. Dr. Stevenson was commissioned to write this history by the County Society for its fiftieth anniversary in 1886. This history was published in pamphlet form by the County Society. The only copy that we know of is in the old minute book of the County Society. Going through the archives we found the manuscript of this history, written in the copper plate hand of that time. It is the opinion of this committee that this history should be republished for its historic value, and for its beauty as a writing in English. Your committee prays that you will take under consideration these suggestions and act upon them.

OBITUARIES

DR. VANDERHOEF M. DISBROW

Dr. Vanderhoef M. Disbrow, of Lakewood, N. J., died on January 7, 1938, in his home at Lakewood, Ocean County, where he had practiced medicine for forty years after having practiced for eighteen years in Farmingdale, in association with his father, Dr. Stephen Morgan Disbrow. He was one of five sons, all physicians. His own son, Dr. Harold E., was also a noted surgeon in Lakewood, and a Trustee of The Medical Society of New Jersey at the time of his death on March 29, 1936. An account of the lives of the three generations of physicians with their photographs was printed in The Journal of May, 1935, page 322.

Dr. Vanderhoef M. Disbrow was born in Monmouth County on April 22, 1857. He served as President of the Monmouth County Medical Society, and later as President of the Ocean County Medical Society. He was a charter member of the staff of the Paul Kimball Hospital of Lakewood, and served as its chief obstetrician. He was made an honorary member of The Medical Society of New Jersey on April 30, 1935. In 1930 the Ocean County Medical Society gave him a testimonial dinner in honor of the fiftieth anniversary of his practice of medicine.

Dr. Disbrow maintained his activity and youthful outlook until the end, and passed away after a sickness of only two days.

DR. JOHN N. RYAN

Dr. John N. Ryan, a well-known practicing physician of Passaic, and health officer of the city for twenty-six years, died at St. Mary's Hospital, Passaic, on February 10, 1938, from the effects of a gastric ulcer.

Dr. Ryan was born in Passaic, May 16, 1876. He graduated in medicine from the Long Island College Hospital in 1899, and settled in his native city.

He was chief of the pediatric service of St. Mary's Hospital. In 1916 he was appointed health officer of Passaic—a position which he filled with great efficiency until his death.

During the World War, Dr. Ryan served at Newport News and Hampton as embarkation officer.

DR. W. SCHUYLER COLFAX

Dr. William Schuyler Colfax died in Pompton Lakes on January 18, 1938, aged seventy-two years. He was born and reared in the historic Colfax homestead, where his great-grandfather, General W. S. Colfax, of Washington's staff, lived. He was a cousin of Vice-President Schuyler Colfax.

Dr. Colfax graduated from the College of Physicians and Surgeons, and practiced in his home town from the Colfax homestead. He had a large practice, and yet was always ready to respond to the calls of the needy. He was Mayor of his town, and President of the Board of Education, and active in fraternal circles.

The following memorial was adopted by the Passaic County Medical Society on February tenth:

"An all-wise Providence has seen fit to call to Himself and His eternal reward our colleague and member William Schulyer Colfax, M.D. The Passaic County Medical Society desires to place on record this testimonial as a mark of his high esteem in which his fellow members held him.

"It is with profound sorrow that his colleagues in the Society record the passing of one of its oldest and most distinguished members. During his life he labored indefatigably in behalf of the community in which he lived. There is hardly a public improvement in his town of Pompton Lakes with which he cannot be linked as the prime mover. His devotion to his patients during his forty-nine years of practice is well known. His life as a physician and as an outstanding citizen was an example to all."

THE WEDNESDAY CLUB, NEWARK

The next meeting of the Wednesday Club will be held at the Downtown Club, 744 Broad Street, Newark, New Jersey, on March 16, beginning with a dinner at 6:30 p. m., and followed with a discussion of the subject "Socialized Medicine,—What Is It? and Do We Need It?"

Drs. Wells P. Eagleton and Edward J. Ill will preside jointly. The leaders in the discussion will be Dr. Russell Cecil, of New York City, and Drs. E. W. Sprague, George Blackburne, and Henry C. Barkhorn, of Newark.

Doctors generally and their ladies are particularly invited. The dinner charge is $1.50, and the dress is informal.

DECEASED PHYSICIANS OF NEW JERSEY

Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Edward H. Baldwin	66	Jan. 30, 1938	Newark	Same	Coronary thrombosis.
Abraham H. Barr	51	Jan. 1, 1938	Linden	Same	Coronary thrombosis.
William F. Colfax	72	Jan. 17, 1938	Pompton Lakes	Same	Coronary thrombosis.
Vanderhoef M. Disbrow	80	Jan. 6, 1938	Lakewood	Same	Acute bronchitis.
Edward C. Ehlers	67	Jan. 17, 1938	Glen Ridge	Essex Fells	Arterio sclerosis.
Walter G. Gonzales	38	Jan. 17, 1938	Hoboken	Hoboken	Lobar pneumonia.
Elmer Goudy	70	Jan. 24, 1938	Cumberland Co.	Kearny	Suicide.
Robert Rodgers	75	Jan. 4, 1938	Atlantic City	Same	Chronic nephritis.
Margaret K. Sullivan	68	Jan. 20, 1938	Haddonfield	Same	Broncho pneumonia.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1937

DIPHTHERIA TOXOID

County	Total to Dec. 31	Month of January	Total to Jan. 31	Average per Month
Atlantic	90	35	125	17.8
Bergen	1203	223	1426	203.7
Burlington	110	80	190	27.1
Camden	862	123	985	140.7
Cape May	24	47	71	10.1
Cumberland	665	2	667	95.2
Essex	2612	671	3283	469.
Gloucester	122	3	130	18.5
Hudson	64	5	69	9.8
Hunterdon	195	100	295	42.1
Mercer	1347	199	1546	220.8
Middlesex	864	44	908	129.7
Monmouth	1244	135	1379	197.
Morris	198	44	242	34.5
Ocean	75	51	126	18.
Passaic	1360	500	1860	267.1
Salem	853	33	886	126.5
Somerset	425	0	425	60.7
Sussex	3	0	3	.4
Union	1034	54	1088	155.4
Warren	53	1	54	7.7
Total	13403	2355	15758	2251.1

SMALLPOX VACCINE

County	Total to Dec. 31	Month of January	Total to Jan. 31	Average per Month
Atlantic	475	8	483	69.8
Bergen	767	236	1003	143.2
Burlington	305	7	312	44.4
Camden	1442	40	1482	211.7
Cape May	47	57	104	14.8
Cumberland	304	6	310	44.2
Essex	3091	360	3451	493.
Gloucester	384	2	386	55.1
Hudson	70	2	72	10.2
Hunterdon	132	49	181	25.8
Mercer	673	32	705	100.7
Middlesex	637	51	688	98.2
Monmouth	938	1126	2064	294.8
Morris	474	80	554	79.1
Ocean	7	4	11	1.5
Passaic	1263	104	1367	195.2
Salem	220	2	222	31.7
Somerset	262	2	264	37.7
Sussex	0	0	0	0.
Union	1743	40	1783	254.7
Warren	185	1	186	26.5
Totals	13419	2209	15628	2232.5

DIPHTHERIA TOXOID

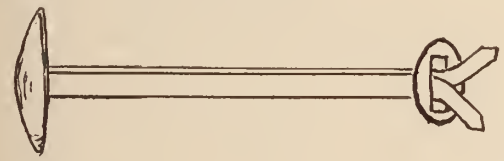
County	Total to Jan. 31	Month of February	Total to Feb. 28	Average per Month
Atlantic	125	90	215	26.8
Bergen	1426	175	1601	200.1
Burlington	190	182	372	46.5
Camden	985	27	1012	126.5
Cape May	71	2	73	9.1
Cumberland	667	7	674	84.2
Essex	3283	262	3545	443.1
Gloucester	130	118	248	31.
Hudson	69	845	914	114.2
Hunterdon	295	1	296	37.
Mercer	1546	114	1660	207.5
Middlesex	908	43	951	118.8
Monmouth	1379	54	1433	179.1
Morris	242	62	304	38.
Ocean	126	0	126	15.7
Passaic	1860	317	2177	282.1
Salem	886	15	901	112.6
Somerset	425	7	432	54.
Sussex	3	207	210	26.2
Union	1088	156	1244	155.5
Warren	54	0	54	6.7
Totals	15758	2684	18442	2305.2

SMALLPOX VACCINE

County	Total to Jan. 31	Month of February	Total to Feb. 28	Average per Month
Atlantic	483	13	496	62.
Bergen	1003	66	1069	137.3
Burlington	312	26	338	42.2
Camden	1482	48	1530	191.2
Cape May	104	4	108	13.5
Cumberland	310	7	317	39.6
Essex	3451	114	3565	445.6
Gloucester	386	17	403	50.4
Hudson	72	237	309	38.6
Hunterdon	181	0	181	22.6
Mercer	705	32	737	92.1
Middlesex	688	41	729	91.1
Monmouth	2064	87	2151	268.8
Morris	554	24	578	72.2
Ocean	11	0	11	1.3
Passaic	1367	162	1529	191.1
Salem	222	0	222	27.7
Somerset	264	8	272	34.
Sussex	0	5	5	.6
Union	1783	74	1857	232.1
Warren	186	0	186	23.2
Totals	15628	965	16593	2074.1

CONTACTS AND COMMENTS

We know from experience how difficult it is to lay our hands on a particular issue of The Journal when we want it. The current issue is especially perverse in hiding from sight beneath a pile of papers on the Editor's desk. The secret of locating it is to bind it to its predecessors *at once* as soon as we receive it. The problem was to find a simple form of binding. We finally bought a simple screw punch with which to punch two holes, three-sixteenths of an inch in diameter, about three-eights of an inch from the bound edge of The Journal; and insert in each a brass pin, shaped like a flat cotter pin, and open its two leaves so that they lie flat on the side of The Journal. When a new Journal arrives, open the leaves of the binder and close them upon the last Journal. This makes a firm binding which is durable beyond expectations.



Brass Paper Fastener and Washer

In order that the holes in The Journals may be of a uniform size and position, the copies will come to each member already perforated, beginning with this issue.

Go to your stationer's and buy a small box of "Oakville Round Head Brass Paper Fasteners". They come in several sizes, up to an inch and a half in length. We recommend the largest size. Six Journals and a supplement make a stack an inch and a quarter thick, and so two fasteners will be used every six months.

We also recommend the member to buy some "Oakville Washers", which will protect the holes and make a neater job of the binding.

If the member will also buy a twenty-five-cent paper punch, he can use the fasteners to bind the letters and circulars which he frequently receives from the Executive Offices, and from his own County Society.

We believe that every member will appreciate this simple device which will enable him to bind his Journals and circulars together so that he can readily locate them when he wants to review them.

We call your attention to the practical articles which are now appearing in the last section of the A. M. A. Journal,—called the "Organization Section". That of February 12 outlines a plan by which a county society may make a survey of the health services that are available within its area.

The same issue of the Journal contains an installment of the papers and discussions at the Annual Conference of Secretaries and Editors of the State Medical Societies. (See the New Jersey Journal, Dec., 1937, p. 742.) The A. M. A. Journal of February 12 contains the address of Dr. LeRoy A. Wilkes on "The Co-operative Program in New Jersey for Maternal and Child Health". With it also appears the "Coöperative Program of the Illinois State Medical Society", and a description of the New York State Plan for Pneumonia Control. There are also extensive reports of discussions of the papers both commendatory and critical.

With the institution of its Organization Section of the Journal, the A. M. A. enters upon a field of practical service which will be of great help to the State and County Societies.

We are fast approaching the time of the annual meeting when an epitome of the events of the past year will be reënacted, and reviewed. There each member can find what he looks for. The contemplative literary doctor will have the opportunity to listen to excellent speeches all day long and far into the night; while his social companion in the grill and on the golf course will form new contacts and gain new outlooks. The doctor whose tastes run to business and organization will find congenial companions at the committee meetings, and abundant opportunities to assert his views in debates upon the floor, and in informal discussions in the corridors. There will be something to occupy the member's interested attention every minute of the time.

The formal program will be issued early in May, but every physician and his wife are assured a week of recreation in Atlantic City.

The Monthly Bulletins of the County Medical Societies reflect the broadening of the activities of their officers, their committees, and their members. We presume that every Society sends its Bulletin to the Secretary of each of the other counties. Since the Bulletins are continually growing larger and better, it will be well for their editors to adopt a uniform page size for all.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

MARCH, 1938

1	Camden	11	Atlantic
1	Hudson	16	Middlesex
8	Bergen	17	Morris
9	Mercer	17	Gloucester
9	Ocean	23	Monmouth
10	Burlington		Sussex (at call of President)
10	Essex		
10	Passaic		

APRIL, 1938

5	Camden	14	Burlington
5	Cape May	14	Essex
5	Hudson	14	Passaic
8	Atlantic	14	Somerset
8	Salem	19	Warren
12	Bergen	20	Middlesex
12	Cumberland	21	Gloucester
13	Mercer	21	Morris
13	Ocean	26	Hunterdon
13	Union	27	Monmouth

BERGEN COUNTY

LeRoy W. Black, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Holy Name Hospital on Tuesday, February 8th, Dr. Charles Littwin presiding. The minutes of the January meeting were read and approved.

COMMUNICATIONS

1. A letter from Dr. LeRoy A. Wilkes approving Assembly Bill No. 30, introduced by Assemblyman Osmers. This bill "requires a health certificate from persons applying for a marriage license".

A motion was unanimously passed endorsing this Bill. The Secretary was instructed to write to Assemblyman Osmers so stating.

2. A letter from Dr. Wilkes in regard to Bill H. R. 8564, "To establish a national foundation for the purpose of promoting research into the cause, prevention, methods of diagnosis and treatment of cancer, and for other purposes". This Bill was introduced by Frank W. Towey, Jr., of New Jersey, and will be considered by the Welfare Committee.

3. A letter from Dr. Rufus S. Reeves, Chairman, Post-Graduate Institute, inviting members to attend the Third Annual Session of the Post-Graduate Institute of the Philadelphia Medical Society, March 28th to April 1st, inclusive.

NEW MEMBERS

The following were elected to membership:

From Junior to Regular—

Dr. Paul F. Caruso, Woodridge

To Junior—

Dr. James A. Placa, Ridgewood

Four applications were received for advancement from junior to regular membership, one to regular membership, and one to junior.

POST-GRADUATE COURSE

Dr. Joseph Coppoletta announced that the Post-Graduate Course of the Bergen County Medical Society would begin on February 17th.

Dr. Littwin announced that the Post-Graduate Course of The Medical Society of New Jersey on the subject of "The Pre-School Age Child" would begin on April 7th. (See page 176.)

EXAMINATION OF DRUNKEN DRIVERS

Dr. H. B. Wilson brought up the subject of examination of drunken drivers and suggested a meeting with the legal profession to consider the matter. Drs. J. H. Irwin, P. Liva, W. Demarest, and S. W. Lesko took part in the discussion. No decision was made.

SCIENTIFIC

Dr. Walter Farr, Chairman of the Scientific Committee, introduced Dr. H. Harold Gelfand, Chief, Department of Allergy, Gouverneur Hospital, and Stuyvesant Polyclinic, Assistant in Allergy, Roosevelt Hospital, who spoke upon the subject "Diagnosis and Treatment of Hay Fever". Dr. Gelfand summarized the causes of hay fever and gave the criteria of treatment as follows:

1. Complete history.
2. Use standardized extracts.
3. Determine the degree of sensitivity.

Several doctors took part in the discussion.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The regular monthly meetng of the *Camden County Medical Society* was held in the Camden City Dispensary Building, February 1st, 1938, at 9 p.m., with President J. L. Mahaffey presiding.

LECTURES

The Society decided to take advantage of the lectures on pediatrics and child hygiene that have been made available under the social security program.

BY-LAWS

The Society passed an additional section to the by-laws as follows:

"The definition of the word physician as used in the various sections of Article Three shall be construed to mean a graduate of a medical school giving the degree of Doctor of Medicine or Bachelor of Medicine."

SCIENTIFIC

The following interesting cases were presented by members of the Society:

Parinaud's Conjunctivitis, William Braun, M.D. Discussed by Drs. Goldstein and Shipman.

Lymphogranulomatosis, or Hodgkin's Disease, H. I. Goldstein, M.D. Discussed by Drs. Mecray, Decker, Shafer, and closed by Dr. Goldstein.

Bilateral Ovarian Cyst with Hydatidiform Mole and Chorio-epitheliomata, G. F. West, M.D. Discussed by Dr. Lee.

Unusual Fracture of Oscalcis, R. Gamon, M.D. Discussed by Drs. Buzby and Goldstein.

Unusual Fracture of Oscalcis ,R. Gamon, M.D. Discussed by Dr. Buzby.

Case of Pituitary Deficiency, T .B. Lee, M.D.

Case of Fracture of Thigh, by Thomas F. Cullen, M.D., and reported by Dr. Mecray. Discussed by Dr. Decker.

Cerebral Thrombosis of Basilar Arteries, P. H. Thompson, M.D. Discussed by Dr. Goldstein.

Sixty-two members were present. Dr. Shipp, of Burlington County, and Dr. Diverty, of Gloucester attended as official guests.

CUMBERLAND COUNTY

E. S. Corson, M.D., Reporter

The regular bi-monthly meeting of the *Cumberland County Medical Society* was held on the afternoon of Tuesday, February 8, in Newcomb Hospital, Vineland, with the President, Dr. Leslie E. Myatt, presiding.

Subjects affecting the State workmen's compensation laws, and the establishing of several clinics in Vineland and Millville, were discussed. Dr. L. J. Kauffman was chosen as director of the Millville clinic as he has pioneered in this specialty for several years.

NEW MEMBER

Dr. Margaret E. Sherlock, Vineland State School, was elected a member of the Society.

SCIENTIFIC

Dr. W. J. Carrington, Atlantic City, was the guest speaker, choosing the subject "Office Gynecology".

Dr. George Poland, Assistant to Dr. Carrington, discussed operative treatments; Dr. Louis Feinstein and Dr. Robert Kilduffe also gave addresses on special phases of gynecology.

Dinner was served to the members and guests in the dining room of the hospital.

The next meeting will be held on April 12 in Ivy Manor.

ESSEX COUNTY

Earl LeRoy Wood, M.D., Reporter

President H. Roy Van Ness of the *Essex County Medical Society* presided during the business portion of the meeting of that body Thursday evening, February 10, 1938, at the Academy of Medicine, Newark, with about 300 members present.

UNIFORM MEDICAL PRACTICE BILL

The Society endorsed the following actions of the Council:

A motion was carried that the Council reconsider its action of December 20, 1937, opposing the Uniform Medical Practice Act, and that it endorse the introduction of the Uniform Medical Practice Act into the Legislature and recommend to the Essex County Medical Society that it approve this.

The Council recommended to the Welfare Committee of the State Medical Society that consideration be given to rewording the proposed Uniform Medical Practice Act before introduction into the Legislature to carry out the following ideas:

A. That The Medical Society of New Jersey, New Jersey Homeopathic Society, and the New Jersey Eclectic Society be specifically designated to select the nominees from whom the Governor shall appoint the State Board of Medical Examiners.

B. That the word "chiropractic" be omitted from the paragraph defining the practice of medicine and surgery in order to avoid giving the impression that the medical profession endorses the principles of chiropractic.

C. That the section exempting the medical officers of the regular U. S. medical services be rewritten so that the exemption does not cover reserve officers of these categories.

CONSTITUTION AND BY-LAWS

For the Constitution and By-Laws Committee, Dr. Weber reported and recommended:

a. That the offices of First and Second Vice-President be changed to those of President-Elect and Vice-President.

b. That the regulations covering associate membership be changed so that a member may remain an associate only until the second January 1st, following his initial lawful registration to practice medicine.

c. That the Council give thought to a clarification of the status of ex-Presidents because of objections from some Society members that the ex-Presidents now hold a preponderance of power in the Council.

PAYING STATE DUES

For the Finance Committee, Dr. Kraker reported that the Finance Committee, pursuant to instructions of the Council, had submitted a proposed amendment to the State Committee on Constitution and By-Laws providing for the payment of annual dues in semi-annual installments.

PERMANENT RELIEF FUND

Dr. Rogers, the Treasurer of the County Medical Society, reported that the Woman's Auxiliary had advised him that the Auxiliary would send the Society a contribution of $500.00 for the Permanent Relief Fund, representing the proceeds of an entertainment given recently by the Auxiliary.

A motion was made that this contribution to the Permanent Relief Fund be accepted and that the Secretary express the appreciation of the Society for this donation.

INVESTIGATING HOSPITAL PATIENTS

A letter was received from Dr. Max Danzis suggesting that the recent action of the Council stating that Hospital Service Plan patients who could

not pay a private physician should be admitted to ward service might be reworded to make the Social Service Department of the hospital responsible for the investigation of the patient's ability to pay. This suggestion by Dr. Danzis was endorsed and ordered incorporated in a letter to be sent out to the individual hospitals, advising them of the Council's attitude toward these cases.

NEW MEMBERS

The following new members were elected:

To regular membership—

Dr. Granville Musgrove Leaman, 167 North Grove Street, East Orange

Dr. Raphael Russomanno, 621 Mt. Prospect Avenue, Newark

Dr. Urban R. Finnerty, 71 Park Street, Montclair.

To associate membership—

Dr. William R. Ward, Jr., 112 Chancellor Avenue, Newark

Dr. A. E. Bythewood, Jr., 145 West Market Street, Newark

DISCUSSION ON SOCIALIZED MEDICINE

President Van Ness then appointed the Society a committee of the whole in order to hear the discussion on Socialized Medicine which had been arranged by the Public Relations Committee. He appointed Dr. Kraker, chairman of that committee, as chairman of the committee of the whole.

Dr. Kraker introduced the speakers in the following order: Drs. James V. Brothers, Arthur W. Bingham, Saul M. Rubinow, George Blackburne, Allen Welkind, and Edward W. Sprague. Following are summaries of their remarks:

Dr. Brothers said that regulation of any kind would restrict the rights of physicians as free agents, but that regulation need not come if the profession corrected the evils which made some of its members dissatisfied. Among the causes of dissatisfaction he listed (a) the difficulty of securing hospital appointments, particularly on the service in which the physician is interested; (b) the treatment of accident cases in hospital clinics in open competition with private practitioners; and (c) the lack of payment for physicians doing rehabilitation work. He suggested that if the rights of doctors were so protected that they were assured a livelihood from all their professional services, State Medicine with its assured income would be less attractive to them.

Dr. Bingham, confining his remarks exclusively to maternity care, stressed the need for less expensive accommodations in the hospitals so that physicians could hospitalize their low-income group patients and continue to care for their own patients instead of turning them over to staff service. As an ideal set-up for maternity care in New Jersey, he recommended the division of the State into districts, each with its own obstetrical hospital unit managed by the County Medical Society. He said that both private and indigent patients should be admitted to this unit, upon certification by a physician; and that rates charged should be low enough to permit the payment of a fee to the attending physician after the hospital charges are met. He recommended the use of county funds to build such obstetrical units, and the use of county and State funds to meet operating deficits.

Dr. Rubinow detailed the operation of the insurance system in England, and advocated the institution of a health insurance plan in this country under the sponsorship of the organized medical profession. Some form of insurance is inevitable, he argued, because the masses are unable to pay for proper medical care and many physicians are unable to earn a living.

He emphasized that health insurance was the opposite of socialized medicine, because it preserved the physician-patient relationship, provided payment on a fee basis, and still enabled a man to engaged in private practice if he wished.

Dr. Blackburne gave a description of the British panel system which was designed to provide health service to the low-income working class. Information was secured from Sir Henry Brachenbury, of London, and from the British Medical Journal.

He said that there was free choice of physicians agreeing to do panel service, and payment of physicians on a fee basis, and that the physicians themselves had the administration of the system, the disciplining of members, and the distribution of money almost entirely in their own hands.

Although panel medicine seems to have filled a real need in Great Britain, he said he doubted whether a similar system would be workable here because there was so much danger of political control.

Dr. Welkind outlined a program for health security to provide preventive and curative medical care for all people regardless of their economic status. This would include care in the home, office, clinic, public schools, and also industrial preventive medicine.

In order to provide this adequate care, he recommended a system similar to the New Jersey Emergency Relief Administration for those without income, and an extensive expansion of the public health program.

Dr. Sprague warned the profession to shun both the extreme right and the extreme left. He urged a progressive stand that would include (a) hospital insurance, (b) wider use of the Medical-Dental Service Bureau to permit more patients to pay their bills in full, (c) the creation of a hospital admitting bureau to protect ward and clinic facilities, and (d) a plan, similar to the former New Jersey E. R. A., which would pay physicians for indigent cases and thereby relieve them of some of the overwhelming burden of charity work.

At the conclusion of these talks, the Chairman, Dr. Kraker, urged discussion and questions from the floor, but very few were offered.

ESSEX COUNTY NOTES

Essex County views with pride all special commendations received by its sons for meritorious services. The following recently came to this writer's attention:

Our Milton Friedman, of the Radiation Therapy Department of the Newark Beth Israel Hospital, received a certificate of honorable mention for his

exhibit and exposition at the International Congress of Radiology, held recently in Chicago, entitled "Rhythm of Radiation Effects; Further Studies in the Protracted External Irradiation of Neoplasms of the Upper Respiratory Tract".

The correlation of clinical and experimental evidence has been gradually defining specific rates of growth for specific neoplasms. Further evidence, including that presented in the paper, has indicated that the destructive effect of radiation also occurs in specific cycles. The method whereby these periodic effects of radiation can be modified and patterned according to the rate of growth of the tumor constituted the major context.

The regular annual meeting of the *Irvington Physicians' Association* was held on Tuesday, February 8th, and the following officers elected for the ensuing year:

President, Louis Noll, M.D.
Vice-President, Robert Y. Hubbard, M.D.
Secretary, Clement Golden, M.D.
Treasurer, Charles Nadel, M.D.

Trustees—M. F. Baker, M.D.; Frank Bein, M.D.; Eugene Schaefer, M.D.; H. H. Horn, M.D.; I. Rothstein, M.D.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The regular meeting of the *Gloucester County Medical Society* was held on Thursday at 9:15 p. m., February 17th, 1938, at The Homestead, Woodbury, with the President, Dr. Oran A. Wood, presiding, and twenty-seven members and eight guests present.

VISITING DELEGATES

Dr. Harry F. Suter, of Pennsgrove, and Dr. Franklin H. Church, of Salem, were present as delegates from Salem County Medical Society; also Dr. Emma M. Richardson and Dr. Howard F. Palm, both of Camden, were also present as delegates from the Camden County Medical Society.

FRATERNAL REPORTS

Dr. Marshall F. Lummis reported on his attendance at a meeting of the Cumberland County Medical Society. Dr. I. W. Knight stated that he had attended a meeting of the Salem County Society; and Dr. Henry B. Diverty reported on his attendance at a meeting of the Burlington County Society.

NEW MEMBER ELECTED

Dr. William S. Serri, of Mullica Hill, whose application had been approved by the Board of Censors, was elected into membership.

COMMUNICATION FROM SENATOR HENDRICKSON

A letter was read from the Senator acknowledging the receipt of the Society's two resolutions, one concerning an appropriation of the free distribution of pneumonia serum, and the other approving the proposed premarital medical examination bill. The Senator stated that he would be pleased to give his whole-hearted support to both measures to the end that both would be enacted into laws at this legislative session.

PUBLIC ADDRESSES

Dr. Ralph K. Hollinshed, Chairman of Public Relations Committee, reported that no more definite speaking engagements had been arranged for his Speakers' Bureau. He explained that most of the P.-T. A. and other organizations had their programs completed for the year. Dr. Elwood E. Downs stated that he had spoken before the Kiwanis Club of Woodbury on the "Cancer Problem in New Jersey".

VENEREAL DISEASE CLINIC

Dr. I. W. Knight, Chairman of Public Health Committee, reported on the Venereal Disease Clinic arrangement for Gloucester County. He stated that $500.00 would be required to equip and maintain the V. D. Clinic for one year. Dr. Knight explained that when the clinic is set up in a hospital, the hospital staff selects the physicians from among its members for appointment. The Underwood Hospital, where the clinic will be held, selected Dr. Baxter A. Livengood to be the clinic physician, and Dr. Knight moved that his appointment be approved. The motion was carried.

LOCATION OF POST-GRADUATE COURSE

A letter was read by the Secretary requesting the Society to indicate its preference where the course of post-graduate lectures in pediatrics should be held. Most of our members felt that Camden would be the most convenient center to offer the course.

PNEUMONIA SERUM

Dr. Ralph K. Hollinshed made a motion that the Public Health Committee contact the Board of Freeholders to work out a plan for typing and the distribution of pneumonia serum, as covered by the Society's resolution last month. Motion was seconded and carried.

SCIENTIFIC

Dr. Wendell J. Burkett introduced Dr. S. W. Sappington, Professor and Head of Department of Pathology and Bacteriology, Hahnemann Medical College and Hospital, Philadelphia, who gave an interesting and very practical address on syphilis.

Dr. Sappington stated that the following three dates are memorable ones as regards syphilis:

1905—Cause of Syphilis—the spirochete—discovered.
1906—Diagnosis of Syphilis—Wassermann reaction discovered.
1910—Cure of Syphilis—Erlich's arsphenamine discovered.

The Wassermann reaction was the great stimulus to the study and treatment of syphilis. The first clinics for the study and treatment of syphilis was organized at Johns Hopkins in 1914, which led to intensive studies of the disease. Bismuth was added as an exceedingly useful remedy in 1922.

Syphilis is now quite well in hand as regards treatment, but its acceptance still requires considerably more publicity—it is now being called by its right name instead of "a blood disease".

HUDSON COUNTY

John N. Connel, M.D., Reporter

The regular monthly meeting of the *Hudson County Medical Society* was held on Tuesday, February 1, 1938, at the Carteret Club in Jersey City. The meeting was called to order by Dr. R. L. Ballinger, Vice-President, in the absence of the President, Dr. W. L. Williamson, at 9:40 p. m.

The minutes of last regular meeting and Executive Committee meeting were accepted as printed in Bulletin.

POST-GRADUATE COMMITTEE

Dr. T. J. White: "You may have seen in the Bulletins that Dr. Wilhelm Dressler, the eminent cardiologist of the Heart Station, Vienna, is visiting our city. We have organized a group of courses to be given by him. Details are given in the Bulletin of January, 1938, p. 12. First of all, I would like to emphasize the opportunity that we have at this time of being taught practical cardiology by a man who knows it so well. These courses will begin Friday, February 4th, at the Medical Center, from 4:00 to 6:00 p. m."

SCIENTIFIC

Dr. Ballinger introduced Dr. Jesse G. Bullowa, Clinical Professor of Internal Medicine, Attending Physician, Harlem Hospital, who spoke on "Pneumonias and Their Modern Treatment".

Discussors: Drs. F. Pearlstein, G. Kerdasha, J. Von der Leith, T. White, H. Pearlberg, and A. Jaffin.

Discussion was closed by Dr. Bullowa.

SCHEDULE FOR DISCUSSION OF REPORTS

Dr. B. S. Pollak called attention to the great desirability that the county society should devote considerable time of every meeting to the reports of its committees and those of the State Society. He called attention to important medical bills which are now before the Legislature, among them one making anti-pneumococcus serum available, and another is the amended Medical Practice Bill.

Dr. Pollak suggested that a time schedule of each meeting be announced on the program, and that it be observed, in order that a balanced order of business may be transacted.

HONORARY MEMBERSHIP

An amendment to the By-Laws was discussed, providing for honorary members of the Society.

MERCER COUNTY

A. D. Hutchinson, M.D., Reporter

The regular monthly meeting of the *Mercer County Medical Society* was held on the evening of February 9, at the Trenton Country Club, with President W. R. Little presiding.

The meeting was preceded by a dinner given to the guest speaker, Dr. Morris Fishbein, Editor of the Journal of the American Medical Association, and Dr. William G. Herrman, President of The Medical Society of New Jersey.

The program of the meeting consisted of an explanation of the National Social Security Act, by Dr. Fishbein, who was introduced by Dr. Herrman.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

A well-attended and interesting meeting of the *Morris County Medical Society* was held the evening of February 17 at Morristown Memorial Hospital, President Williams presiding.

LEGISLATION

Secretary Young reported that the Welfare Committee had endorsed bills now before the State Legislature, as follows:

1. Providing free serum for indigent pneumonia patients.
2. Regulating the sale of marajuana.
3. Requiring health certificates prior to marriage.
4. Admitting as evidence blood tests in proving paternity.
5. Making pneumoconiosis and hernia compensable under the Workmen's Compensation Act.
6. That a bill before the House of Representatives creating a cancer foundation also was given endorsement.

SECURING NEW MEMBERS

Efforts were reported to induce non-members resident of the county who are eligible for membership to join the Society and avail themselves of the advantages of membership.

SCIENTIFIC

The scientific program was directed by Dr. Pinckney of the hospital staff, and was as follows:

1. Two cases of osteogenic sarcoma occurring in children following slight injuries, with fatal results:
2. Two cases of pathological fracture, one at the site of a bone cyst and one caused by Ewing's tumor, both with favorable termination. These cases were illustrated by x-ray pictures taken at various stages of the treatment.
3. Moving pictures illustrating both total and subtotal thyroidectomy.

Following the formal meeting a social period was enjoyed, with a repast provided by the hospital staff.

OCEAN COUNTY

Harry S. Ivory, M.D., Reporter

The regular monthly meeting of the *Ocean County Medical Society* was held at the Sunset Cabin, Lakewood, N. J., with the President, Dr. W. G. Hayden, presiding. Those present were Drs. Green, Towbin, Ivory, Halbach, Hayden, Tilles, Bunnell, Goldstein, Dodd, Frazee, Hogan, Menge, Sickel, Gaumer, and Obert.

TELEPHONE DIRECTORY

Dr. Hayden reopened the question of listing the members of the Society in the classified directory section of the telephone book. After considerable discussion it was decided not to sponsor the idea.

The establishment of venereal disease clinics in Ocean County with the aid of the New Jersey State Department of Health and the United States Public Health Service was discussed, and the following resolution was adopted:

"The Ocean County Medical Society is not opposed in principle to the establishment of venereal disease clinics, but feels that the population distribution and number of cases of such diseases in Ocean County does not justify the necessity of such clinics in the county.

"The members of the society have pledged themselves to take care of all cases that come to their attention, under the arrangement already existing. Unless it can be shown that any appreciable number of cases are unable to get such care from private physicians, the society opposes the establishment of clinics in Ocean County."

MATERNAL WELFARE

Dr. Ivory, as Chairman of the Committee on Maternal Welfare, outlined the method which the State is using for promoting coöperation in obstetrical care.

MEMORIALS

Dr. Dodd was appointed to draw up a resolution of condolence to be spread upon the minutes and to be sent to the widow of Dr. Vanderhoef Disbrow.

Floral wreaths were authorized for Drs. Disbrow and Lewis Lane.

PROGRAMS

Dr. Towbin spoke at length against calling the monthly meetings at 9:00 p.m. and not having a dinner and social period in connection with the monthly meetings. He further suggested that during the remaining meetings under the present administration, less emphasis be placed upon medical economics and more upon scientific subjects.

COLLECTION BUREAU

Dr. Hayden reopened the question of the establishment of a medical-dental-hospital collection bureau, stating that the dentists and hospitals do not seem interested. After considerable discussion, a motion was made, seconded and carried that a collector be appointed for a trial period of three months; that the collector be bonded; and that the said collector be remunerated to the extent of 25 per cent of bills collected. It was further moved, seconded and carried that publicity be given to the above measure.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held at the Passaic City Club, Thursday evening, February 10, 1938. Dr. Vosburgh, President, presided.

MEMORIALS

The death of Dr. John N. Ryan was announced, and Drs. J. Carlisle, L. M. Matthews, and L. Shapiro were appointed a committee to draft a memorial resolution. (See obituary, page 179.)

TREASURER'S REPORT

The report of the Treasurer was then read. Dr. Wolfson announced that twenty-five members have not paid their dues, and advised that those who have not paid on or before March 10 will not be placed on the official list of members of the State Society.

NEW MEMBERS

The following members were elected to membership in addition to emeritus membership:

Dr. John C. McCoy, Paterson
Dr. W. E. Chase, Passaic
Dr. W. Flitcroft, Paterson
Dr. Charles J. Kane
Dr. Frank R. Sandt
Dr. Richard Stinson
Dr. William G. Colfax

The following new members were admitted:

To active membership—

Dr. Homer Cherry, Paterson
Dr. Bascomb L. Chipley, Paterson
Dr. Andrew H. Davis, Paterson
Dr. Elliot Fishbein, Paterson
Dr. Meyer P. Shipman, Paterson
Dr. Frederick Summerill, Passaic

To associate membership—

Dr. Michael L. Keller, Paterson
Dr. Irene O. Thomas, Hawthorne
Dr. Frank B. Vanderbeek, Paterson

Four applications for active membership in the Society and one for associate membership were received.

PRE-MARITAL EXAMINATION BILL

The resolutions regarding the approval of the Passaic County Medical Society of the proposed premarital examination bill sponsored by the New Jersey State Department of Health were read and passed, after some discussion by Drs. Marsh, Allen and Yager.

COMING MEETINGS

Dr. Yager, the Secretary, then announced the next meeting in Paterson, and that Dr. Martland, Medical Examiner of Essex County, would speak on "Interesting Experiences in a Medical Examiner's Office". At the April meeting, Dr. Foster Kennedy will speak on "Allergy in Nervous Diseases". The April meeting will be held in Passaic.

SCIENTIFIC

The speaker of the evening was then introduced, Dr. Paul M. Wood, Assistant Professor of Anesthesia, New York Medical College, and Attending Anesthetist at Roosevelt Hospital, New York. His subject was "Anesthesiology, Its Scope and Prospects". His talk was interpreted with lantern slides, and he reviewed the history of anesthetics. He discussed the various fields of anesthesia such as resuscitation and pneumotology, i.e., the use of various gases for therapeutic uses. He showed slides of various types of machines for anesthesia, and mentioned all the new gases. He emphasized the pre-operative preparation of the patient, and the careful use of any anesthetic. He deplored the use of technicians in giving anesthetics, and hoped that the future would bring forth many physicians trained as specialists, and certified by the Board of Anesthetists.

Dr. M. C. Peterson, Resident Anesthetist of Bellevue Hospital, opened the discussion and mentioned

the use of two drugs which he found very helpful in barbiturate poisoning,—one was picrotoxin, and the other metrozol. He showed slides demonstrating the intra-trachael tube that he used especially in mouth and thoracic surgery. He also emphasized the fact that mechanical aids were unnecessary in resuscitation; that the doctor's breath, by mouth to mouth breathing, was the best resuscitation. After several questions were answered by Dr. Wood, a rising vote of thanks was given him. After the meeting Dr. Wood spoke briefly on the use of helium, which is one of the newer gases to be used in medicine.

GRADUATE EDUCATION

The following lectures, arranged by the Committee on Post-Graduate Education, Wayne N. Hall, Chairman, will be held on Tuesday afternoons at 3:30 p.m. in Paterson or Passaic. In Paterson, the lectures will be held at the Health Center, Passaic and Mill Streets. The lectures in Passaic will be given at the City Club, Main Avenue and Prospect Street.

March 1, 1938—Paterson
Speaker: Dr. John L. Kantor, Gastro-Enterologist and Associate Roentgenologist, Montefiore Hospital, New York.
Subject: "Newer Methods of Treating Peptic Ulcer".

March 15, 1938—Paterson
Speaker: Dr. Clarence E. de la Chapelle, Acting Chairman of the Department of Medicine, New York University Medical College; Acting Director of the Third (N. Y. U.) Medical Division, Bellevue Hospital.
Subject: "Syphilis in Relation to Cardiovascular Disease".

March 29, 1938—Passaic
Speaker: Dr. Lewis A. Conner, Professor of Clinical Medicine, Cornell University Medical College.
Subject: "Treatment and Prognosis in Heart Disease".

April 5, 1938—Paterson
Speaker: John R. Twiss, Assistant Professor of Clinical Medicine, New York Post-Graduate Medical School of Columbia University; Assistant Attending Physician, New York Post-Graduate Hospital.
Subject: "Criteria for Medical Management of Diseases of the Gall-Bladder".

April 19, 1938—Passaic
Speaker: Dr. Walter Timme, Professor of Clinical Neurology, Columbia University College of Medicine; Director, Department of Neuro-Endocrinology, Neurological Institute, New York.
Subject: "Status Hypoplasticus—Its Bearing on All Fields of Medicine and a Discussion of the Automatic Compensatory Mechanisms Involved".

May 3, 1938—Paterson
Speaker: Dr. Robert T. Frank, Clinical Professor of Gynecology, Columbia University College of Medicine; Consulting Gynecologist, Mount Sinai Hospital, New York.
Subject: "Recent Advances in Endocrinology".

SOMERSET COUNTY

Albert W. Pigott, M.D., Reporter

The monthly meeting of the *Somerset County Medical Society* was held on December 9 in the Nurses' Home of the Somerset Hospital, with fifteen members and six guests present. Vice-President Flint presided in the absence of the President, Dr. Sferra.

LEGISLATION

For the Committee on Legislation, Dr. Renner reported that the Motor Vehicle Department was trying to formulate a plan whereby physicians would report persons who were unfit to drive vehicles, much in the same manner as venereal diseases are reported. No definite action had been taken, but there was a movement toward this end.

PUBLIC RELATIONS

Dr. Fritts reported that Dr. Pogoloff had spoken before the Rotary Club of Somerville and the Rotary Club of Dunellen. Dr. Hird had spoken during the past month before the Parent-Teacher Association of Birdgewater Township.

BULLETIN

Dr. Ely made comments concerning the new bulletin and congratulated Dr. Sferra and his committee for the good work which had been done in preparing it.

NEW MEMBERS

Drs. Irving Klompus and D. T. Russo were elected to membership, and Dr. E. S. Hallenger was accepted by transfer from Gloucester County.

ADDRESS BY DR. W. B. MORRIS

Following the business meeting, Dr. Watson B. Morris, the Vice-President of the State Medical Society, delivered a message from the State Society.

SCIENTIFIC

The scientific part of the program was presented by Dr. Martin Biederman, of New York City, who gave an interesting, illustrated lecture on the "Injection Treatment of Hernia".

UNION COUNTY

Ronald J. Walsh, M.D., Reporter

The regular monthly meeting of the *Union County Medical Society* was held at the Ilderan Outing Club, Rahway, on January 12th. The President, Dr. Henri Abel, presided.

NAMING SPECIALTIES IN THE TELEPHONE DIRECTORY

Dr. Charles Schlicter brought up the question of the ethics involved in physicians naming their specialties in the classified section of the telephone directory. After considerable discussion, the subject was referred to the Executive Committee for study and report.

MEDICAL-DENTAL SERVICE BUREAU

Dr. T. J. Walsh reported that the operating expenses of the Bureau for 1937 totalled $5684, against an income of $5400, a deficit of $284. He urged greater support on the part of members; and pointed out that the Union County Bureau was collecting 12.66 per cent, as compared with the Essex County Bureau's 12.20 per cent—practically identical figures. He suggested that the rates be raised; asking a percentage of 33.33 per cent on accounts under one year standing, and of 50 per cent on accounts of over one year. This suggestion was adopted, with the provision that the rate on new budgeted accounts would remain at 10 per cent.

NEW MEMBERS

The following physicians were unanimously elected to the Society:

Robert P. Boyd, Garwood
Nathan S. Deutsch, Plainfield
Lewis Disler, Summit
Ernest C. Lowenstein, Rahway
F. V. Merlo, Elizabeth
Arnold J. Rosenthal, Elizabeth

George W. Strickland, John H. Carnon, and Robert J. Montfort were elected honorary members.

SCIENTIFIC

Dr. Abel then introduced the speaker of the evening, Mr. William Allen Richardson, who spoke on "Some Up-to-the-Minute Phases of Economic Problems".

TREASURER'S REPORT

Dr. Alden R. Hoover, the Treasurer, gave his report, and following this, Dr. Charles Schlicter emphasized the importance of members paying their dues immediately so that their names might appear on the official list of membership of the State Society. The last day for filing names will be March tenth. Those paying their dues after that date will not have their names included.

LICENSES GIVEN WITHOUT DEGREES

Dr. N. W. Burritt announced that the State Board of Medical Examiners was investigating the problem of licenses obtained by doctors without degrees. There is no official ruling on the matter of their serving on hospital staffs. Dr. Burritt proposed that the American Medical Association be requested to make such a ruling for the State and County Medical Societies. Dr. H. Murphy stated that the American College of Surgeons provided that a physician must be a Doctor of Medicine, and a member of a County Medical Society, in order to be affiliated with a local hospital.

SUMMIT MEDICAL SOCIETY

E. W. Macpherson, Secretary

The December meeting of the *Summit Medical Society* was held at the Nurses' Home of Overlook Hospital on Tuesday evening, December 28th, with Dr. Tidaback presiding and twenty-eight members and five guests present.

MEMORIAL TO DR. JOHN BURLING

A memorial in memory of Dr. John Burling was offered by Dr. Prout and adopted. (See p. 109, Feb.)

The Summit Medical Society pased a resolution requesting the Board of Trustees of Overlook Hospital place a tablet or other memorial in the Children's Ward in recognition of the generous gift by Dr. Burling, which he did not desire to be made known during his lifetime.

SCIENTIFIC

Dr. Tidaback introduced the speaker of the evening, Dr. Weyeth, of New York City, who gave an illustrated talk on "Progress and Direction in the Treatment of Cancer".

The monthly meeting of the *Summit Medical Society* was held at the Nurses' Home of Overlook Hospital, on Tuesday evening, January 25th, with Dr. Tidaback presiding. There were thirty members and twelve guests present.

A symposium was held on "The Diagnosis and Treatment of Pulmonic Conditions". Dr. Runnells, Medical Director of Bonnie Burn Sanitorium at Scotch Plains, reviewed the history of the treatment of diseases of the lungs, and showed x-rays of interesting cases.

Drs. Rogers and Seary, of the Bonnie Burn Staff, illustrated the various types of lung conditions and the methods of treatment that were most advisable for each case. Dr. Burritt, of Summit, concluded the symposium with a study of the bronchoscopic work which he has employed in conjunction with lung conditions.

After the meeting a collation was served.

THE WOMAN'S AUXILIARY

THE ANNUAL MEETING

To the Members of the Auxiliary to the New Jersey Medical Society:

Once again it is time to begin thinking about our Annual Convention in Atlantic City. This year the dates are May 17th, 18th, and 19th; and the place of meeting will be the Hotel Ambassador:

TUESDAY, MAY 17

Did you enjoy the rolling chair ride in 1937? This year we shall have the chair ride an hour before luncheon, so that the salty breezes may sharpen your appetite, and that you may enjoy the excellent meal prepared for you, to be served at one o'clock. There will be no charge for the chair ride, and your Entertainment Chairman hopes that you will all be here early enough Tuesday morning to join the Rolling Chair Cavalcade Tuesday morning, May 17.

WEDNESDAY, MAY 18

Wednesday will be devoted to business, until the evening. When the sun goes down, we will forget all serious responsibilities. At 7:30, we will "get together" for an informal reception. At 8:00 p. m., the Banquet will be served. Later in the evening there will be dancing to the rhythmic tunes of an excellent orchestra.

THURSDAY, MAY 19

Thursday there will be more business, time for relaxation and a stroll along the Boardwalk; and as a pleasant close to a pleasant three days, there will be an Arts and Hobbies Tea in the afternoon.

Details will be worked out later, but for the present remember this:

The dates are: May 17, 18, and 19!

The place: Ambassador Hotel, Atlantic City.

Events:

Tuesday—A Rolling Chair Ride and Auxiliary Luncheon.

Wednesday—Business and a Banquet!

Thursday—More Business and a Tea.

MRS. CARL A. SURRAN,
Entertainment Chairman,
1938 Convention.

THE AUXILIARY EXHIBIT

By MRS. ADELE M. BEIR, Chairman

Records of today's activities soon become medical history and monuments to those who are now directing medical affairs. We members of the Auxiliary are diligently seeking, recording, and preserving the local medical history of New Jersey, not only for its own intrinsic value, but because it was the first medical society to be organized in the Colonies. It is the parent of the State Medical Societies of the whole nation.

The work of collecting, displaying, and recording New Jersey medical history has been given to the Auxiliary by The Medical Society of New Jersey, and because of its importance, it has become a major activity of the State Auxiliary.

By endorsing the work of this committee in compiling medical history of New Jersey, the State Medical Society has paid a great compliment to the Woman's Auxiliary, and at the same time, it has placed a great responsibility on all its officers and members to merit this confidence. Considerable progress has been made, and I am counting on your further enthusiastic support.

This committee is now preparing for its third showing of Medical History data and objects, at the coming Annual Meeting of The Medical Society of New Jersey and its Auxiliary in Atlantic City this May. Chairmen and their committees have been appointed in the counties to have charge of collecting and recording this material, and are busily at work. Last year a very creditable showing was made, and this year I expect further progress to be made and a start of delivering such records to the State Medical Society for its preservation and filing in the manner it has desired. At this time may I urge that our Auxiliary County Presidents stress this work at their local meet-

ings, and that members present pertinent information or data before their Medical History Committees. Histories of County Medical Societies have been of the greatest assistance to these committees, but individual members may also be, by advising our committees of any material they may have, or by entering it at the convention.

Machinery will not run without oil. So the serious work of a convention, committee, or group must be combined with social amenities in order to promote a pleasurable anticipation, good feeling, and happy remembrance by the workers and their families. From this idea the exhibition of this committee had its inception; and its increasing popularity, mainly with the women, has caused its steady growth; but with the initiation of the collection and showing of articles bearing on medical history, this interest and the attendance have greatly increased, especially among the doctors.

We have endeavored to present an exhibition of articles that would excite the interest and increase the culturable knowledge and pleasure of doctors and their families by showing art objects and collections of hobbies of both men and women, as well as objects and data bearing on medical history, especially that of New Jersey. Members and their families may use our room to rest, or write, or meet their friends in the midst of pleasant and interesting surroundings.

Only by the liberality of members in placing their treasurers, whether of arts, hobbies or medical history, at the disposal of this committee for recording and for exhibition at the annual convention, may the progress of our work and the interest in the exhibition be increased; and so I trust that all members will freely coöperate by giving their data to Chairmen of County Medical History Committees, and by sending their entries to me. Entry blanks may be had from these chairmen, the Secretaries of their County Medical Societies and Auxiliaries, and from me.

The State Medical Society has assigned us to the beautiful Surf Room at the Hotel Ambassador for the exhibition, and has given us the greatest encouragement. I bespeak your interest by your entries and your attendance during the convention at any convenient time, and especially on Thursday afternoon, May 19th, for the historical talk and the tea following it.

MRS. ILY R. BEIK, *Chairman*,
Art, Hobby, and Medical
History Committee.

NOTICE OF BOARD MEETING

MRS. SAMUEL L. SALASIN, President

Board Meeting of Woman's Auxiliary, Monday, March 14th, 1938, 10:30 a. m. Bamberger's Department Store, 10th floor.

Luncheon—1:00 p. m., price 90 cents.

Speakers: Dr. Charles B. Kaighn, Chairman Annual Meeting Committee.

Dr. LeRoy A. Wilkes, Executive Officer.

Reservations to be sent before March 12th to Mrs. William F. Rathgeber, 18 William Street, East Orange, N. J.

MRS. A. S. SCHULMAN,
Chairman of Arrangements.

Atlantic County

Reported by Mrs. M. M. Major

A meeting of the *Executive Board of the Woman's Auxiliary to the Atlantic County Medical Society* was held on February 8, 1937, at the home of Mrs. L. M. Walker, 110 South North Carolina Avenue, Atlantic City. Mrs. Lawrence Wilson, President, presided.

Winners of the essay contest on the "Prevention of Common Colds" will be given their awards at the regular meeting of the Auxiliary, to be held Friday evening, February 11, at the Ambassador Hotel.

Following the meeting a delightful social hour was enjoyed. Tea was enjoyed by members present.

Attending the meeting were Mrs. Harry Subin, Mrs. Edward Dyer, Mrs. Samuel Salasin, Mrs. Daniel Reyner, Mrs. Lawrence Wilson, Mrs. Percy Joy, Mrs. Clarence Whims, Mrs. Carl Surran, Mrs. G. Ruffin Stamps, Mrs. L. M. Walker, Mrs. Morton Major.

First prize in the essay contest conducted by the Auxiliary to the Atlantic County Medical Society was presented to Mary Jane Sullivan, a student in St. Peter's School, Pleasantville, at the meeting of the Auxiliary on Friday evening, February 11, 1938, at the Hotel Ambassador. The contest topic was "Prevention of Common Colds", and the first award was $10.

Mrs. Daniel Reyner, Chairman of Public Health, made the presentation of the awards. Other prizes were presented to Jane Leeds, Ventnor Avenue School, $5; Dora Rash, Steelmanville Junior High School, $3. The following received honorable mention and were presented with pen and pencil sets: Stanley Jacob, Ventnor Avenue School; Nan Smith, Absecon School; Irving Rubin, Junior High School.

Dr. Edwin H. Coward, Medical Adviser of St. Peter's School, addressed the meeting.

Essex County

Reported by Mrs. Gerald W. Hayes

The Executive Board of the *Woman's Auxiliary to the Essex County Medical Society* met on Friday morning, February 11th, at the Academy of Medicine of Northern New Jersey to discuss and plan the details of the February and March meetings.

On Monday afternoon, February 14th, the Social Committee, of which Mrs. Earl Snaveley is chairman, met with the doctors' group to make final arrangements for the first annual dinner to be given by the Essex County Medical Society in conjunction with the Woman's Auxiliary. The dinner will be held on Wednesday, March 23rd, at the Newark Athletic Club.

The Ways and Means Committee met at the home of Mrs. J. W. Siegel, the chairman, on Friday, February 18th. This meeting was for the formulation of plans for the annual card party which will be held this year at L. Bamberger and Co. on Tuesday, April 5th.

The program and Public Relations group, headed by Mrs. Louis Schneider, addressed and mailed 1500 invitations for the Reciprocity Meeting.

Dr. Walter H. Eddy will be the guest speaker at the Reciprocity Meeting of the Essex Woman's Auxiliary to be held at the Academy of Medicine in Newark on February 28th at 3:30 p.m. Dr. Eddy is Professor of Physiological Chemistry at Teachers' College, Columbia University, and Director of Good Housekeeping Bureau. The subject of Dr. Eddy's discourse will be "The Factors Which Determine Food Values". He will also discuss the dishonest and false claims so often made in innumerable food advertisements.

Hudson County

Reported by Nellie D. Nevin

The monthly meeting of the *Woman's Auxiliary to the Hudson County Medical Society* was held on February 7th, Mrs. Charles B. Kelley presiding.

Following the usual reports, a tribute was paid to the memory of Mrs. Elizabeth Barringer, our recently deceased charter member.

Mr. William Gulden, New York interior decorator, was the guest speaker.

A group of songs rendered by Mrs. Adelaide Costello, with Mrs. Harry Perlberg at the piano, closed a most enjoyable program.

Fifty-eight members and guests remained for tea and a social hour.

Mercer County

Reported by Mrs. L. Leonard Freedman, Secretary

The *Woman's Auxiliary to the Mercer County Medical Society* held a Reciprocity Tea, in conjunction with the Education Department of the Contemporary Club, on Tuesday afternoon, February 22nd, at the Contemporary Auditorium.

Dr. William G. Herrman, President of the New Jersey Medical Society, was introduced by Dr. LeRoy A. Wilkes. We were especially interested in the information he gave us.

Dr. Chester I. Ulmer was also introduced by Dr. Wilkes. His talk was most humorous and entertaining as well as educational, for he touched on "Diets and Obesity" and old remedies of years past.

Dr. Alice L. Clark spoke on the "Efforts Being Made to Stamp Out Social Diseases".

Other speakers included our charming State President, Mrs. Samuel L. Salasin, of Atlantic City. Mrs. A. Haines Lippincott gave a realistic monologue to prove her point. She also urged those present to contact health speakers through the Medical Auxiliary. Mrs. Ily R. Beir was among our distinguished guests. Mrs. Nelson P. Houseley, Mercer County P.-T. A. chairman, was also introduced, and spoke briefly.

We concluded our interesting talks with violin solos rendered by Joseph Higham, a talented artist, assisted by Alma Edwards.

A social half hour followed, and tea was served by the following hostesses: Mrs. Charles F. Adams, President of the Contemporary; Mrs. Chianese, Mrs. Haggerty, Mrs. A. W. Atkinson, Mrs. Alton S. Fell, Mrs. A. Dunbar Hutchinson, Mrs. James J. McGuire, Mrs. Arthur M. Youngs, Mrs. Harold Levy, Mrs. A. H. Flury. Mrs. George N. J. Sommer and Mrs. Henry W. Denny presided at the tea table.

Somerset County

Mrs. Charles F. Halsted, Reporter

The regular meeting of the *Woman's Auxiliary to the Somerset County Medical Society* was held at the Nurses' Home, Somerset Hospital, Thursday evening, February 10th, 1938, with the President, Mrs. D. S. Renner, presiding, and nine members present.

Mrs. A. F. Sferra, Chairman of Public Health and Public Relations, reported that Dr. Pogoloff, of Somerville, had addressed the Rotary Club of Dunellen, the Mt. Bethel P.-T. A., the North Plainfield P.-T. A., the Catholic Daughters of America and the midwives in Bound Brook on venereal diseases; that Dr. Hird, of Bound Brook, had addressed the Green Knoll P.-T. A. on health problems; that Dr. A. A. Lawton, of Somerville, had spoken on cancer before the Woman's Club of Middlesex County; that Dr. Charles Renner, of Blowenburg, is scheduled to appear before St. Joseph's P.-T. A. in Bound Brook February 20th concerning the school child. Most of Dr. Pogoloff's talks were on venereal diseases.

The Nominating Committee, Mrs. Lancelot Ely, Chairman, presented the following slate to be voted upon at the next meeting:

President-Elect, Mrs. E. G. Brittain
Vice-President, Mrs. Joseph Meigh
Secretary, Mrs. C. F. Halsted
Treasurer, Mrs. J. L. Young

The president appointed the following committee to plan for a card party: Mrs. A. F. Sferra, Chairman; Mrs. William Gray, Mrs. George Barber, Mrs. E. T. Flint, Mrs. Alfred Pigott, Mrs. E. G. Brittain.

Delegates and Alternates to the Annual Convention were appointed as follows:

Mrs. E. T. Flint, President; Alternate, Mrs. L. Ely
Mrs. D. S. Renner; Alternate, Mrs. E. G. Brittain
Mrs. William Gray; Alternate, Mrs. Alfred Pigott.

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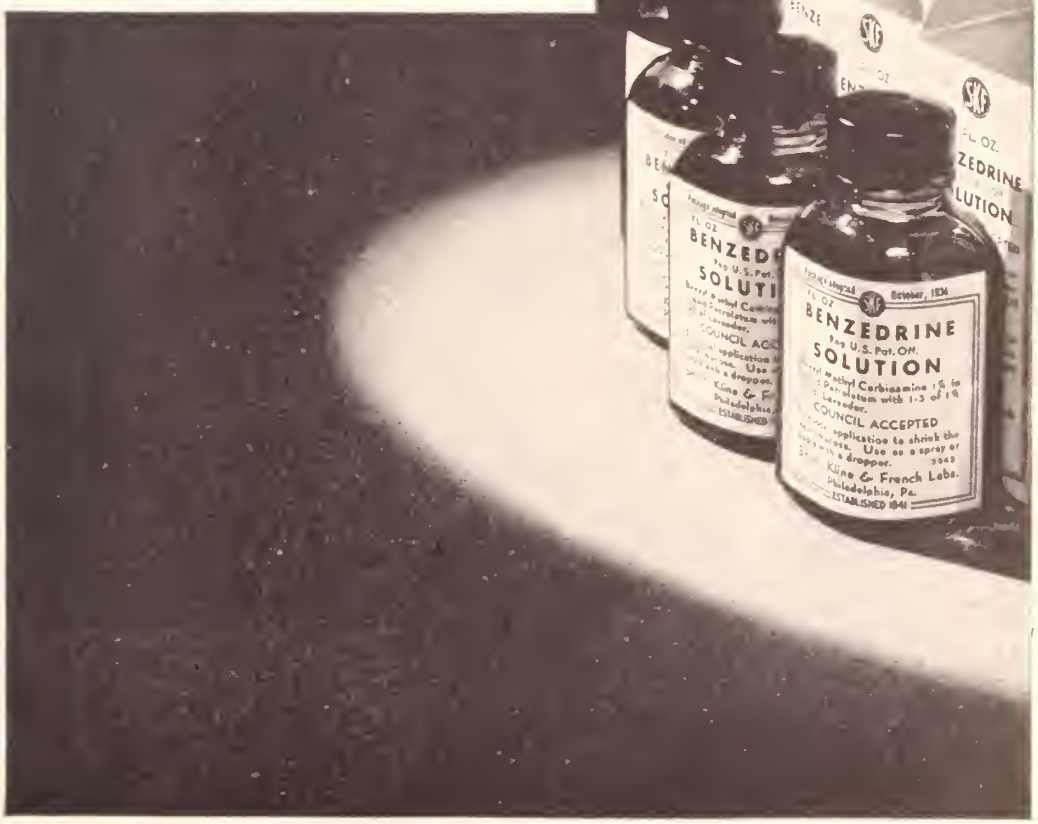

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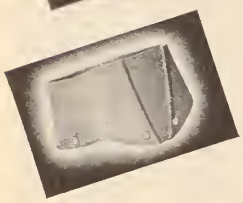

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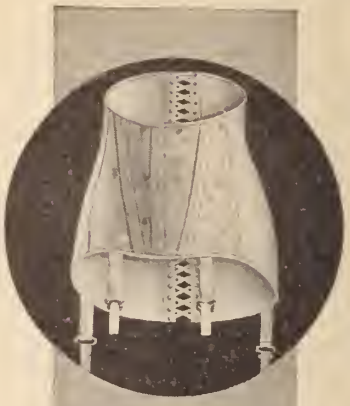

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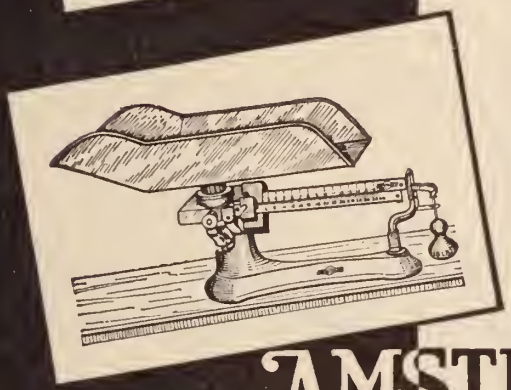

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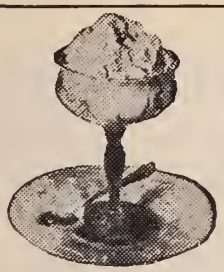

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Sodium (Na)	5.6	0.33
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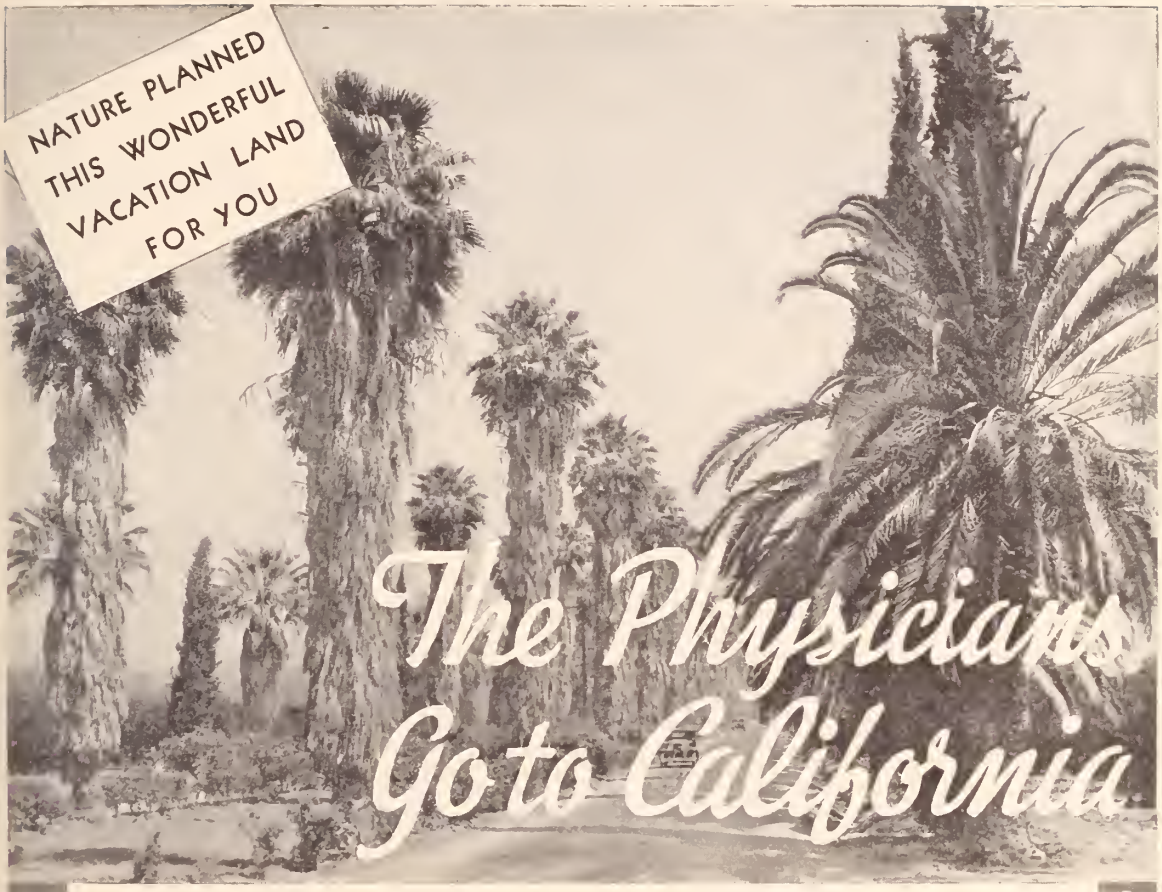

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N. Y. State Jour. Med., June 1935, Vol. 35, No. 11
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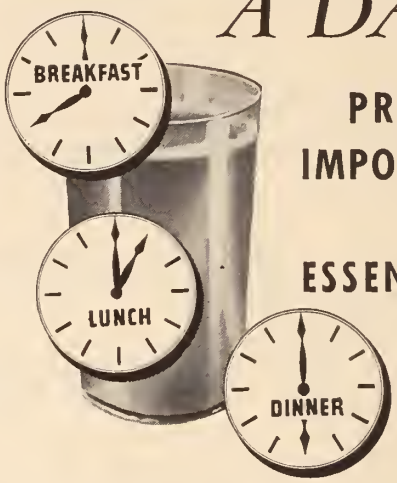

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BASIC OPERATIONS IN COMMERCIAL CANNING PROCEDURES

II. THE BLANCH

● Previously, we have described the reasons for the thorough cleansing of raw food materials prior to canning and the methods by which such cleaning is effected. Another basic operation in the commercial canning procedures for many vegetables and some fruits, is known as the "blanch". (1)

In essence, the blanch is an operation in which raw food material is immersed in warm or hot water, or exposed to live steam. The blanch serves a multiple purpose.

First, blanching serves to soften fibrous plant tissue. By so doing, it contracts or expands these tissues and thus insures a proper final fill in the tin container. Second, during the blanch, respiratory gases contained in the plant cells are liberated. This release of gas prevents strain on the can during heat-processing and favors development of a higher vacuum in the finished product.

Third, the blanching operation inhibits enzymes naturally present in the raw foods and prevents further enzymatic action. Inhibition of enzymes—particularly those inducing oxidative reactions, yields products of superior quality and nutritive values. Fourth, the blanch may serve as an added cleansing measure and also remove "raw" flavors from certain foods. A final function of the blanching operation is to fix or set the natural color of specific products.

In commercial canning practice, blanching is usually accomplished in equipment especially designed for certain types of products. In general, the raw products after thorough washing are conveyed through water or steam by various mechanical devices capable of adjustment so as to subject the raw materials to a particular temperature for the proper period of time.

Such, in broad detail, are the purposes and mechanics of the blanch, a basic operation in many commercial canning procedures.

AMERICAN CAN COMPANY

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(1) 1937 Appertizing or The Art of Canning, A. W. Bitting, The Trade Pressroom, San Francisco.

This is the thirty-fourth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

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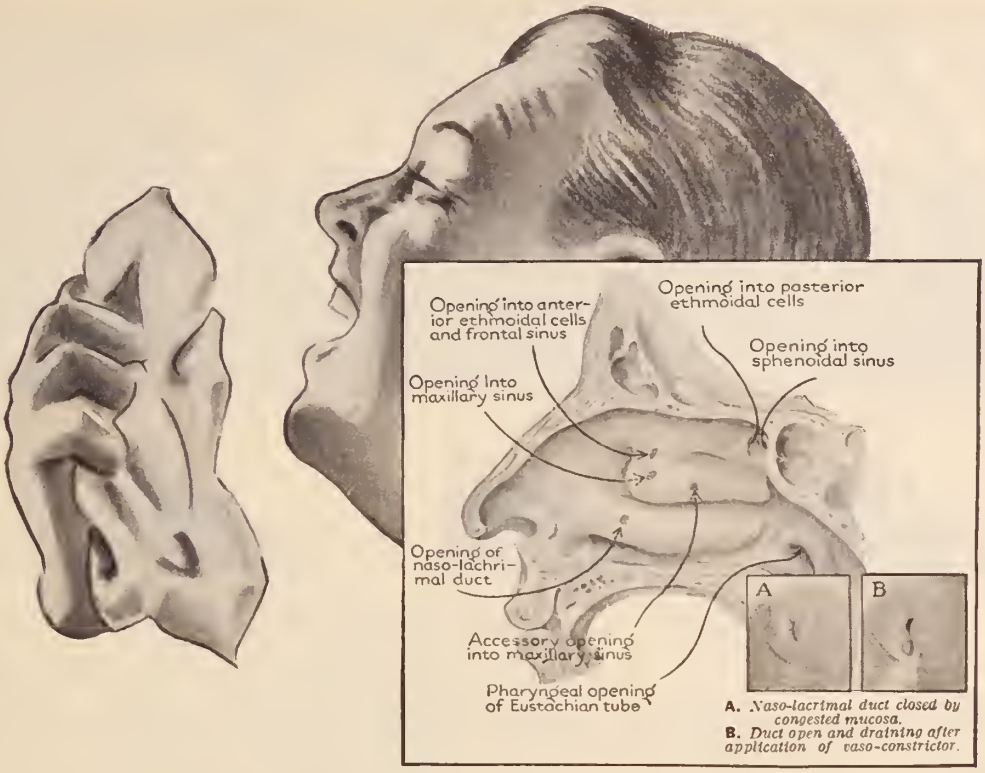

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Iodobismitol may be used alone or with the arsenicals. It is well tolerated in both early and late syphilis. Iodobismitol is almost completely absorbed, exerts a relatively prolonged effect at a high level, and a very high efficiency with respect to therapeutic utilization of the dosage given.

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[1] Sollmann, T., Cole, H. N., Henderson, K., *et al.: Amer. J. Syph. Gon. & Ven. Dis.* 21:480 (Sept.), 1937.

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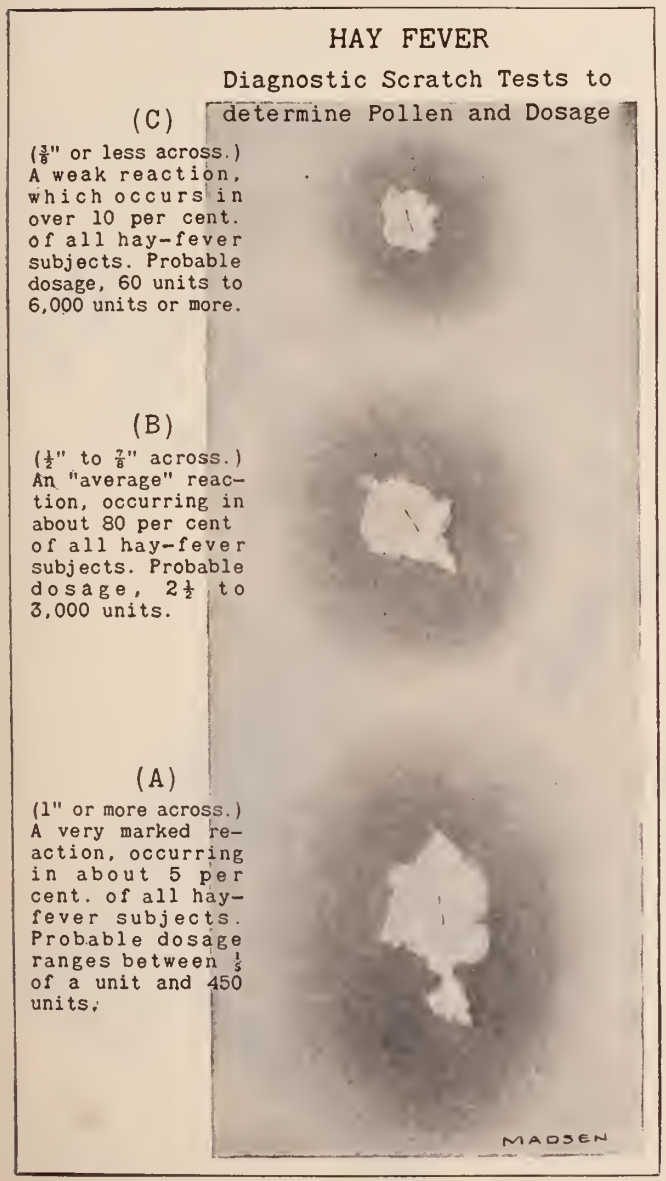

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Volume XXXV.
Number 4

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

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Editor of
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Frank Overton, M.D., Dr. P.H.

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Vol. XXXV, No. 4 April, 1938 Subscription, $3.00 per Year
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EDITORIALS

The Appeal of the Annual Meeting

The Annual Meeting of The Medical Society of New Jersey, to be held in Atlantic City, April 17-19, appeals to its members through the three branches of its organization:

1. Scientific.
2. Organizational.
3. Social.

If you are undecided whether or not to attend the meeting, your decision will depend largely upon your temperament.

THE INTROSPECTIVE TEMPERAMENT

If you are of the introspective type, the scientific program will be the chief center of your interest, for it will enable you to expand your outlook upon the impersonal field of diseases and therapeutics on which you depend for a living. The scientific program of the annual meeting is announced on page 239 of this issue of the Journal. You will be privileged to hear Dr. George Crile on the subject "The Surgical Treatment of Essential Hypertension". He is the only speaker in the General Scientific Session on the evening of the first day of the meeting. There will be a session on General Medicine, and one on surgery; and five sections on the specialties. At least two hours will be allotted to each session, so that you may spend sixteen hours listening to practical addresses on scientific medicine.

THE EXTROVERT

If you are of the extrovert temperament, you will be especially interested in the organizational phases of the Society—what will be its policies toward the members and to society, who will be elected officers, and how popular will be the measures and plans that are adopted by the House of Delegates. The organizational topics which will be discussed will be those mentioned in the annual reports of the officers and committeemen which will be printed in the May Journal.

Whether you are an introvert and a devotee of medicine as an impersonal science, or an extrovert with a special interest in the *persons* who are sick and the doctors who serve them, you will meet any number of doctors whose tastes are similar to yours and who will be as eager to listen to a good story as you will be to tell it.

The real enjoyment of the practice of medi-

cine is fostered by the fraternal spirit which will pervade the meeting; and the lasting satisfaction which you will take home will be the recollection of the happy hours which you have spent informally with kindred spirits with whom you communed in the corridors and the lunch rooms.

Whatever may be your temperament or your attitude, you will be a better doctor and a happier man for having attended the meeting.

Cultists in Colorado

On February 19, 1938, the Colorado Medical Society won an eight months contest which was probably more intense and prolonged than any other medical society has undergone. On that date the Secretary of State gave a decision denying the cultists the right to re-file a petition for a referendum on a constitutional amendment which would have overthrown the whole system of licensing not only physicians, but also lawyers, engineers, and practitioners in all other learned professions.

The progress of the campaign was described in each issue of Colorado Medicine (The Rocky Mountain Medical Journal after January 1, 1938) beginning with the September, 1937, issue. The initiative petition, as quoted by the Secretary of State in the Rocky Mountain Journal of March 1938, was as follows:

> A Constitutional Amendment giving to every person in Colorado the exclusive right to choose any state-licensed healer or doctor in the following instances: (1) For any examination required by the state, either mental or physical; (2) for any treatment of disease or curative service in connection with State Compensation Insurance or any other insurance benefits; (3) for any treatment of disease or curative service rendered such person while an inmate, patient, or charge of any institution in Colorado, which is wholly or partially tax supported.
>
> Granting every profession, recognized by the state, complete and exclusive control over the examination, licensing and regulation of the practice of all members of such profession, through its own legally constituted board.

If this referendum had been adopted, all laws regulating the practice of medicine would have been annulled and no new ones could be passed restricting cultists and quacks from treating any disease and collecting their bills from the victims.

The referendum would have been submitted to a vote of the people on general election day in 1937, if 39,000 signatures to the petition had been obtained. The petitioners claimed 63,000 names, but the State authorities declared 28,000 fraudulent on their face.

The method used by the petitioners was to hire solicitors to obtain the signatures by wholesale. Canvassers secured signatures from passers-by on the street, and swore to the identity of each signature and that they knew the signer personally. For this service the solicitor received three cents per name.

The Colorado State Medical Society hired a firm of lawyers and employed investigators who searched the State, especially the city of Denver, where most of the signatures were obtained, and proved that about half of the signers could not be found, and that most of the affidavits were fraudulent.

The Secretary of State refused to accept the petition for the referendum on the ground that the statutory number of signatures had not been obtained. He also denied the petitioners the privilege of submitting another petition.

The cost to the Medical Society was tremendous, and will be met by a special assessment on the members of the State Medical Society.

It seems strange that the Colorado State Medical Society should have had to bear practically all the burden of opposing the referendum. A search of the index of the Journal of the American Medical Association published in the issue of December 25, 1938, did not disclose a single reference to the action of the Colorado physicians.

The experience in Colorado is a warning of what the physicians of New Jersey may expect if they fail to adopt preventive measures at the very beginning of an outbreak of cultist propagandum.

Forum of the Welfare Committee

After a general has captured a town, he still faces the difficult problem of "Consolidating his position" by establishing a secure line of communications with his people at home.

Too often state medical leaders have been content with passing resolutions, and then neglecting to secure their adoption by county societies and their observance by the individual members.

During the last five years, The Medical Society of New Jersey has achieved remarkable success in securing the participation of the entire medical profession in projects for delivering efficient services to all classes of people. In this development the Welfare Committee has been an essential factor.

The Welfare Committee had its inception in the presidential address of Dr. Thomas W. Harvey in 1919, as the result of which a Welfare Committee of five members was at once established. From this small beginning, the Committee has grown to more than ten times its initial size, with a still greater expansion of its activities. The history of its development was sketched in The Journal of November 1937, page 687.

The outstanding success of the work of the Welfare Committee has been the result of two factors:

1. Its form of organization.
2. Its method of work.

1. FORM OF ORGANIZATION

The custom of The Medical Society of New Jersey—as of all other State Societies—had been to assign each new project to a special committee which acted independently of all the others. Each committee appealed to the county societies and to the members for support of its own special project. The result was that the members were confused with the multiplicity of the demands made upon them, and complained of the "Domination" of the State Society. Four characteristics of the form of organization of the Welfare Committee promote a wide understanding of its projects from the day of their proposal.

a. Each county society has at least one representative in the Committee membership.

b. The Welfare Committee assigns each group of activities to one of its four sub-committees—legislation, public health, medical practice, and public relations or the education of the public in medical affairs.

c. Each sub-committee assigns the branches of its activities among twenty advisory committees, whose members are experts in their own special lines.

d. The Welfare Committee encourages each county society to establish a similar form of organization, so far as practical.

The result is that the organization touches each member personally, and enables him to have a voice in setting up every state-wide policy and activity.

2. METHOD OF WORK

The essential feature of the Welfare Committee is that it is a *forum* in which policies and activities are considered and adapted to the needs of every section of the state. Each sub-committee and advisory committee reports to a general meeting of all members of the Welfare Committee; and its suggestions must have the approval of the Welfare Committee before they are put in force. This method of discussion and approval results in a high degree of unity of purpose and coordination of execution by county societies and their members.

The forum of the Welfare Committee is also a ready means by which the attitude of the county societies and their members may be ascertained and crystallized in emergencies. This was illustrated by the action of the Welfare Committee toward the proposals for socialized medicine expressed by a United States Senator to the American Medical Association last June (Journal July 1937, p. 463).

WELFARE OF THE PEOPLE

While the Welfare Committee was organized for the benefit of the *medical profession,* it has attained that objective by promoting the welfare of *the people of New Jersey* by developing the means of supplying them with all lines of services which modern medicine can offer. The details of these services will be outlined in the annual reports to be printed in the May Journal.

The Official List of Members

The annual official list of members is issued as a supplement to this, the April, issue of the Journal. Every effort is put forth to make the list of members accurate and complete. This is made possible by the concentration of the information in the Executive Offices, where card indexes of all the members are kept by counties, and also alphabetically for the whole State. An additional card index is kept of all physicians who are not members of the societies.

The response of physicians to requests for information is now more hearty and complete than ever before. It would be one hundred per cent accurate if it were not for the great number of removals of physicians from place to place without informing the Executive Offices of their change of address. If a member does not receive his Journal regularly, the reason is nearly always that he has not informed the Executive Offices of his new location.

It also sometimes happens that a doctor who is elected to membership has not paid his dues in advance of his election. It should be a rule that every application for membership shall be accompanied by a check for his dues for a year in advance, to be returned if the applicant is not accepted as a member.

The official list is an integral part of the Journal, and comes to each member perforated for binding with his Journal.

Bulletins of the County Societies

The evolution and development of the Bulletins of the County Societies are evidence of the growth of interest in medical organization. When we say that the *Medical Profession* believes so and so, we actually mean the collective opinion that is expressed by physicians through their medical societies.

Every medical society is a forum in which every member may express his opinion regarding any phase of the practice of medicine, and the relations of the doctors to the community. Every doctor has his own opinion regarding the duty which he owes to the community, and which the community owes to him. Without the medical societies the four thousand individual practitioners of medicine in New Jersey would express four thousand opinions, and there would be no unity of purpose or agreement regarding their methods.

No doctor can be entirely individualistic in these modern days of mutual dependence and concert of action. One-half of the people would be unable to carry out the necessary directions of the physicians without the aid of community services such as hospitals, x-ray laboratories, nursing facilities, and welfare relief. An individual doctor may protest about the "interference" of outside organizations with his private practice; but he is quite willing, and even anxious, to make use of the services of these organizations when they conform to his own conceptions of their proper duties.

The county societies are essentially forums in which the divergent opinions are concentrated upon unified projects which are approved by the majority of the members.

The county societies bridge the gap between The Medical Society of New Jersey and the individual members. Doctors believe in the principle of "Home rule".

The leaders of the State Society develop agreements with other organizations regarding the particular service which each shall render. The details of administering those services are in the hands of the County Societies; and their Bulletins carry the news of the projects to their members. They are effective answers to complaints of members that they are not informed of what is going on. The member who pays his dues is entitled to this information; and the County Bulletins are efficient and economical means of securing enlightened coöperation among all the members.

Sixty per cent of the county societies publish Bulletins which are received by ninety per cent of the members of the State Society. The Bulletins are efficient supplements to the Journal of The Medical Society of New Jersey.

ORIGINAL ARTICLES

THE MANAGEMENT OF URETERAL CALCULUS

By Stanley R. Woodruff, M.D., Jersey City, N. J.

Read before the General Scientific Section of the Annual Meeting of The Medical Society of New Jersey, in Atlantic City, April 29, 1937

It is a fairly universal fallacy with most of the laity and a goodly number of physicians as well, when once a renal calculus has descended into the ureter that the patient's troubles are over. To the experienced urologist his troubles have only just begun. Having witnessed the death of three patients suffering from ureteral calculus within a period of three months during the past year, I feel qualified to speak more or less intelligently.

A calculus in-dwelling in the ureter is fraught with a thousand times the danger to the patient than when it reposes within the kidney pelvis. For in the latter, although infection and possible lethal destruction of the kidney takes place, there is always drainage down the ureter to carry off the results of pyogenic change. This means that serious generalized infection does not take place. However, let such a calculus drop into the ureter and plug it, with a secondary backing up of an infected urine into the renal pelvis, and there is an immediate local response as shown by pain and rigidity of nearby muscles, which in a surprisingly short time gives rise to severe systemic symptoms such as chills, high temperature, and vomiting, due to absorption of septic products under pressure. Such a condition may be accompanied by a reflex inhibition of function in the other kidney with a rising blood retention of nitrogenous products and subsequent death. If anuria does not take place, death may still ensue from septicopyemia, septic endocarditis, or septic infarcts to the lungs, liver or opposite kidney. It is then a real problem that faces the urologist as each patient suffering from ureteral calculus is presented.

That there exists at the present time a divergence of opinion among urologists as to the proper procedure in the treatment of ureteral stone is apparent from the literature. On the one hand, there are those advocating an extremely conservative policy, with attempts at instrumental assistance of the stone in its descent down the ureter by various gadgets of their own offering or those recommended by others. It is refreshing to note, however, that all of these men recognize the possibility of disaster by such a procedure, and feel that one should be ready at a moment's notice to adopt other and perhaps more certain means of removing the calculus. The only question that arises is—How long should this course be carried out? and if you decide at some time upon surgical removal, may you not then be too late? For the results of systemic infection from the urinary tract come quickly and with little warning. They may be tremendous and overpowering, and your patient slips away from you despite all efforts to prevent it.

Crowell,[1] Crance,[2] Ballinger and Elder[3] report that in 90 per cent or more of their patients ureteral calculi have been removed by instrumental means through the cystoscope. Certainly an impressive score.

Crance[2] reports seventy-seven patients with ureteral calculus, and in seventy-two, or 93.5 per cent, of them the calculus was successfully passed. He does not state how many of these were aided by instrumental delivery, and how many were spontaneously evacuated. His favorite method is to pass multiple catheters, if possible leave them in from twenty-four to seventy-two hours, and then at the time of withdrawal distend the ureter and renal pelvis behind the catheter with water while slowly pulling out the catheters. This method has at least the value of safety. He states that the wire spirals, forceps, and rubber dilating bags

were in no way successful or advantageous in this series.

To Bumpus [4] belongs the credit for the procedure of passing multiple catheters up the ureter and allowing them to stay in for varying lengths of time, depending on individual circumstances. He advises that the catheters should be twisted around each other immediately after insertion of the final one in an endeavor to surround the stone if possible and break it loose from the mucosa. Upon removal of the catheters we are inclined to believe in Crance's idea of distention with water instead of oil.

Moore,[5] in a scholarly paper, draws attention to the many "if's" and "but's", "pro's" and "cons" that one must think of when dealing with ureteral stone. For instrumental delivery he prefers the ingenious dislodger as described by McKay,[11] which consists of a small bougie to the tip of which are attached four silk threads. After thorough dilatation of the ureter below the stone, the bougie is passed beyond it; by pulling on the threads, the bougie is somewhat curved and the stone becomes enmeshed in the silk strands and can be removed by withdrawal. Moore, however, thinks that the better technic is to pass the bougie well beyond the stone, even as far as the renal pelvis, then withdraw by traction on the bougie only, with no effort to induce bowing. The threads thus wad themselves about the stone, which, he believes, will more readily cause the latter to become enmeshed and permit removal. His published experience would support this belief.

Holmes and Coplan [6] take a rather sensible viewpoint in attacking ureteral calculus, but offer a new method that is probably not as complicated as it looks. They tie a stout thread to the tip of a ureteral catheter, pass it to the renal pelvis, then by pulling on the string the catheter is bent upon itself in the pelvis and the tip pulled down the ureter until it is below the calculus. Thus the latter is held in the bend of the catheter and stands a good chance of being dislodged. They admit that it is somewhat of a difficult technical procedure, and that it is not 100 per cent in its results.

With all these reports of the seeming innocuousness of ureteral calculus and the ease with which it may be removed, one is considerably abashed to read the decided opinions of Foley,[7] Mathe,[8] and Fowler.[9] Foley[7] is outspoken in his opposition to the tendency to frequent manipulations through the cystoscope. He says:

> In recent years, ingenious devices and methods have been perfected for the passage or removal of ureteral stones without resort to operation. Properly employed, they have proved of great value and have reflected much credit on urology as a specialty. Among urologists, management of the condition according to this so-called conservative plan has become very popular and quite generally is regarded as the method of choice. There is much evidence that this attitude has carried too far, and that the just purpose of such management is becoming subordinate to mere zeal for its use.
>
> Management of ureteral stone by expectancy and manipulation has been employed too extensively. Their morbidity, mortality, and hardships are underestimated, and their just purpose is often subordinated to mere zeal for their use. Such methods are truly conservative only when they best serve the patient's welfare.

Fowler [9] joins in saying:

> The problem presented by the patient suffering with a stone in the ureter is both interesting and intriguing to the urologist upon whom rests the responsibility of finding and applying the proper solution. For the patient, the situation is a serious one fraught with many possible serious consequences in the way of irreparable damage and permanent injury to important structures if proper relief is not applied.
>
> One is amazed at the various assaults made upon the ureter in an attempt to help it rid itself of a transient caller. This is done in a spirit and in the name of conservatism. One wonders what is meant by conservatism. It seems to me in our desire to be conservative we have, in fact, at times allowed our enthusiasm to carry us beyond the bounds of safety and have in truth become radical.

Livermore [10] sounds a most excellent note in his summary on the consideration of the treatment. He says:

> The condition of the patient must be considered first; and if grave, the method that offers the quickest and safest relief from the constitutional symptoms, with the minimum of shock, regardless of whether the stone is removed or not, should be the method of choice.

My own opinion is that no set type of pro-

cedure should be followed out. A decision as to treatment should only be made after one has made a careful perusal of all the circumstances presenting in each patient.

One should neither condemn nor extoll the virtues of instrumental or surgical treatment; in fact in some instances simple expectant treatment is all that is necessary. Personally, I am much inclined to believe with those who hold the opinion that instrumental delivery has been carried much to excess; and when I read of the successful outcome of a case after *twelve* cystoscopic manipulations I am much inclined to wonder just how successful it really was, and just what kind of a kidney remains. In my opinion, one must individualize each patient; and after a careful consideration of the condition presenting, follow whatever course of treatment seems indicated in order to obtain the best results as regards the life of the patient, or guarding against the morbidity of a functionless, infected kidney and ureter. Kidneys infect rapidly, and sometimes apparently for no good reason. Often a delay of twelve hours may mean the entire loss of a kidney by pyelonephritis, that was a good organ twenty-four hours before.

The manipulative removal of ureteral calculi depends entirely upon the ability to pass all these various gadgets beyond the offending stone; and in my own experience it is impossible to do this with even a small ureteral catheter in a fair percentage of patients, so that it is difficult to reconcile oneself to the high rate of successful removals as published by some authors. I would personally like to make a study of the conditions of the kidney and ureter after some of these rigorous manipulations have been carried out—that is, if those organs still remain.

THE AUTHOR'S TREATMENT

My personal plan in treating ureteral stone depends upon the conditions presenting. Quite the usual type is the one with acute pain, rigidity of the abdominal muscles and back, and vomiting.

A preliminary *roentgenogram* of the urinary tract should at once be made to determine the position and size of the stone.

This should be immediately followed by an *intravenous urogram* which will give us much information. In the face of acute symptoms the kidney on the affected side will often show no function at all due to the back pressure and musculo-mucosal spasm, or, it will delineate the dilated renal pelvis, and blunted terminal calices if some excretion exists.

The next procedure should be one to give relief to the suffering patient and a life-saving return to the kidney. Cystoscopy should at once be performed and a catheter passed up beyond the calculus and the renal pelvis drained. Cessation of pain is usually immediate, and relief to the overburdened kidney is at once apparent, for I have observed the appearance of indigo-carmine down the catheter shortly after its passage, though the dye had been given fifteen minutes before and no dye was apparent when the catheter first entered the renal pelvis.

The usual diagnostic radiographic exposures are then performed to make certain that we are dealing with an ureteral calculus, and to give the operator an idea of the conditions that exist; i. e., the size and position of the stone, the size of the ureter both above and below it, the amount of dilatation of the renal pelvis, the amount and type of infection and the function of the kidney.

An effort is now made to pass as many additional catheters beyond the calculus as is possible. If this is successful, they may be twisted around the stone and left in situ to drain.

If no untoward symptoms present, the catheters may be left in for forty-eight hours, which, I believe, is as long as safety permits in the presence of a ureteral calculus. At the end of this time they may be very gradually withdrawn after distending the renal pelvis and ureter above with sterile water.

If this procedure has been unsuccessful in removal or advancement of the calculus, the next step should depend upon the size and position of the stone, the length of time of symptoms, the condition of the patient, as regards temperature, chills or other signs of infection and the reaction to the procedure.

If the calculus is above the pelvic brim and

remains unaffected by the manipulation, I am quite fully convinced that *operative* removal is by far the best procedure. Ureterotomy in this portion of the ureter is a simple affair,—particularly if one follows the technic as suggested by Foley where no excessive muscle division is practiced. The patient is at once relieved, the kidney is saved from damage, and systemic infection is prevented. The size of the calculus does not always enter into the problem, as small ones will often be more adherent to the mucosa than large ones, and will frequently be just as great a factor in the production of infection.

If the calculus is below the pelvic brim and no untoward reason presents against delay, a subsequent attempt by cystoscopic removal may be made after the lapse of two weeks. I wish to go on record as being against frequent manipulative attempts in this condition, and to particularly stress the importance of hospitalization and adequate anaesthesia at each attempt. Dilatation and manipultion in the office on ambulatory patients should be distinctly discouraged as they are quite prone to be followed by severe reaction and infection. The patient should be warned that a serious condition exists, and that proper treatment should only be carried out under the very best of nursing conditions.

It is my personal opinion that failure to deliver a calculus in the lower ureter, after three cystoscopic attempts, should be sufficient; and that ureterolithotomy is then by far the more conservative procedure. If severe reaction should occur after any one cystoscopic manipulation, the conservation of safety is greatly increased by surgical removal. Ureterolithotomy in the lower ureter, although much more difficult than in the upper portion, is still not an unsurmountable task to the average urologist with surgical experience and ability.

Let us visualize another type of patient with ureteral calculus in whom the symptoms are similar to those aforementioned. In this patient we are totally unable to pass a catheter beyond the obstructing stone, and therefore unable to give the patient relief from pain or suitably drain the kidney. What procedure should be adopted here? Sufficient morphia or pantopon, assisted by prostigmine and colonic irrigations, should be given for immediate control of pain and to promote relaxation. Preliminary and excretion urograms should be made to obtain data for guidance in treatment. The calculus will be defined, the presence or absence of excretion on the affected side noted, and the physical character of the ureter and renal pelvis demonstrated if excretion exists. The next step depends entirely upon the physical condition of the patient. If pain is uncontrollable by sedatives, or if there is severe toxicity as expressed by vomiting, chills, high temperature and elevation of the nitrogenous elements of the blood, drainage must be instituted at once. This is best accomplished by a nephrostomy tube; and if the calculus be in the upper portion of the ureter, it can be removed at the same time. If situated below the pelvic brim, it had best be ignored and removed at a later date when conditions have improved.

There are some patients with ureteral stone which is impervious to catheterization who react well after the morphia, and may be allowed to await a future date when instrumentation and manipulation will be possible and successful.

Bilateral ureteral calculi must be treated after the same manner. Quite usually one side at a time only shows symptoms, and one's procedure should be aimed at the ailing ureter.

Multiple calculi in one ureter are surprisingly amenable to manipulative removal, for if one can be removed, the others frequently come tumbling out. Stones impinged in the intramural portion of the ureteral lumen or bulging at the orifice are best removed by slitting up the ureteral orifice on the roof by the cystoscopic scissors or cutting by means of the radio cutting current, vigilant care being used with the latter so as not to penetrate the vesical wall. Dilatation by bougie or catheter is so often followed by dislodgment and retrogression of the stone back into the ureter that extreme caution should be exercised. In such circumstance the calculus can usually be milked out of the ureteral orifice by the use of the loop of the prostatic revision apparatus, naturally without current.

Anuria, whether reflex or obstructive, is the most alarming symptom of all, and must be considered when bilateral calculi are present, and particularly when an obstructing stone lodges in the ureter of a solitary kidney or where the opposite kidney has been removed or is pathologically functionless. Here prompt surgical means should be adopted and a nephrostomy performed at once without regard to the size, position, or possible removability of the calculus by manipulation; for it only takes a few hours of back pressure by an infected urine to cause irreparable damage to a kidney.

Patients with a long-standing history of ureteral colics due to the presence of calculi are not as amenable to cystoscopic removal as those of recent origin, because of the fact that the ureteral wall often becomes grossly thickened either (or both) above or below the stone, thereby in a way encysting it in the ureter. These patients will more usually need surgical removal.

SUMMARY

In summarizing this contribution, I wish to stress:

A calculus lodged in the ureter is a distinct menace not only to the kidney but actually to the life of the patient.

There is distinct and swift danger in the too frequent cystoscopic attempts at removal of ureteral calculi.

Any instruments beyond the usual ureteral catheters must be considered more than simply dangerous.

Calculi situated above the pelvic brim, no matter what their size, should be removed surgically unless they descend at once into the lower ureter.

Distinctly toxic patients should be handled with great caution and concern. If ureteral catheterization does not at once show an improvement, nephrostomy should immediately be performed without regard to the position or size of the stone.

Patients showing total anuria should be immediately nephrostomized without recourse to cystoscopy, unless done for diagnostic reasons.

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CONTRACT PRACTICE

By Spencer T. Snedecor, M.D., Hackensack, N. J.

An address before the Middlesex County Medical Society, December 15, 1937.

For our discussion tonight we have chosen the subject Contract Practice of Medicine. In my opinion, this is a most insidious, widespread, and alarming development which threatens the present standards of health and good medical care for the people of the United States.

For the purpose of this discussion we are concerned with general medical service rendered for injury or sickness; and we shall omit consideration of such contracts as those of school physicians, public health doctors, and those employed in hospitals on either full or part time. The arrangements for services in public health are definite problems in themselves, but in general they are on an established basis, and do not offer specific threats to the general practice of medicine. Nevertheless, I would call the attention of your Society to the need for careful study and investigation of all these minor types of contract practice. If time permitted, I could point out a number of evils in each one.

By one source it is estimated that nearly 50 per cent of the doctors in the United States are now practicing under some form of contract. Yet the principal issues with which we are now concerned are those contracts which call for medical care in case of injury or sickness.

Actually we find many devious and unsound attempts, under the guise of contract practice, to sell sickness insurance. As we shall show, these are being promoted by all types of honest and dishonest individuals, business groups, and medical groups. On the one hand, we face the ever-increasing menace of government health or sickness insurance. On the other hand, these private attempts are coming to the fore in ever-growing numbers. So actually tonight the subject of contract practice means a *private method for health insurance.*

These attempts to provide medical service on a contractual basis are neither new, nor necessarily bad. In the beginning, the lumber companies, the oil corporations, and other pioneering organizations found it necessary to hire a doctor on a salary to protect their workers in the more remote districts. After the turn of the twentieth century there was a gradual growth of this practice as more varied needs arose. During the past decade we have witnessed a tremendous spread of this method, particularly on the West Coast, whence it threatens to spread throughout the country.

What are the fundamental reasons for this surge of private attempts to provide sickness and accident insurance by contract? They are threefold:

1. Economy.
2. Efficiency.
3. Availability.

A. COST OF MEDICAL CARE

It seems almost needless to add that modern medical care is expensive. With pneumonia serum costing nearly $100 per case, and a thousand new and elaborate devices for diagnosis and treatment, it is only natural that earnest attempts at reducing this cost for the individual should be made by mutual benefit associations, trade unions, and other groups.

We find contract practice to be nearly always an attempt to discover a short cut to reduce the cost of service. We of the profession know this cost, and know that it is high. Good medical and hospital care is expensive, and we do not see how it can be reduced for either preventive or curative medicine. However, the cost can and must be spread by taxation, and by the application of sound voluntary hospital and health insurance. In addition we have offered the plan of the Medical Service Bureau for the adjustment of the cost of medical service to those unable to pay in full, and for payment on a reasonable installment basis.

B. EFFICIENCY

As an inevitable accompaniment of an economic era of methods, business efficiency and mass production, attempts to apply similar

methods to professional personal service would naturally ensue. This is successful in a limited way with group practice. But it is axiomatic that good personal service cannot be sold wholesale, for when the personal touch is lost, the service always deteriorates.

C. AVAILABILITY

Honest attempts are being made by individuals and groups, through contract methods, to provide a wider spread of medical care. They are well intended, but unfortunately they often fail because of so many inherent and attendant evils to the plan which can be eliminated only with the greatest difficulty.

LIST OF UNETHICAL PRACTICES

Not all forms of contract practice are unethical. The Judicial Council of the American Medical Association has laid down the following principles of guidance in judging those features or conditions which make a contract unethical:

1. *Solicitation of patients* directly or indirectly. We find this in its most unfortunate form when solicitors are employed. For instance, a man named Rosenburg sold a plan to factory workers on a basis of a dollar a year to the individual, and three dollars a year for the family. He paid the solicitor 35 cents for each contract. Other plans have used newspaper advertising.

2. *Underbidding to secure the contract.* We have often known of two doctors bidding against each other to secure a lodge practice.

3. *Offering compensation inadequate to secure good medical service.* The meager salaries paid by municipalities to poor doctors is an illustration of the resultant inferior service.

4. *Interference with reasonable competition* in a community, as when one group dominates and excludes the outside doctors.

5. *Preventing free choice of physician.* Most contracts designate only one doctor, or a restricted group.

6. *Condition of employment making it impossible to render adequate services.* One business organization dictated to a physician how many calls he should make on the patient.

7. *When the contract or any of its provisions or practical results are contrary to sound public policy.* It is rare for any contract to provide for *preventive* medical care.

If we were to judge all contracts strictly by such standards, it is doubtful if any should pass inspection. Therefore the A. M. A. was wise when it added that each contract should be considered on its merits and in the light of surrounding conditions, which should not be obscured by immediate, temporary, or local results. The decision as to its ethical or unethical nature must be based on the *ultimate effect* on the people as a whole. Yet it is my opinion that few contracts now in existence for medical care merit our complete approval. Let us analyze some of the varying types of contract practice.

TYPES OF CONTRACT PRACTICE

1. *By large corporations* such as the Standard Oil, which is promoting a health service in Elizabeth. Another example is the frequently described Endicott-Johnson plan, in Endicott, N. Y., where all the employees and their families are cared for under contract practice.

It is timely to call attention here to the practice of "Corporate medicine". Many attempts have been made to incorporate medical care and sell it as a business organization. My study has revealed that court after court in many states from California through to the East has ruled that corporations cannot practice medicine. Only individuals are licensed to practice. Strict interpretation of all contract practice in this light is necessary.

2. *By mutual benefit associations.* This is an old type which until recently has largely confined its awards to payments for sickness and death. Lately groups of such coöperatives have grown up to buy *cut-rate* medical service for their members. In the little town near which I was born, this practice has spread widely, and all kinds of groups, such as church leagues and sewing circles, have banded together and offered flat sums to doctors for more or less complete service.

3. *By hospital associations.* We have found frequently that these schemes are being promoted throughout the country to include medical and hospital care. Our experience has dem-

onstrated that, with a few exceptions, medical care cannot be combined with hospital service without exploiting the doctors. These exceptions are a few groups which control the hospitals, particularly the universities.

4. *By medical groups.* A number of successful and fairly ethical groups have been formed where they can follow the reasonable standards laid down by the A. M. A. To this there can be no serious objection. But many of them fail because they have charged too little for their services, or have provided inferior medical care.

5. *By individual doctors.* This seems also to have a proper limited field. For instance, I know of some pediatricians in our county who contract to care for the child during the first year of life on a fixed fee basis. Yet investigation has revealed a number of unethical doctors who have started schemes to sell their services at a small fee in order to build up their practice in other ways.

6. *By County Medical Societies.* Of this group we have two types,—that of Iowa, and that of Oregon and Washington.

In Iowa several societies have contracted with the county government for yearly lump sums to provide medical care for the poor and have rationed money out to the doctors on the basis of work performed. This has apparently worked fairly well for indigent rural districts.

In Washington and Oregon a number of County Societies in self-defense have been forced into the contract business of selling the services of their members. The Yakima County Society in Washington seems to have been able to organize fairly successfully. My own visit last summer to Seattle proved that the situation there is very serious, and physicians are not at all satisfied. A physician with whom I stayed told me that half of the medical practice in Seattle was on a contract basis; and that most of the doctors hated it, but were forced into it in self-defense. All manner of groups, particularly the trade unions, have organized for contract service. The County Society was forced to combat the situation and offered a plan to its members. At the present time, it was able to pay its members only 50 per cent of the fees promised. Recently a questionnaire of the State Medical Society in Washington revealed only about 10 per cent of the doctors were in favor of contract practice.

7. *Newspapers.* A number of newspapers have offered ciruclation-promotion schemes to include health services with subscriptions to the paper. For instance, the headlines of an advertisement by the Record of Los Angeles reads, "Cut the high cost of illness. The Record offers its readers a cure for doctor bills. Join the Record Health Service League."

8. *Trade Unions.* Another inevitable accompaniment of the widespread growth and power of trade unions is the attempt to provide medical service for their members and families on a contract basis. These contracts nearly always are insidious, unadvertised, privately arranged, usually wholly unfair to the doctor, and too cheap to provide preventive service.

9. *Lodges.* Here is one of the oldest types of contract practice, but the inherent evils are ever present. One doctor has written of his lodge practice, that he was supposed to be paid 50 cents a year per member, but the total membership was often concealed and payments were made irregularly. The lodge doctor is often used for a first, thankless call. But almost invariably the patients lack confidence in him; and if anything serious develops, they will call and pay a doctor whom they respect.

10. *"Poor" doctors.* Adequate medical care for the poor is one of the crying needs of our time. No form of health insurance makes any attempt to provide it. The present practice is for the profession to volunteer free service in the home, office, and hospital; and in addition, the local municipality contracts with one or more doctors to care for the neglected cases for a flat yearly sum. Investigation in the city of Newark revealed that at one time during the depression the poor doctor or district physician was receiving about 15 cents a call, and was undoubtedly rendering the same cheap service.

11. *Compensation practice.* An ever-watchful eye is necessary to prevent underbidding and chiseling in compensation work. Insurance company representatives and adjustors are ever ready to refer work to those doctors who by

tacit agreement will charge less than the others.

INHERENT EVILS

From this survey of the many types and plans of contract practice it becomes clearly evident that such methods nearly always involve highly competitive and unsound schemes of mass practice, and are frequently promoted by unscrupulous individuals, groups, or corporations for profit or cut-rate service. I would recapitulate the inherent evils which become so apparent in these contracts:

a. They can rarely be organized ethically.

b. They either cannot or will not pay reasonably.

c. The free choice of doctors by the patient is *eliminated*.

d. Underbidding, sub-letting misrepresentation or racketeering are to be anticipated.

e. Their original purpose cannot be accomplished. A profession cannot be organized like a business; and personal medical service cannot be reduced to dollars and cents.

f. *Preventive medical care is almost entirely negative.*

g. An *inferior quality of service* to the patient results.

FOUR PROPOSALS

If we are aware of the seriousness and acuteness of this situation, then steps must be taken to meet it. I recommend to you these four immediate and necessary proposals:

1. *Build a strong County Medical Society.* This problem can be met only by a powerful medical organization which can say to individuals and groups that it represents the profession. Throughout my presidential administration last year, I strove to emphasize and build medical organization, because this is the keystone and hope for solving such problems as this.

2. Having a strong County Medical Society, I would then advocate *the appointment of a group or board to investigate* and review *all the contracts* under which its members practice. Particularly, I like the plan of the St. Louis County Medical Society which has established not simply a committee but a permanent *Board of Code and Contract Practice* to investigate and review all contracts. Members of this board are appointed for three years. Sufficient power is designated to the board to enable it to investigate fully all reported contracts, to summon members, to hold hearings, and to make a final decision on whether a contract is ethical or unethical and so report to the County Society.

3. The third step is the *control and discipline* of the members of the profession. A strong organization must be prepared to take steps to enforce the ethical conduct of its members, or expel or suspend them. None of the County Medical Societies in this State, so far as I know, has taken a sufficiently firm stand over the ethical conduct of its members, not simply in contract practice but in many other phases of ethical nature.

4. The *fourth step* is probably the most important one, providing the preceding proposals are effective. This is an *educational program.* A widespread attempt should be made to educate doctors as individuals to understand the difference between an ethical and unethical contract; to approach all groups proposing unethical contracts, and to explain the reasons why they cannot be approved. If we are to be ultimately successful in eliminating the serious trend of these private plans for sickness insurance on an unethical basis, we must do it by education. We must explain at every opportunity, showing the inherent dangers and evils of contract practice; and we must specifically explain to all groups that are interested in such subjects how their problems can best be met.

CONCLUSION

I have called your attention to this widely growing method of private health insurance known as *contract practice.* I have explained the difference between *ethical* and *unethical* plans. I have illustrated the many and varied types of schemes with their attendant evils, and finally I have proposed to you a plan to meet the situation.

Either contract practice will control us, or we must control contract practice.

ULCERATIVE ENTERO-COLITIS IN TUBERCULOSIS

By Emil Granet, M.D., and George G. Ornstein, M.D., New York

Read before the Section on Gastro-Enterology at the 171st Annual Meeting of The Medical Society of New Jersey, Atlantic City, April 28, 1937

In recent years great stress has been placed on the study of ulcerative entero-colitis by gastro-enterologists, proctologists, abdominal surgeons, and parasitologists. Their interest, however, has been confined to chronic non-specific ulcerative colitis, bacillary dysentery, amebic dysentery, and regional ileitis. Because of the extremely interesting clinical, laboratory and therapeutic problems these conditions present. there has been a tendency to forget the existence of a form of chronic ulcerative entero-colitis which is present in a greater proportion of the population than all the other colitities combined. I speak of *tuberculous entero-colitis*. Interest of medical workers in this disease has been somewhat lax, in part perhaps because of the striking and dramatic features manifested by the primary process in the lungs. Furthermore, the existence of tuberculous entero-colitis without the manifestation of subjective symptoms in many cases obscures its early diagnosis.

PREVALENCE

How widespread is intestinal tuberculosis? Seventy-two per cent of patients succumbing to pulmonary tuberculosis at Metropolitan Hospital showed gross ulcerative intestinal lesions at post-mortem examination. Pathological reports from reliable clinics all over the world show that ulcerative intestinal lesions were present in 65 to 90 per cent of tuberculosis deaths. The total morbidity from tuberculosis cannot be accurately estimated. However, vital statistics for New York City in 1936 show a total mortality of 4,500 from tuberculosis. Based on statistics quoted above, a conservative assumption is that 65 per cent, or 3,000 individuals, suffered from tuberculous ulcerative colitis for some time before their death. Add to this number the thousands of living tuberculous patients with ulcerative enteritis as an important complication,—in this series 37 per cent.

It follows, therefore, that tuberculous entero-colitis must be considered as a common and prevalent disease. Its early diagnosis is important inasmuch as therapy is the most effective in its early stages; and is most discouraging when advanced ulceration is present.

Intestinal ulceration when present in a patient with pulmonary tuberculosis, interfering as it does with assimilation of food, and furthering the absorption of toxins, prevents the maintenance of adequate nutrition in that patient. For this reason, we feel that ulcerative enteritis complicating pulmonary tuberculosis spells doom for many patients who otherwise would have made a good recovery.

On our service at Metropolitan Hospital we investigated factors which would favor early diagnosis of tuberculous enteritis. Accordingly, all ambulatory admissions to the hospital were studied with this in view. Patients were examined roentgenoscopically seven hours after ingestion of a barium meal. Patients were questioned as to the existence of gastro-intestinal symptoms at this time. The presence or absence of positive sputum and of antra was noted. Our findings are briefly summarized in the following charts:

TABLE 1

Relative Incidence of Gastro-Intestinal Symptoms in 1743 Patients Examined Roentgenologically for Tuberculous Enteritis

Class	Positive with Enteritis	Negative, No Enteritis	Total Patients
G.-I. Symptoms Absent	527	824	1351
G.-I. Symptoms Present	217	175	392
G.-I. Symptoms Absent (in per cent)	71.0	82.5	77.5
G.-I. Symptoms Present (in per cent)	29.0	17.5	22.5
Total Per Cent All Patients	100%	100%	100%

The presence of direct symptoms in only 29 per cent of roentgen positive cases, as against 18 per cent in negative cases, indicates that symptoms alone are not a reliable diagnostic sign in early tuberculous ulcerative enteritis. In positive enteritis cases the most frequent symptoms was pain, then diarrhea, dyspepsia, constipation, in order of frequency.

TABLE 2

Analysis of 392 Pulmonary Tuberculosis Patients with Gastro-Intestinal Symptoms

	Patients with Symptoms — Number		Per Cent	
Symptoms	Positive Enteritis	Negative,—No Enteritis	Positive Enteritis	Negative,—No Enteritis
Total	217	175	100	100
PAIN	110	73	50	41
Epigastric	44	58	20	33
Generalized	47	26	22	15
Right Lower Quadrant	22	9	10	5
Diarrhea	55	30	25	17
CONSTIPATION	21	41	14.5	24
Dyspepsia, Bloating, Belching	40	33	18.5	19
Vomiting	3	10	3.6	5.3
Constipation, Alternating Diarrhea	11	7	5	4

Persistently negative sputum was found in less than five per cent of 740 patients with definite roentgen pathology.

TABLE 3

Analysis of Sputum of 1719 Patients Examined Roentgenographically for the Presence of Tuberculous Enteritis

	Number		Per Cent	
Class	Positive Enteritis	Negative,—No Enteritis	Positive Enteritis	Negative,—No Enteritis
Total	740	979	100	100
SPUTUM				
Positive	548	550	74	56
Negative	34	180	4.5	18.3
Doubtful	158	249	21.3	25.4

This table means that all patients with positive sputum are potential candidates for ulcerative intestinal tuberculosis.

Postmortem studies demonstrated the presence of pulmonary antra in 96.4 per cent (188) of 195 cases of tuberculous ulcerative entero-colitis. It follows from this that ulcerative entero-colitis is to be expected in a tuberculous individual with open lung lesions as a direct contamination of swallowed sputa containing tubercle bacilli.

TABLE 4

Incidence of Pulmonary Antra in Tuberculous Enteritis Cases of 266 Autopsied Pulmonary Tuberculosis Patients

	Number		Per Cent	
	Ulcerative Enteritis	Normal G.-I. Tract	Ulcerative Enteritis	Normal G.-I. Tract
Total	192	74	100	100
Cavity Present	185	45	95.4	61
Cavity Absent	7	29	3.6	39

X-RAY EXAMINATION

In this study we found with other authors that the roentgen method of examination resulted in fairly early and accurate diagnosis. A diagnosis of ulcerative entero-colitis was considered justified only if one or more of the following signs was present.

A.—Cecum and Ascending Colon

1. Stierlein phenomenon
2. Spastic filling defect
3. Filling defect with palpable tumor (granuloma)
4. Persistent irregularity of cecum (confirmatory reëxamination)
   a. Non-filling
   b. Narrowing
   c. Persistent irregular spasm of cecocolic valve.
5. Persistent mottling (confirmatory reexamination)

B—Ileum

1. Segmentation and dilation of ileal loops
2. Matted adherent ileal loops

For practical purposes, fluoroscopy was the routine. Barium enema and films were taken in obscure and difficult cases. Frequent reexaminations of the same patient were necessary to clear a doubtful case. Detailed discussion of roentgen findings is beyond the scope

of this presentation. That our method of examination is clinically accurate was shown by the fact that roentgen diagnosis was confirmed in 88 per cent of patients who came to postmortem in a relatively short time after x-ray examination.

In the differential diagnosis must be considered regional ileitis, inflammatory diverticulitis of cecum, non-specific granuloma, carcinoma, and localized ulcerative colitis, non-specific and amebic. In a tuberculous individual with positive sputum we have made it a working rule to consider intestinal lesions tuberculous unitl proved otherwise.

THERAPY

The successful treatment of intestinal tuberculosis depends primarily on one key factor, namely, inactivation of the source of infection in the lungs. Absorption of toxins from active lung lesions, by their noxious systemic effect, prevents healing of intestinal lesions. Furthermore, the intestinal mucosa is constantly being reinfected with tubercle bacilli swallowed in the sputum expectorated from active parenchymal foci. While these factors are present, it is useless to expect permanent cure in the secondary intestinal lesions. As stated above, prime emphasis in therapy must be directed toward attaining a negative sputum and a decrease in toxic absorption.

The treatment of the intestinal lesions must be undertaken simultaneously, and the measures used are twofold,—general, and specific. The general measures undertake to improve nutrition, help tissue repair, and strengthen immunity. These include actino-therapy, a high caloric, low roughage diet, the administration of vitamins C and D, iron for secondary anemia, calcium salts, and where indicated, insulin to stimulate appetite.

Specific local treatment is directed primarily toward fostering peristaltic rest in the involved segments of the intestine. Treatment depends on individual symptomatology, and must be changed frequently to suit the clinical course of the case. A smooth, low residue, high caloric diet, to which is added tomato juice and cod-liver oil as advocated by McConkey, is our standard dietary. Such a diet reduces peristaltic action to a minimum, and provides an excess of vitamins C and D, shown to be of value in the metabolizing of calcium and the stimulation of mucosal healing. Abdominal pain is controlled by heat or adequate sedatives. Constipation is helped by small amounts of mineral oil or by gently administered warm saline enemas. Diarrhea is controlled by administration of barium sulphate or kaolin in half-ounce doses administered frequently and, if necessary, tincture opii deodorata in effective doses. Dyspeptic symptoms usually improve on sedation, carminatives or alkalies.

SURGERY

Surgical therapy has definite indications in the treatment of certain types of intestinal tuberculosis. Unfortunately, it is often too long delayed. Granulomatous lesions should be resected. Acute tuberculous appendicitis is frequently seen and operative delay may be costly. Perforation of tuberculous ulcers with resulting peritonitis is a condition always to be expected, and here neglect of immediate operative repair is fatal. Partial colectomy for early, localized, ulcerative tuberculosis has been advocated but we have not felt it an advisable procedure in our cases. Our experience has been that with elimination of reinfection and careful individualization of symptomatic medical treatment as described, ulcerative intestinal lesions tend to improve clinically and roentgenographically. We have never observed consistent improvement in the intestinal lesions of patients in whose lungs the disease process increased in activity.

SUMMARY

To summarize, 2088 patients with pulmonary tuberculosis were examined 2416 times for the presence of ulcerative enteritis. Of these 2086 patients, 800 (37 per cent) were shown to have definite evidence of entero-colitis. Of patients with positive x-ray evidence of ulcerative enteritis, only 29 per cent had subjective gastro-intestinal symptoms. It follows, therefore, that in patients with pulmonary tuberculosis with positive sputum, it is futile to wait

for the development of gastro-intestinal symptoms in order to establish the diagnosis of complicating ulcerative entero-colitis. A simple barium examination at seven hours is practical and accurate. Early diagnosis and prompt therapy is expected to result favorably.

DISCUSSION

A. E. Jaffin, Jersey City: Dr. Granet has presented a very excellent and interesting study of the subject of intestinal tuberculosis. It must be borne in mind, however, that these figures obtained mostly from advanced institutional cases, and represent the point of view of the phthisiologist meeting these cases in the sanatorium.

During the war, we had a similar opportunity to study considerable material, particularly in the U. S. Army General Hospital No. 16, at New Haven, where the great majority of cases of pulmonary tuberculosis were more or less advanced. All fatal cases were autopsied. In almost every one of them, evidence of more or less recent involvement of the ileum or colon was found. It must be remembered, however, that in general practice or even in the private practice of one who sees a fair number of cases of pulmonary tuberculosis, this high incidence of intestinal involvement is not encountered. Furthermore, a fair percentage of the cases that one does meet are seen in their earlier stages, most of which are quite amenable to treatment. In the presence of gastrointestinal symptoms or unfavorable progress, in a case of pulmonary tuberculosis, we must bear in mind the possibility of an intestinal complication. Consequently, it is very important to study cases with that in mind, and base one's conclusions on well-carried-out x-ray technic and interpretation. While it is true that the usual criteria after a barium meal, such as spastic filling defects in the cecocolon (Stierlin 1911) with hypermotility, and ileal residues, may be encountered in disorders which are nontuberculous in character, nevertheless the presence of these same findings in a patient with pulmonary tuberculosis, a positive sputum, and gastro-intestinal symptoms, offer a reasonable basis for the diagnosis of a tuberculous intestinal complication.

On the other hand, there are some who believe that diagnosis by means of a barium enema is more reliable. The objection to the barium method is the fact that the contrast substance is introduced in an unphysiologic manner, and may mechanically obliterate valuable evidence. Perhaps if followed by air inflation and studied stereoscopically, the findings may be more reliable.

With reference to the question of hematogenous or enterogenous infection, it is not within my province to discuss this from a pathologic standpoint, excepting to say that it is rather rarely encountered in other forms of hematogenous origin, and that when a case does favorably, it is usually in the presence of a healing pulmonary lesion.

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SUBDIAPHRAGMATIC ABSCESS

By WILLIAM WALLACE MAVER, M.D., and CHARLES ODERR, M.D.,
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Read before the Section on Radiology at the Annual Meeting of The Medical Society of New Jersey, in Atlantic City, April 29, 1937

Subdiaphragmatic abscess is a collection of purulent material between the diaphragm and the transverse colon and mesocolon. Although it is a relatively rare complication of abdominal or thoracic disease or injury, it offers a serious handicap to the recovery of the patient.

Usually the subject of this complication has just emerged from a surgical experience or an acute illness, or perhaps a serious injury, and is already in a weakened condition, which contributes materially to the high mortality of this purulent process.

Everything depends upon the early recognition of this lesion; and adequate surgical treatment offers the best possible chance of recovery. Unrecognized and untreated subdiaphragmatic abscesses result in approximately one hundred per cent mortality.

In 1845 Barlow, of England, first described the clinical signs and symptoms of subphrenic abscess. In 1879 Volkman performed the first operation. In 1908, twenty-nine years later, appeared the first comprehensive presentation of the subject by Barnard, of England.

SUBPHRENIC SPACE

The subphrenic space is in reality a potential space, and it is only under abnormal conditions that it assumes actual dimensions. It is composed of six anatomic regions, and is divided by the liver into the superior and inferior hepatic spaces. The *superior hepatic* space is composed of three spaces. The falciform ligament divides it into the *right* and *left intraperitoneal space;* and the right superior space is further divided by the coronary ligament into an *anterior* and a *posterior intraperitoneal space.*

The *inferior hepatic space* is divided by the round ligament into the *right* and *left infrahepatic spaces;* and the left space is further divided by the gastrohepatic omentum into an *anterior* and a *posterior* space.

For practical purposes, a localization of the abscess into the anterior or posterior portion of the right or the left subphrenic space seems sufficient for adequate surgical approach.

The right subphrenic space is most commonly involved following appendicitis, cholecystitis, and ruptured ulcer of the duodenum, or the distal end of the stomach. The left subphrenic space is involved most commonly in perforations of the lesser curvature and cardioesophageal angle of the stomach. Approximately 75 per cent of these abscesses are in the right subphrenic space and 25 per cent in the left subphrenic space.

The high incidence of rupture of a hollow viscus as the etiolotical factor is substantiated by most observers. An illustrative series reported by Fifield and Love is as follows:

	Cases
Appendicitis	30
Perforated gastric ulcer	12
Perforated duodenal ulcer	12
Operations on stomach	9
Gall-bladder	5
Kidney	2
Chronic gastric ulcer	1
Carcinoma of stomach	1
Carcinoma of esophagus	1
Fractured pelvis	1
Rib	1
Unknown	9
Total	84

Lockwood, in an extensive series, states that two-thirds result from infection of a hollow viscus before or after laparotomy, one-sixth result from extension of infection from an adjacent viscus such as a perinephritis abscess, and one-sixth from a remote infection such as a carbuncle.

The more uncommon causes are ruptured liver abscess, pneumonia, bronchiectasis, pancreatitis, spinal abscess, pelvic abscess, and osteomyelitis of the ribs.

A rapidly fatal termination of the illness usually follows if *Bacillus aerogenes capsulatus,* a gas-producing organism, is present. Frequently the *Streptococcus haemolyticus* and *viridans,* the *Bacillus coli commune,* and the *Staphylococcus aureus* are the invading organisms; less frequently, the *Pneumococcus,* the *Bacillus pyocyaneus,* the *Bacillus typhus,* and rarely, the *Gonococcus.* Gas below the diaphragm may be introduced because of perforation of a viscus, or gas may result from fermentation of various yeasts. In our series, the presence of gas or air was an infrequent finding.

PATHOLOGY

The lesion, which may be acute or chronic, begins and may terminate, as a localized peritonitis, or it may pass through the various stages of inflammation and form the suppurative lesion. The average elapsed time between the operation and the onset of the fulminating process is about fourteen days. This time element is important as it helps to fix attention, or at least to arouse suspicion, upon the possibility of this complication.

The pathways of the infection to the subphrenic spaces can be best appreciated by visualizing the normal anterior arch of the lumbar spine. With the patient in the prone posture, the keystone of this arch is at about the level of the fourth lumbar segment, and this results in two definite inclines, one into the pelvis, and the other toward the subphrenic spaces. Gravity drainage of infected material is further facilitated by the paracolic grooves, or lumbar gutters, on either side of the spine. These structures produce channels which drain in-

fected material toward the regions under discussion.

Another and very important factor is the slightly greater negative intraäbdominal pressure in the upper abdomen produced by respiratory excursion of the ribs and the diaphragms. Overholt and Donchess have demonstrated the existence of this greater negative pressure during inspiration by experimental procedure, which results in a sucking effect upon the intraperitoneal infected material toward the upper abdomen. Infection may also be transmitted by way of the retroperitoneal lymphatics. Therefore, the anatomical structure of the lumbar spine, the lumbar gutters, and the greater negative pressure of the upper abdomen all tend to gravitate or suck infected material toward the subphrenic spaces. Coughing and increased respiratory movements increase the tendency, and it is important that these be controlled postoperatively, and that the patient assume a half-sitting position as early after operation as is feasible.

SYMPTOMS

The symptoms are indefinite and frequently suggest the presence of a right upper quadrant infection. Occasionally, subcostal tenderness may be present, and pain is usually referred to the neck, shoulder, chest, or epigastrium. An increase in the white blood count, a septic temperature gradually increasing its spiking character, a nonproductive cough, and occasionally hiccough, appear to be the outstanding symptoms of the complication. Fifield and Love, who have made valuable contributions on the subject, suggest as a reminder: "Pus somewhere, pus nowhere else—therefore, pus under diaphragm."

PHYSICAL SIGNS

The signs are often referable to the lungs and pleura, and limited excursions of the ribs on the affected side may be noted. Nature's attempt to splint the involved area may result in a bowing of the spine and a dropping of the shoulder. The auscultatory signs in the lungs are vague; pleural friction rubs may, however, be heard in the posterior sulcus.

X-RAY

The x-ray offers valuable, if not infallible aid, in the diagnosis of this obscure lesion. The important and consistent x-ray sign is the elevation and fixation of the diaphragm on the affected side, with preservation of its dome-like contour in the early stages of the pathological process. Later, there is usually evidence of a well-localized pneumonitis in the partly compressed lung just above the diaphragmatic level. Pleural reaction with thickening of the pleural surfaces and an increasing accumulation of fluid, either in the cardio or costophrenic angles, or anterior and posterior sulci, is practically always a subsequent development.

Occasionally, the pathology is not seen until late, at which time empyema or pulmonary abscess may be present; and under these conditions the image of the diaphragmatic dome may be completely obscured.

The presence of a gas or air bubble below the diaphragm, with or without a fluid level, has been an infrequent finding in our experience.

EVIDENCE DEMONSTRATED BY X-RAY

Elevated and fixed diaphragm	4
Pneumonitis above diaphragmatic dome	1
Gas or air	1
Liver displacement	2

Granger differentiates a subdiaphragmatic abscess secondary to a liver abscess by the character of the distribution of pleural fluid. The obliteration of the cardiophrenic angle in the sagittal film, and of the anterior costophrenic sulcus in the lateral film, in his experience, bespeaks a subphrenic abscess secondary to liver abscess.

Obliteration of the costophrenic angle and posterior sulcus indicates subphrenic abscess due to general peritonitis and all other causes. We cannot comment upon these observations, because of lack of personal experience with liver abscess complications.

TREATMENT

The exigencies of the case decide the type of surgical procedure. No fixed rules can govern the approach to the suppurative area. The wisdom of a diagnostic tap is questioned, as a

negative tap has no value, and infections of pleura and subsequent empyemas have been directly attributed to such a diagnostic procedure.

Generally speaking, the two-stage operation has been considered a safer and better-borne surgical procedure, but in the past few years, the one-stage operation described by Ochsner is being frequently used and advocated, for the reason that it obviates the danger of contaminating a clean pleura or uninfected peritoneal space. An abridged summary of Ochsner's description of his operation follows:

A subperiosteal resection of the entire twelfth rib is followed by a transverse incision through the attachment of the diaphragm below the bed of the resected twelfth rib at the level of the first lumbar spinous process. Dissection is carried down to the renal fascia. The attachment of the diaphragm is elevated and by means of a finger the postparietal peritoneum, which is continuous with the renal fascia, is dissected from the under surface of the diaphragm. As soon as the abscess is encountered, the operator's finger is introduced through the pyogenic membrane into the cavity and drainage is instituted.

In our brief series, consisting of six cases, the ages ranged from fourteen to sixty-two years, of which five were males and one a female. The sources of primary infection were: Ruptured ulcer, three; appendicitis, one; pneumonia (type VIII), one; and ruptured liver, one.

The time interval from the onset of the initial lesion to the date of recognition of the subphrenic abscess ranged from eleven to twenty-five days, an average of sixteen days.

From the date of the onset of the symptoms to the date of surgical drainage, there was a range of from seven to twenty-eight days, an average of eighteen days.

OPERATIVE PROCEDURE

Rib resection	3
New drain inserted high up through angle of laparotomy wound	1
Separation of ulcer from chronic fistulous tract and post-gastroenterostomy	1
Recovered	5
Died	1

OTHER COMPLICATIONS PROLONGING HOSPITAL STAY OR CAUSING DEATH

Fistulous tract between abscess and duodenum	1
Diabetes and arteriosclerotic heart disease	1
Pneumonitis	1
Toxemia (died)	1
Pleural fluid	1

SUMMARY

In summarizing our subject, we should like to emphasize the following points to be borne in mind in instances where subdiaphragmatic abscess is under suspicion:

1. Early recognition and prompt surgical intervention in this infrequent, but dangerous, complication of thoracic and abdominal disease is essential.

2. The symptoms and physical signs of subdiaphragmatic abscess are indefinite.

3. X-ray offers a valuable diagnostic aid.

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ORO-PHARYNGEAL INSUFFLATION OF OXYGEN

A TECHNIC FOR THERAPEUTIC USE

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Eight years after the beginning of the nineteenth century, Thomas Beddoes died lamenting that nothing useful had resulted from his lifetime of labors for humanity. Today, more than a century later, we are realizing how much humanity has gained from him. One legacy among the many, from Beddoes to all future generations, is oxygen therapy. In 1798 in his own Pneumatic Institute at Clifton, England, Thomas Beddoes administered oxygen therapeutically for the first time.[1]

It was about fifty years after the Pneumatic Institute was closed that the introduction of surgical anesthesia revived interest in gas therapy, and oxygen was again employed as a therapeutic agent. Inadequate knowledge of respiratory functions precluded successful therapeutic results with oxygen until some fifteen years of the present century had passed. A new era was then opened by the prodigious researches in the physiology of respiration carried on at that time. The work of Haldane, Meltzer, Meakins, Henderson, Bancroft, Campbell, Van Slyke, Hill, and many others gave oxygen therapy its scientific impetus. The technical application was first seriously considered during and immediately following the World War. The clinical evaluation was favored with experiences incident to gas warfare and war-time respiratory diseases. Another decade and more was required to adjust equipment needs, to allay over-enthusiasm, and establish oxygen therapy as it is today with a definite and important place in modern therapeusis.

The satisfactory technical application of oxygen therapy followed its establishment on sound physiological principles. To know its value was one thing, to administer it properly, another. Successful results will not follow improper administration. Today, there are four technics in general use to supply patients with oxygen sufficient for therapeutic results. The oxygen chamber, the oxygen tent, the face mask, and the oro-pharyngeal catheter are all regularly used.

Of these, the chamber is the most efficient. With it, oxygen concentrations, temperatures, and humidity are accurately controlled. Nursing and medical care do not embarrass this control nor discommode the patient. It is, however, expensive, stationary, and requires a special technical force to operate.

The tents are less expensive, and are portable. Tent equipment varies in its efficiency and applicability. The better types are satisfactory, and not particularly inconvenient.

The face mask is applicable for intermittent administration only, but represents the best method for giving extremely high concentrations of oxygen. Clinical application of the face mask is closely limited.

THE ORO-PHARYNGEAL CATHETER

The oro-pharyngeal catheter is rapidly becoming more commonly employed. It is the simplest, most economical, and most easily available of all appliances. The cost of equipment is negligible. All that is needed is a cylinder of oxygen, a suitable reducing or regulating valve, a humidifier, and an inexpensive catheter with connecting tubing. Sterilization of the equipment requires no special procedure, the control of humidity, temperature, and carbon dioxide needs no consideration. Supervision is reduced to a minimum, and requires no special training. Nursing care and other treatment may be accomplished as readily as with patients not receiving oxygen therapy. The amount of oxygen required per unit of time compares favorably with the amounts used in tents or chambers to secure the same alveolar oxygen concentrations. Probably the most important advantage of oxygen therapy by oro-pharyngeal insufflation is that it is immediately available wherever oxygen can be secured.

THE APPARATUS

Apparatus that is convenient, economical, and dependable adds immeasurably to the successful application of oro-pharyngeal oxygen therapy. The largest cylinders of oxygen marketed should be used in order to eliminate frequent changes. The industrial size (220 cu. ft.) of commercial U. S. P. oxygen is most economical, and has in no way been found unsatisfactory. The regulating gauges should register the tank pressure, as well as the rate of oxygen flow in liters per minute.

Oxygen is more comfortably borne by the patient if it contains an appreciable moisture content. The feeling of dryness in the throat and the possibility of laryngo-exerosis is largely eliminated. A humidifying unit needs not be complicated or expensive.[2] One that has a container into which the oxygen from the cylinder is introduced, and that allows the bubbles of gas to pass through a column of water is all that is needed. If the gas bubbles are broken up by passing through a mass of beads of glass or metal, it will insure better humidification.

The humidifier unit may well contain in addition a water flow meter. Such a flow meter can be a metal tube with graduated holes throughout its length, immersed in a container of water. The catheter should be small (8 to 14 F) with a large lumen uniform throughout. If urethral catheters are employed, they need to be routinely tested before put in use. The terminal half-inch of the catheter should be perforated with several extra holes so that the oxygen stream will not constantly be forced against one small area of mucous membrane. There is now available a catheter prepared especially for oxygen therapy, in the wanted sizes and with the desired perforations.* All connecting tubing, and connections should be of large bore, and placed to prevent constriction or kinking.

TECHNIC OF INSERTION

Oro-pharyngeal insufflation of oxygen is *efficient only when the catheter is properly placed in the oro-pharynx*. The technic of placing the catheter is simple, but its importance cannot be overemphasized. It is never necessary to use two catheters; that is, one in each nostril. Such a practice obviates replacement of a clean catheter into a nostril that has been free from one, and does not increase the efficiency or add to the patient's comfort. Moreover, when two catheters are employed, a Y or T tube is ordinarily used to connect them, and such a tube may offer obstruction to the oxygen flow and detract from the efficiency of the technic.

With the entire equipment assembled and tested, the depth the catheter is to be inserted is measured approximately. The distance (4½ to 5½ inches) between the external nares and tragus of the ear has been determined to represent the average depth the catheter will need be inserted.[3] This distance may be marked, and then a liberal supply of vaseline (light oils and jellies are inefficient) to thoroughly lubricate the catheter is applied. The catheter may be held between the fingers and rotated to determine the position in which it will have the greatest natural curve. It is inserted with this natural bend down so that it may fall along the floor of the nose and not be in contact with the more sensitive upper portion.

The catheter is always introduced in the conscious patient with the oxygen flowing. A rate of at least four or five liters per minute is advised. When the oxygen is turned on, a final inspection determines that none of the perforations are obstructed. The patient lies flat, with the head resting on a comfortable pillow, and held so that the mandible makes approximately a right angle with the body. The patient is instructed to breathe at a normal rate, but through the mouth. The catheter is gently and slowly passed through the nares to the depth previously determined by measuring from the nares to tragus. The catheter is held in this position for a few seconds, and then introduced beyond the measured depth to a point where the patient is seen to make swallowing movements. Swallowing indicates the catheter is placed with its tip too close to the esophagus. The catheter is then withdrawn slightly to a point where deglutition is not stimulated. Its tip will then lay in the oro-pharynx, or in the proper position.

An apprehensive patient or one who has not

*The Foregger Company, New York City.

experienced an oxygen therapy catheter in the nose may swallow often, and with the catheter at different depths. Then it is well to fix the catheter temporarily in place, wait some ten minutes and readjust it as before. It is likely that during this second adjustment, swallowing will only occur when stimulated by oxygen flowing too near the esophagus. It may then be withdrawn just distal to the swallowing reflex, and firmly fastened to the nares with adhesive tape. The catheter should be fixed so that it will not move laterally nor in and out of the nostril. It is convenient to support the catheter by bringing it over the nose and fastening with adhesive to the forehead. The above method for properly placing the catheter should be minutely followed in every conscious patient, and in those whose swallowing reflex is not obtunded.

To place a catheter in the oro-pharynx of an unconscious patient with depressed reflex activity, one may introduce the catheter to the estimated depth, and with a direct vision laryngoscope, observe the position of the tip. Its tip should lie slightly distal to the level of the tip of the uvula. Fig. 1 diagrammatically illustrates proper location of the catheter. When the catheter is properly placed and fixed, patients have no serious or troublesome interference with speech, eating, or other necessary functions. Catheters should be removed and replaced with a clean one at least each twelve hours, or more often if mucous secretions are abundant. Alternately using one nostril and then the other, decreases the possibility of irritation.

Efficient clinical results with oro-pharyngeal oxygen therapy have been repeatedly reported. Gas analyses of pharyngeal samples[4] have shown oxygen concentrations as high as 70 per cent with a six liter flow. Actual alveolar oxygen concentrations from 50 to 60 per cent were determined with a rate of flow of six liters per minute, and 30 to 40 per cent with a flow of four liters per minute. The same studies demonstrated that with an improperly placed catheter, that is, with its tip in the nasopharynx, a rate of flow of ten liters per minute would not result in alveolar oxygen concentrations exceeding 30 per cent.[5]

Diagrammatic representation of the location of catheter in oral pharynx.

SUMMARY

Oxygen therapy has been practiced for more than a century. It has reached a stage of development during the last fifteen years that gives it a definite place in therapeusis. Of the accepted efficient methods in use, the oro-pharyngeal insufflation technic is most economical. The apparatus required is available wherever oxygen can be secured, and it can be employed in the home as well as in the hospital. Satisfactory appliances are described. The technic requires placing the catheter accurately and precisely in the oro-pharynx. The efficiency of the method has been demonstrated by extensive clinical trial, and proven by analyses for oxygen concentration of gas samples taken from the bronchus during actual therapy in humans.

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THE COUTARD TECHNIC OF EXTERNAL RADIATION

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Protracted external irradiation is the method whereby fractional doses of x-rays or radium rays are administered daily in such a manner as to introduce the largest possible quantity of radiation within the most effective period of time, in order to secure the most selective destructive effect upon a tumor, with the least permanent damage to the adjacent normal tissues. The principles of this technic were described by Dr. Henri Coutard, Chief of X-Ray Department in the Curie Foundation, Paris. The method has been used in the treatment of neoplasms of the upper respiratory tract. These treatments are given in such quantity as to produce a second degree erythema of the skin, called *epidermitis,* and a second degree erythema of the mucosa, called *epithelitis.*

There are seven major principles in the Coutard technic.

I. QUALITY OF RADIATION

The quality of the radiation is determined essentially by the voltage, and the filtration; 200 K. V. are used, and the rays are filtered with one-half, one, or two mm. of copper. The two mm. method is the most effective filtration, producing a ray with a half value layer of 1.8 mm. copper and an approximate wave length of .11 Agström units. Should the smaller filtration of one-half mm. copper be employed, there will result an x-ray beam with a half value layer of .92 mm. copper, and a wave length of approximately .16 AU. This softer ray is more completely absorbed within the deeper tissues, and tends to produce an unusually severe reaction in the mucosa. When using the two mm. copper filter, one can administer a larger total dose of irradiation to the patient, with resultant reactions that will be less severe than with the softer beam.

This external irradiation may also be administered with a five-gram radium pack, filtering the radiation through five or six mm. of lead at a distance of six to ten cm. This very penetrative type of radiation, when employed at short distances, provides relatively low depth doses. Notwithstanding this fact, the results are comparable with those obtained with x-rays.

II. THE TIME INTENSITY FACTOR

The Time Intensity Factor.—This may be divided into:

A. *Duration Time,*—the number of days over which the treatment is administered, and

B. *Exposure Time,*—the number of hours each day during which the patient is exposed to the rays.

The number of days over which the treatment is administered is the most important single factor in the use of protracted external irradiation. The average period varies from twenty to twenty-eight days. The modifying factors are the degree of malignancy of the lesion, the individual idiosyncrasy of the patient and his skin to the radiation effect, and the quality of the radiation.

The *histology* of the tumor will affect the plan of treatment. According to Coutard, a very radio-sensitive tumor, such as an anaplastic carcinoma of the tonsil, is destroyed principally by the direct impact of the irradiation. This effect is expended over a period of two to three weeks. A radio-resistant lesion, such as a grade one squamous cell epidermoid carcinoma of the margin of the tongue, is affected somewhat differently. The younger cells of that tumor (those about to undergo, or are actually in process of, mitosis) are affected by the direct impact of the radiation within the first few weeks. Following this, the constriction fibrosis occurring during the healing phase

incarcerates and strangles, to some extent, the more mature residual radio-resistant cells. The latter is the most important effect in the radio-resistant lesions. Consequently, the radiation should be carried well into the healing phase in order to get the maximum effect from such constriction fibrosis. Thus, low-grade epidermoid carcinoma should be exposed to radiation for a period of about four to five weeks, and possibly longer when no other alternative treatment is feasible. This process of constriction fibrosis is not a very efficient one, because it rarely succeeds in completely obliterating carcinoma cells; but it may only arrest them for a period of several years, following which they may again emerge and flourish with their usual inherent characteristics. Lesions which are radio-sensitive and are most influenced by the direct impact of the radiation are more successfully treated with protracted external irradiation.

This principle can be converted into practical use as follows:

Lesions, which have shrunken approximately 50 per cent at the expiration of the first fourteen to sixteen days of a course of such treatment, will probably be completely destroyed by a full course of external irradiation. If the lesion has not shrunken 50 per cent at the expiration of eighteen to nineteen days, it will, in all likelihood, not be destroyed by external irradiation alone, and other means for its eradication should be considered.

When the lesion is too extensive, or if the patient is too ill to tolerate either surgery or interstitial radiation, then we must depend upon the desmoplastic effect of further external irradiation. In such cases the treatment will be prolonged for a total period of five or six weeks. If the previously utilized daily dose has been too high, or if the patient is unusually susceptible to the radiation and is reacting poorly, then the daily intensity should be reduced in order to permit the protraction of the treatment beyond the period of time that was originally contemplated.

When x-rays are used, the most effective time duration of a single treatment is two hours. However, where for reasons of expediency such procedures are not feasible, there is only a slight sacrifice in reducing the length of treatment to fifteen or thirty minutes.

When a full test erythema dose is administered at one sitting, there is a 20 per cent variation which is dependent upon the individual idiosyncrasy of the patient. When the radiation is protracted over many days, the variation increases, reaching 60 to 70 per cent. Consequently, a well-planned course of treatment may be frustrated by marked hypersensitivity of the patient's skin and mucosa, so that a dose smaller than originally contemplated must be given. Patients must be carefully observed every day in order to prevent severe, and even fatal, reactions.

The softer the radiation, the shorter should the time duration of the treatment be, owing to the fact that the time of onset of the erythema, and consequently its destructive phase, is short. For instance, should a full erythema dose be given with 200 K. V. x-rays filtered with one-half mm. copper, the erythema would reach its peak at about the sixteenth to the eighteenth day. However, if the rays are filtered with two mm. copper, a resultant erythema would reach its peak at about the twentieth to the twenty-second day. Beyond this stage, healing appears and tends to neutralize the radiation effects. Consequently, it is most effective to administer the radiation before the healing phase with its attendant fibrosis and increased radio-resistance has set in. Thus, x-rays filtered with one-half mm. copper, when administered in accordance with a plan of protracted treatment, should be given over a maximum period of twenty-one days. X-rays filtered with two mm. copper should be given over a period of twenty-eight days for best results.

Following the administration of an erythema dose with heavily filtered radium rays, the healing phase does not commence until about six and possibly even seven weeks, have passed. However, there is some additional unknown factor here which makes it inadvisable to protract this plan of treatment over a period longer than thirty to thirty-five days.

It is evident that, if the treatment lasts a longer time, the cells will have less of an opportunity to recuperate from the impact of the

rays, and the numerical opportunities for catching all cells during the stage of mitosis, when they are most radio-sensitive, will be greater.

Coutard contends that the milliamperage should be sufficiently low (three to four M.A.) so that each treatment might last about two hours. He believes that fifteen to thirty minutes is too short a time for an efficient exposure. We feel, however, that the difference between one-half an hour and two hours is not sufficiently great, and that to benefit from this one factor of "continuity of radiation", the patient should be exposed twenty-four hours a day. This can be obtained only by the use of small radium packs applied to the side of the neck or jaw uninterruptedly.

III. LOCATION OF THE LESION

As a general rule, the epithelium at each level of the upper respiratory tract has specific biological characteristics, tends to produce epidermoid carcinoma of a characteristic degree of malignancy, and has a specific susceptibility to the influence of radiation. Thus, the areas exposed to the greatest amount of physiological trauma, such as the dorsum of the tongue, the lateral margins of the tongue and the anterior two-thirds of the buccal mocosa, normally have the thickest stratum granulosum with protective stratum corneum. When this epithelium becomes malignant, it tends to produce very low grades of carcinomata (grades one and two) which contain numerous epithelial pearls and many keratinized squamous cells. These tumors are radio-resistant,—frequently more so than the normal epithelium from which they are derived. These tumors can never be destroyed through the sole medium of protracted external irradiation.

At the opposite extreme is the epithelium of the soft palate, the anterior tonsillar pillar, tonsil, the dorsum of the base of the tongue behind the circumvallate pappillae, and the pyriform fossa. There is a smaller number of keratinized cells in this epithelium; their carcinomata tend to be more highly malignant (grades three and four) and, due to the absence of protective characteristics, they tend to be radio-sensitive. These are the neoplasms which respond best to protracted irradiation alone. In an intermediary group lie the carcinomata originating in the anterior floor of the mouth, usually around the orifice of the sub-lingual duct, the epiglottis, and the larynx. The radio-sensitivity of the normal epithelium of various locations of the upper respiratory tract parallels to an extent the radio-sensitivity of the tumors derived from them. Thus, in the course of protracted external irradiation the epithelitis usually appears first in the soft palate and uvula, then in the pyriform fossa, tonsil, and epiglottis, and finally becomes generalized.

IV. UNIT OF DAILY DOSE

The average unit of irradiation is 150 'r' measured in air, or 200 'r' measured with back scattering to each portal. Two areas are treated each day, one on either side of the neck. At this rate, the average total dose of 3000 'r' (air) to each area will be delivered in three and one-half weeks. This is the ideal rate of administration of x-ray therapy in the treatment of those moderately radio-sensitive lesions which may be completely destroyed by external irradiation alone, such as carcinoma of the tonsil, soft palate, epiglottis, pyriform fossa, and occasionally the larynx. However, when dealing with a more radio-resistant lesion, it will be well to reduce the daily unit dose to 125 'r' measured in air, in order to protract the radiation over a longer period of time, carrying on the irradiation through four, five or six weeks, and thus obtaining a greater amount of desmoplastic reaction around the malignant cells. Radio-resistant lesions, wherein external irradiation is to be supplemented with interstitial radiation, or surgical excision, or both, require only the most effective component of the external radiation. This occurs in the first two weeks of the irradiation. The daily incident dose is increased to 175 'r' measured in air, and given for a period of not longer than two weeks.

Coutard recommends that treatment be given to one portal in the morning, and the opposite portal later in the afternoon, thereby splitting the time each day during which the cells are recuperating from the radiation. This prin-

ciple is probably more important than the number of minutes which each treatment occupies.

V. SIZE OF PORTAL

The smaller the size of the portal, the better will the patient be able to tolerate radiation, and the larger will be the total dose given. One must estimate as accurately as possible, from the clinical history and the histology of the neoplasm, the probable extent not only of the local lesion but of the metastatic nodes as well; and design the portal so as to include the entire lesion. The average optimum portal measures 8 x 10 cm. It is frequently necessary, when treating a lesion originating in the upper respiratory tract which has metastasized to nodes low in the neck, to employ a portal measuring 10 x 15 cm. This irradiates a large area and makes the patient very sick during the operation, not only because of local discomfort but also from starvation and dehydration due to the difficulty in swallowing. When treating a carcinoma of the laryngeal box where there are no palpable neck nodes, a portal as small as 4 x 6 cm. may be employed. This produces a small area of epithelitis. It must be remembered that a small portal permits a smaller depth dose, which must be compensated for by increasing the total number of treatments and the total dose, or preferably by increasing proportionately the daily incident dose.

VI. INTERSTITIAL RADIATION

The treatment of any residual tumor tissue, whether it be local or metastatic in the cervical nodes, following the completion of a course of protracted irradiation, may be carried out by electrosurgical excision, or interstitial radiation, or both.

Because of the extensive fibrosis and alteration in the normal tissues, scalpel surgery is difficult if not impossible in an attempt to excise a neck node or group of nodes. Furthermore, such surgery is usually insufficient to remove permanently any residual tumor tissue. Consequently interstitial radiation is the most important therapeutic means at our command.

Interstitial radiation can be carried out with radon seeds or radium needles. This type of interstitial radiation differs from the ordinary type in that the tumor is more radio-resistant because of the desmoplastic reaction. Furthermore, the normal tissues as well as the tumor bed are more avascular and somewhat devitalized, so as to be unable to tolerate the subsequent injury of interstitial radiation; and there ensue persistent craters, sloughing, ulcerations, and progressive and extensive osteomyelitis which may require months or years to heal. The patient remains sick for a long period of time. Therefore, great caution must be exercised in the proper choice of interstitial radiation.

Usually the insertion of seeds into residual neck nodes is not attended by serious complications because there is no open avenue for secondary infection. If the node is single or readily palpable, the implants may be inserted through puncture holes in the skin. If the nodes are multiple, or indefinite, or located in the region of the carotid bifurcation, they should be exposed through a large incision in order to permit a more accurate implantation of the seeds. If the node is very large (approximately four cm. in diameter or more), there is usually some central liquefaction necrosis. When seeds are inserted into this type of a node, there is a likelihood of a very severe reaction with the node doubling its size. Therefore, it is wise to first aspirate the centrally contained fluid from the mass. The average dose for the interstitial radiation of a residual node is about two mc. destroyed per spherical cm. In the treatment of the residual local lesion, secondary infection and the consequent partial starvation as a result of dysphagia always play a prominent part in the clinical consideration of the patient.

The severe symptoms and the duration of the reaction may be curtailed by removing with the endothermic knife the interstitially irradiated tissue which will inevitably ulcerate or slough away.

Occasionally, following interstitial radiation, the treated area does not heal over, or else leaves behind a dense painful scar which partially immobilizes the affected organ. Endo-

thermic excision of this scar will give the patient considerable comfort. The choice of the dose should depend upon the time relationship to the external radiation. After a full course of external radiation has been completed, it must be assumed that a large dose is required to eradicate a radio-resistant lesion, and that this dose must be given in a tumor bed which cannot tolerate it well. On the other hand, if, after 14-16 days of external radiation, the lesion has not shrunken 50 per cent, and further external irradiation is inadvisable, the dose of interstitial radiation should be small, since it merely supplements the external radiation. An average dose would be 0.5 mc. destroyed per spherical cm.

VII. OSTEOMYELITIS AND CHRONDRITIS

Osteomyelitis is a very frequent complication in the post-radiation treatment of carcinoma; and its extent and duration are enhanced by the fact that the external irradiation has already devitalized the bone. If a carcinoma invades any portion of the bone, or only the periosteum, post-radiation osteomyelitis is almost inevitable. An important therapeutic principle is procrastination,—the necrotic bone should never be removed unless one is sure that it is thoroughly sequestrated. It is very difficult to ascertain the occurrence of sequestration; in some cases it occurs within a few weeks, and in other cases not at all. Osteomyelitis in the ramus of the mandible is dangerous because of the possibility of thrombosis of the mandibular artery with consequent sequestration of one entire half of the mandible. The lower the degree of malignancy of the lesion, the more virulent is the osteomyelitis. For some unknown reasons the presence of residual squamous epidermoid carcinoma cells in the bone intensifies these inflammatory and degenerative processes.

VIII. CLINICAL CONSIDERATIONS

Dehydration is the most important enervating factor in the course of protracted external irradiation. It is due to the inability of the patient to swallow. Intravenous injections of saline and glucose solutions, especially during the latter weeks of the treatment when the reaction is at its height, will serve to make the patient more comfortable. Occasionally it is necessary to feed the patient by gavage. It is surprising how well the patient can tolerate a feeding tube in his throat, in spite of the severe inflammatory reactions of the mucosa.

Before proceeding with the course of protracted external irradiation, it is important to be assured of the integrity of the heart and kidneys. It is not uncommon to find a patient dying of heart failure or uremia during the course of protracted external irradiation.

Aspiration pneumonia is another dangerous complication. It occurs most commonly following anesthesia for interstitial radiation or endothermic surgery. This type of anesthesia is difficult. Intra-tracheal anesthesia in the hands of an expert is the surest way of guarding against such danger.

THE NEED OF CO-ORDINATED EFFORTS IN COMBATING CANCER

By WILLIAM G. HERRMAN, M.D., Asbury Park, N. J.

An address by the President of The Medical Society of New Jersey before the Twenty-eighth Annual Conference of State and Local Health Officials in the State House, Trenton, N. J., on February 18, 1938.

Ladies and Getlemen:

Dr. Mahaffey has asked me to appear before you this evening and speak upon some of the needs of the people of New Jersey in regard to modern care of those suffering from cancer and allied diseases. Upon assuming office as President of The Medical Society of New Jersey, I announced that I had four main objectives. One of these four was as follows:

"I am very anxious that this Society take its part in providing for all people in New Jersey, rich as well as poor, proper facilities for the modern diagnosis and treatment of cancer."

CHANGING PROBLEMS IN MEDICINE

A generation or more ago the problem of the medical profession was to diminish the mortality of infants and children from contact diseases and gastro-intestinal disturbances. Dr. Lewis Ryers Thompson, Director of the National Institute of Health, states that thirty years ago the combined death rate in the United States was 433.6 per 100,000 population from diphtheria, diarrhea, enteritis, scarlet fever, tuberculosis, and typhoid fever. In 1934 the rate was 83.5. The life expectancy of infants at birth has been raised materially, but that of adults is slightly lower than decades ago because cancer has come along to strike down more each year. Cancer is now claiming one-fifth more victims than it once did.

Our population is changing in its percentages and this change has already affected the school system. For years we heard that more and more schools must be built. Now we are beginning to notice in the newspapers in some sections of the country there are many vacant seats in the schools, while on the other hand the proportion of those over forty to the rest of the population is steadily increasing. This alone will constantly increase those who die of the so-called *degenerative diseases.* As you know, cancer now stands next to heart disease as the cause of death. In 1905 cancer rated sixth as the cause of death of the people of New Jersey. In 1935 it was second. Tuberculosis in 1905 was first, and is now fifth. Heart disease has leaped well ahead of all other causes and that is due to two things: first, the hurly-burly of modern life; and second, the fact that the length of life, which one might expect around the turn of the century was some 45 years, has now been pushed upward to between 55 and 60 years. For this change in longevity, in the ratio of the several causes of death, in the increasing number of old people in this country, and in the number of unemployed, the departments of health and the medical profession must assume some responsibility. We cannot tinker with nature's laws without feeling the effects.

I sometimes liken the rise of mankind from the primordial ooze to the scaffold which two painters are raising up the side of a building. If only the ropes on one side are pulled, you know what happens to the paint and the painters. The ropes must be pulled equally. Through increased measures in public health, such as sanitation and preventive procedures, many previous causes of death have been removed; but the old man with the scythe is inexorable and will get you sooner or later. What in the long run does it amount to if we save someone dying of pneumonia or tuberculosis and so but preserve him to die a more horrible death with cancer a few years later?

The death rate from cancer and malignant tumors back in 1920 for the entire state was 86.3; today it is 123.8. In 1920 the total number of deaths in the State was 2760; in 1935 it was 5309. Deaths from cancer mount rapidly with the rise of the age period of the individual. In the age period from 20 to 24 we have 6.3. When we get to 70 years and older, it rises to 1186.4.

I have indirectly cited some of the reasons for the advance in the cancer death rate. One of the most important seems to me to be the *larger number of people reaching the cancer age.* Another thing, of course, is the improved methods of diagnosis and the better reporting of causes of death. Cancer is not alone a disease of civilization. It occurs among savages, but there does seem to be something connected with modern civilization that causes so much of it to be produced. For instance, there seems to be a tremendous increase of cancer of the lung. We are recognizing more cases of cancer in the lung through increased use of the x-ray and bronchoscopy. On the other hand there may be something due to modern civilization such as the benzine radicals which are cast into the air by the thousands of automobiles cruising up and down our roads. We know from experiments that certain chemicals can produce cancer, of which coal tar is one. We know mineral oil injected into the lungs can produce cancer. So stop and think how many medicinal and commercial products derived from crude oil are constant combinations of our daily life.

In recent experiments a question was raised as to whether food does not play some part,

because wheat germ oil has produced cancer. This is not a new thought. Previous writers and experimenters have claimed that the diet did play a part in the production of cancer, and the following facts have been stated in support of this theory The Hindus live largely on cooked food and boiled water, but are externally very uncleanly. While the Japanese are very meticulous about cleanliness of their persons, they eat considerable raw foods and much is produced with night soil as a fertilizer. The Hindus have a great deal of external cancer, while the Japanese suffer from cancer of the gastro-intestinal system. Those quoting these facts believe that food or the preparation of it must play some part in causing cancer.

A DEFINITE PROGRAM

Since cancer then promises to be with us for many years to come, and is ever present through the increased number of people reaching the age of 40 and beyond, we must give serious thought to what we intend to do about it. My proposed program for the State Society for this year was as follows:

HOMES FOR ADVANCED CASES

One or more homes for the incurable cancer sufferer for whom medicine and surgery can no longer be of avail, and who cannot count upon his relatives to see him through his last long mile at home. At the present time many such sufferers are sent out of the State to private or charitable institutions. We seriously need new institutions or wards connected with county or state institutions that are already built. At present the most logical answer seems to be wards or wings added to county hospitals or welfare homes. The people I had in mind do not need much in medical care other than prescriptions for morphine; but they do need good nursing care, good food, quiet, and sympathy during the period in which they are bedridden, or nearly so, until the time they leave this world.

TREATMENT CENTERS

The second thing that we most seriously need is properly organized groups in strategically located towns in this State where those having cancer or allied diseases in a stage which is still amenable to surgery and medical care can be properly examined and treated. Modern treatment of cancer today embraces four fields—surgery, radiology, pathology, and internal medicine. Remember that the majority of people suffering from cancer are over 40 years of age. They may have associated diabetes, kidney trouble, or heart complaints. They may need expert medical care and advice before being in a condition to undergo radiological or surgical treatment for their cancer; so then *competent physicians* are necessary in such groups I have in mind.

To the layman cancer is one disease; to the expert it is like Heinz's pickles, 57 varieties. Some of these varieties are amenable only to *surgery;* and once the growth is removed, no further treatment is necessary. Some of these varieties of cancer need treatment with *deep x-ray* therapy before surgery, and some after. Some are so radio resistant that to treat them with radium or x-ray is a loss of time. Some need the proper combination of x-ray therapy and radium. Some need surgery, x-ray, and radium. Some need a combination of two out of the three. All need proper study before any line of treatment is instituted, so that the cart may not come before the horse. All need tissue study by tumor pathologists.

ECONOMIC CONSIDERATIONS

Cancer is not a disease of either the rich or the poor, but of both. Therefore such groups should be set up with the idea of treating patients according to their *economic status* and according to their *geographical location.* Cancer should not be a disease to be treated at public expense except where it is definitely proven that the individual cannot take care of himself and has no relatives who can. It is not yet proven a transmissible disease; it is not yet proven contagious; there may be and probably is a hereditary tendency. The work of Maude Sly, the celebrated Chicago scientist, proves very conclusively that the transmission of cancer tendency in mice follows very definitely the Mendelian law. It should be definitely understood by the laity that *early diagnosis* is essential and many varieties will respond to treatment and be cured in 20 to 95

per cent of cases according to the type and location of the disease.

Considering the density of population in New Jersey, public and private wealth, fine roads and short distance to cover, it should be possible to establish in strategic centers such groups of physicians and such equipment as I have in mind to take care of those suffering from cancer, allowing the patient to pay according to his economic status.

THE PLACE OF WELFARE AGENCIES

The State Medical Society should look to members of organizations such as yours for sympathetic assistance and proper propaganda among the public, so that, where such groups are organized, they may be properly patronized and supported, with the understanding that the physicians involved should not be expected to give services free to other than the indigent, whether or not the expensive equipment is privately or publicly provided. There are many private agencies at present who are doing good work—individual physicians and private institutions. They should not be open to competition by organizations with public funds, but a combination and coöperative teamwork should be arranged between such private and public agencies.

With the sincere, honest, and whole-hearted coöperation of the medical profession and public spirited individuals trained in public health, such as yourselves, such a program as I have briefly outlined should not be impossible.

PNEUMONIA TREATMENT

By Hobart A. Reimann, M.D., Jefferson Medical College, Philadelphia, Pa.

Abstract of an address before the Atlantic County Medical Society in Atlantic City, N. J., on February 11, 1938

A considerable diversity of opinion is possible in attempting to classify pneumonia for the disease may be produced by a variety of organisms, or may occur as a part or complication of numerous diseases, or may be produced by various chemical, irritant, or toxic agencies. Future progress will apparently be along etiologic lines rather than the anatomical, clinical, or pathological features.

It is almost impossible to enumerate all the possible predispising causes, which are literally legion. Clinically the most important form of pneumonia is that due to the *pneumococcus;* and then come the *steptococcic* pneumonias.

Anatomically it is preferable to classify pneumonia either as *lobar* or as atypical rather than broncho-pneumonia.

The separation of the pneumococcus into types in accordance with their serological reactions has marked a great advance, and opened the road to specific treatment. The old type division into Types I, II and III with all others grouped as Type IV has given way to more numerous specific types of which types I. II. III V, VII, VIII and XIV are responsible for 80 per cent of all cases. Until specific treatment is evolved, the remaining twenty-nine types thus far separated are as yet mainly of academic interest.

SERUM TREATMENT

Dr. Reimann next discussed briefly the typing of the pneumococcus with special reference to the Neufeld reaction and then took up the serum treatment. While pediatricians are in two camps as regards the serum treatment of pneumonia in children, Dr. Reimann sides with those who favor its use. The specific serums now available are effective in all forms of pneumonia that are due to the pneumococcus, atypical (broncho-) as well as lobar. The mechanism of serum treatment is not wholly understood as yet. We now know that the pneumococcus derives its virulence from its capsule which contains a specific carbohydrate. Serum dosage must be adequate to neutralize the free capsular substance in the circulation before it can attack the capsules of the organisms.

The important underlying principles of serum treatment are:

(1) *Early administration* — Consolidation should not be waited for; the five cardinal symptoms (fever, chill, pain, cough and rusty sputum) suffice for diagnosis.

(2) *Adequate dosage*: This varies with the type. In type I pneumonia, 10,000 units at 4-6 hour intervals; or 20,000 units to every 2 hours, with a total of 80-100,000 units. In type II pneumonia, 40,000 units every two hours for a total of 100,000 units. If blood cultures are positive, these doses should be increased.

With effective serum of the proper type the mortality can be greatly reduced.

Rabbit serum seems to be more effective than horse serum but is still in the experimental stage.

The essential precautions of serum treatment are:

(1) Accurate typing of the pneumococcus;

(2) Preliminary investigations for sensitivity, clinical as well as ophthalmic and skin tests.

Serum reactions, while seldom dangerous, are most unpleasant.

It appears that serum treatment may even have effect in such complications as empyema.

Blood cultures are important as prognostic data, especially when they are quantitative (number of colonies per centimeter of blood).

PERIPHERAL ARTERIAL DISEASES,—THE FUNDAMENTALS IN THEIR DIAGNOSIS AND TREATMENT

By Saul S. Samuels, M.D., New York, N. Y.
Chief of Clinic for Peripheral Arterial Diseases, Fourth Division, Bellevue Hospital; Chief of the Department of Arterial Diseases, Stuyvesant Polyclinic Hospital; and author of a book on "Peripheral Arterial Diseases"

Abstract of a paper delivered before the Passaic County Medical Society on January 13, 1938.

Dr. Samuels divides the peripheral arterial diseases into two groups,—(1) the organic; and (2) the vasomotor imbalance, or Raynaud's group. Of these, the organic, particularly the diabetic arteriosclerotic cases, are of the greatest concern to the practitioner today. For this reason, early diagnosis of arteriosclerotic disease in the middle-aged diabetic should rank in importance with routine bood and urine examinations. By the institution of treatment directed to the stimulation of collateral circulation in these early cases, diabetic gangrene assumes the rôle of a preventable disease.

The routine method of examination is as follows:

1. Samuels' test for plantar ischemia. Both feet elevated to angle of almost forty-five degrees—rapid flexion and extension of feet (motion at ankle joints only). Arterial obstruction shows a pallor of the sole (plantar ischemia).

2. Palpation of feet for differences in skin temperature—the affected extremity is colder than its fellow. Thermo-couple not necessary for routine examination.

3. Comparison of both extremities for signs of atrophy of calf muscles.

4. Palpation of dorsalis pedis pulse is now considered unreliable because the disease may, in incipient cases, involve only the plantar or digital arteries or arterioles. In other words, signs 1, 2, and 3 may be present with the dorsalis pedis and posterior tibial pulses palpable.

5. Roentgen examination of the legs may show calcified arteries in the arteriosclerotic group. Its presence does not necessarily mean occlusion.

Differentiation of arteriosclerosis from thromboangiitis obliterans lies mostly in age distribution. Thrombo-angiitis obliterans occurs mostly in males, up to age thirty, but may be older. Arteriosclerosis occurs from thirty years to senility; diabetic arteriosclerotics are usually younger. Absolute differentiation lies in either a history of or actual presence of migrating phlebitis which is pathognomonic of thrombo-angiitis obliterans if the following symptoms are present—tendency for the acute area to clear up in one location and progress to another—no rise in temperature—no leuco-

cytosis, no edema—not painful, but usually very tender to the touch.

Excision and examination of a small section of inflamed vein shows infiltration of all coats and perivenous tissue, purulent foci in the occluding clot, and giant-cells resembling those of tuberculosis.

Treatment,—in the ambulatory group.

1. Complete cessation of smoking, because of powerful vasoconstriction produced by smoking.

2. Preservation of the natural heat of the extremity by wearing woolen stockings (ambulatory), or wrapping the entire leg and foot in cotton or lamb's wool. (In-bed patients.) Hot sitz baths twice a day are beneficial. Short wave diathermy may also be used.

Avoid all forms of baking lamps, thermostatic cradles, hot water bottles, and other burn-producing forms of external heat.

3. Increase pulse pressure by intravenous injections of hypertonic saline every other day. In younger patients (up to age fifty) 300 cc. five per cent sodium chloride; in older patients, 300 cc. of two per cent Na Cl. Injections may be continued for months in some cases. Contraindications—hypertension, myocardial damage, nephritis.

4. Postural exercises (Buerger) are a valuable adjunct, but should not be used in cases with open lesions.

5. Intramuscular injections of extracts of pancreas, skeletal muscle, and myocardium, are of value in relieving intermittent claudication. They are of no value in gangrene.

6. Suction and pressure machines and intermittent venous compression have unfortunately been disappointing in these cases. The danger of edema and spreading infection with the use of these machines, as well as their expense and impracticability, make reliance upon simpler and safer methods obligatory.

Treatment of ulceration and gangrene necessitates complete rest in bed with immediate cessation of smoking, and with wrapping the entire limb in warm covering. Rest pain usually relieved within twelve hours unless gangrene is actually developing.

Gangrene in thrombo-angiitis obliterans is self-limited and usually requires no amputation. Rest in bed and local cleanliness of gangrenous area are essential, in addition to other measures outlined above.

In diabetic gangrene the problem is more difficult because of the factor of infection. Indications for amputation in diabetic gangrene are: (1) Uncontrollable spread of infection. (2) Destruction of weight-bearing portion of foot by gangrene. Use of azochloramide packing offers best results in control of infection.

The safest and simplest type of amputation in diabetic gangrene is that done by Dr. Samuels at Bellevue: Circular incision at upper border of patella, retraction of soft parts, and severance of femur at slightly higher level—use of fine silk throughout—closure of skin without drainage. No tourniquet is used—cyclopropane anesthesia—no spinal. Patients usually out of bed on second day and home in eight to ten days. Mortality is reduced from 75 per cent to 18 per cent by this method.

AGAIN,—A DISCUSSION OF MATERNAL MORTALITY

MATERNAL WELFARE ARTICLE NUMBER TWENTY-FIVE

By Frederick C. Holden, M.D., F.A.C.S., New York, N. Y.

Read before the General Scientific Session at the 171st Annual Meeting of The Medical Society of New Jersey, April 29, 1937.

Again—a discussion of maternal mortality—is it justifiable to add another paper to the flood of literature on this subject? As long as there is a preventable maternal mortality rate, whether attributable to the medical profession or to the laity, it is our duty to continue to plan and work toward its reduction.

It is a well-known fact that the maternal mortality rate in this country is shockingly high, averaging 16,000 deaths annually. Until quite recently there was a complacent acceptance of this fact, but during the past few years our profession has made several thorough studies in various sections of the country, and there has been a surprising uniformity in their conclusions: *The maternal mortality rate in*

this country is excessive and the greater percentage of maternal deaths is classified as preventable.

BASIS OF MATERNAL MORTALITY RATE

There has been some criticism of the interpretation of our maternal mortality rate. Some argue that our rate cannot be compared with those of foreign countries, because the lack of uniformity of classifications makes our rate comparatively, but not actually higher. To determine this point, a special study was made of the comparability of maternal mortality rates in the United States and sixteen foreign countries. The findings were:

1. No matter what method of classification is used, the United States still retains an exceedingly high rate as compared with other countries. Moreover, many claim that the maternal mortality rate is actually higher than that computed, for the present rate is based upon the number of mothers dying, to produce 1,000 or 10,000 live births; therefore the rate depends not only upon the number of mothers who die as the result of childbirth, but also on the number of babies born alive—that is, the sacrifice in mothers to produce so many live births.

2. Stander [2] has suggested a change in computation so that we should state that so many puerperal women died per 1,000 or 10,000 who became pregnant. This might be an excellent suggestion if it could be carried out—but I do not believe any such computation could be made. At present, we could never find out how many women entered the puerperal state each year, for it has been estimated that there are between one and two million abortions per year, the greatest percentage of which do not come to the attention of any reputable physician. It is only the abortions that become desperately ill or die that we know about, and for that reason alone, Stander's suggestion could not be carried out.

ABORTIONS

This brings me to another point regarding these statistics. All studies have shown that an average of 25 per cent of all maternal deaths follow *abortions.* In a study of the maternal deaths of seven cities of the Pacific Coast in women pregnant less than seven months, 72 per cent were due to abortions. The percentage would be still higher if those acknowledged as criminally induced and therefore classified under homicide were included. It is obvious then, that abortion is one of the major problems to be attacked if we wish to get any appreciable reduction in our maternal mortality rate. However, the solution of the abortion problem is in a different category from the other maternal deaths. The same holds true for the ectopic deaths which constitute about four per cent of the maternal deaths. There should, therefore, be a separation between these two groups and the rest of the maternal deaths which may be classified as obstetric deaths.

MEANS OF PREVENTION

I shall not discuss puerperal deaths from the angle of sepsis, toxemias, hemorrhage, etc., and the treatment of these symptoms, but shall rather devote myself to the fundamental considerations of the preventable causes of maternal deaths such as: Insufficient training of the doctor, ignorance and negligence of the laity, and unsupervised hospitals. As for the remedies, I shall discuss the betterment of medical training both undergraduate and post-graduate, the education of the laity, and the organization of the hospital and the community along all those lines which will lead toward better obstetrics. I shall also discuss the abortion problem, which takes a ghastly toll each year on the lives and health of the women in this country.

The very excellent and conscientious studies made in various sections of the country give us an excellent starting point for our program. What does a careful analysis of these studies show us? Where are the higher mortality rates, and what are the underlying causes? Why should one community have a maternal death rate of 116.8 per 10,000 total births, and another community comparable as to population and number of births have a maternal death rate of only 21.7 per 10,000 total births?

These studies show us that there has been no real improvement in the mortality figures for the past twenty years. This is indeed a

challenge, as contrasted with all other advances made in medicine in general.

I should like to mention a few highlights of the fifteen-state study, which is representative of the entire country. Sepsis, toxemia, and hemorrhage account for 81 per cent of all the deaths.

SEPSIS

Sepsis caused 40 per cent of all deaths, and 45 per cent followed abortion. Of 1,529 deaths from sepsis in the last trimester of pregnancy, 94 per cent had a spontaneous onset of labor and 65 per cent a spontaneous termination. This fact is appalling in that we know that in the majority of instances the infection is introduced from without. For this series, the delivery technic was recorded as aseptic in only 40 per cent of the cases. Forty-seven per cent of the cesareans died of sepsis, and in this series cesarean was done fifty-six times on primipara, and thirty-one times on multipara after thirty-six or more hours of labor;—and almost all of these were of the classical type. If cesareans were indicated in this group of cases, the low flap of Latzko would give greater protection against sepsis. The classical cesarean is all too often done on desperate cases as a last resort, by men with insufficient training.

TOXEMIAS

Toxemias caused 30 per cent of the deaths. Adequate prenatal care is our most effective weapon, and shall be discussed later.

Hemorrhage caused 11 per cent of the deaths; and out of 408 hemorrhage deaths, 88 per cent of whom died less than a day after delivery,—only twenty-seven were known to have been given a transfusion. Of 314 ectopic deaths, only thirty-six had a transfusion. Of 236 placenta praevia deaths, the bleeding was ignored by the physician in half the cases, and by the patient in the rest. The treatment of shock in the hemorrhage cases was rarely mentioned, and operative procedures were done on exsanguinated patients without any attempt made first to combat the shock.

Maternal mortality is accompanied by a high fetal mortality, for only 43 per cent of 7,226 cases studied gave birth to living babies.

EDUCATING THE DOCTOR

To the credit of our profession be it said that although all these studies have been made by physicians, they have not spared themselves in accepting their responsibility in a large percentage of these deaths. They have bent over backwards in taking the blame, and in the various reports the greater percentage of the deaths have been termed preventable and due to poor judgment or poor technic of the attending physician. Poor judgment and poor technic are in most instances due to inadequate training in the art and science of obstetrics. Maternal mortality can be appreciably reduced by better teaching of obstetrics to those physicians who are to do obstetrics. As much time should be allowed for the undergraduate teaching of obstetrics as is allotted to medicine and surgery; and obstetrics and gynecology should be combined as one department under one director. Even with this increased schooling, a graduate is no more competent to manage an abnormal labor,—and we never know when a case will become abnormal,—than he would be to do a major operation. Therefore, graduates who are to practice obstetrics should receive additional post-graduate training.

In 1914, my good friend J. Montgomery Baldy, realizing this need for additional post-graduate training, had a law passed through the Pennsylvania legislature, after a strenuous fight, requiring a year's general rotating interneship, including two months of obstetrics, as a prerequisite for every physician before being licensed to practice. Until recently I considered this an excellent law, and it undoubtedly was a step forward. At present the outstanding flaw of this law is that every physician before practicing in Pennsylvania must take an obstetric interneship whether or not he ever intends to practice obstetrics, even though there are not sufficient facilities to give this obstetrical training to every physician in the country. I propose, therefore, that obstetrical interneship should not be a part of a general rotating interneship, but should be reserved for those physicians planning to prac-

tice obstetrics; and these should be required by law to have a minimum of six months in obstetrics in an approved hospital following their general rotating interneship. It would then be necessary to issue a special license for the practice of obstetrics to those who have had this training. The American Board of Obstetrics and Gynecology is the logical body to see that such a law is passed in each State. This law should not be retroactive. To make the functioning of such a law possible, it would mean increasing the number of well-organized and supervised obstetrical services with an open courtesy staff. This step alone, if carried through, would in great measure help to reduce the mortality rate by increasing the facilities for better training for the doctor.

SUPERVISING THE HOSPITAL

The good hospital is an important factor from the standpoint of safety to the patient and education of the doctor and nurse in obstetrics. In the general hospital the obstetrical cases should be segregated, preferably in a separate pavilion, with additional facilities for isolation of all infected or potentially infected cases. There should be a separate staff of nurses and internes for this pavilion. An open courtesy staff is a boon to the physicians, as well as to their patients. It affords the general practitioner opportunity to do his obstetrics under ideal aseptic conditions, under the direct supervision of a well-trained resident and attending staff of specialists; and it gives him quick access to expert opinion and help in any emergency. Compulsory consultation with the attending staff before any operative work is done will prevent needless or badly executed surgical procedures with their high percentage of maternal and fetal deaths. Most important of all, it will do away with the necessity of his having to resort to poorly run, unsupervised, small private hospitals.

EDUCATING THE LAITY

Education of the laity is the duty of our profession. Maternal mortality is too destructive to be studied because of the demands of an aroused public, only to be dropped when the present furor subsides. A permanent organization under medical leadership should be developed in order to progress toward that most important objective: the reduction of maternal deaths to the unpreventable number.

Toxemia is one of the three highest causes of maternal deaths. Adequate pre-natal care is the most important step to reduce the deaths in this group. In the various maternal mortality studies made, it has been shown that less than one per cent had adequate pre-natal care and that 54 per cent had no prenatal care by a physician. The rest had poor or inadequate care. Those areas where the State and county nursing services are more extensive had the lower rates.

Adequate prenatal care needs both an educated public as well as well-trained physicians, and only by proper organization can the laity be reached.

THE ESSEX COUNTY COMMISSION

An excellent example of the worth of such an organization is the work done in your own Essex County, where the maternal death rate has decreased from 7.1 per 1,000 in 1923 to 3.5 per 1,000 in 1936. The Essex County Medical Society in 1923 appointed a Medical Commission for Maternal Welfare comprising prenatal, hospital, educational follow-up, statistical, and financial aspects of the subject. As a result, prenatal care has been standardized on a high level and the percentage of those receiving prenatal care has been increased from 10 per cent to 64 per cent. Standard obstetrical record sheets have been developed, giving a uniform and complete obstetric history; a yearly obstetric report is obtained from each hospital; and there is a careful follow-up of all maternal deaths and still-births by personal interview with doctor by doctor. For the better education of the doctors, many obstetric lectures are given, and courses are sponsored in obstetrics, especially for the general practitioner.

This commission carries out three of the cardinal principles proposed in this paper: Increased post-graduate training for the doctor, education of the laity, and supervision of the hospital.

A program so useful to maternal welfare should be followed by each County Medical

Society, throughout the country, adapted and modified to the local needs, the whole being organized under a State Welfare Commission.

Since the maternal mortality rate of colored women is nearly twice that of the white women, this program is particularly needed in those communities which have a large colored population. At present, especially in the rural areas, the colored women receive practically no pre-natal care.

REGIONAL CONSULTANTS

As part of this community organization, regional consultants could be appointed to facilitate getting expert help even in the inaccessible regions. In a similar way, regional transfusion bureaus could be established, for in many instances life-saving transfusions are not given because of lack of the necessary facilities.

THE NEW YORK CITY PLANS

The Health Commissioner of New York City, Dr. John L. Rice, appointed an Advisory Obstetric Council, which is studying the various problems relating to maternal mortality. This council has already accomplished the following:

1. Improvement in midwife situation through:

a. Elimination of the Bellevue Hospital School for Midwives.

b. Retirement of midwives who have had only a few deliveries a year.

c. Drafting of an amendment to the Sanitary Code requiring annual examination of midwives.

2. Better supervision by the Department of Hospitals, of maternity hospitals.

3. Survey of Health Department's Prenatal Clinics, and efforts made to improve their physical condition and equipment.

4. Adoption of standards for prenatal clinics.

5. Filling of vacancies on prenatal staff with trained obstetricians who have hospital affiliations.

6. Stimulated interest in setting up plans for continuing study of maternal mortality through committees of County Medical Societies.

The last item is of especial significance, since it will continue to bring to the attention of obstetricians throughout the city the causes of maternal deaths and the careful analysis of all the factors in each death should assist in lowering the maternal mortality rate.

MIDWIVES

If we consider the present training of the doctor inadequate, how can anyone recommend increasing the practice of midwives? The proportion of graduates in medicine to the population is so high that there seems no excuse for continuing such a makeshift. For the isolated communities there is a place for the trained nurse who, in addition, has had special obstetrical training, illustrated by the excellent work accomplished in the mountains of Kentucky or by the English and Scandinavian midwives who are registered nurses with special post-graduate training. For the greater part of this country our program calls for the gradual elimination of the midwife and a greater supervision of those at present licensed.

ABORTIONS

A factor which causes 25 per cent or more of all maternal deaths must be dealt with in proportion to its importance; and here again the medical profession must take the lead in reducing very appreciably this frightful loss. Whatever good has been accomplished by improved obstetric practice is offset by the increasing abortion death rate. We must face the fact that most of these abortion deaths are due to the fact that the pregnancy was not wanted, and is therefore interfered with. In over 90 per cent of the cases these abortions occur in married women in the lowest economic stratum who already have several children. The teaching of safe medical methods of birth control to the women in need of this information is the most effective measure in preventing these abortion deaths.

BIRTH CONTROL EDUCATION

Birth Control Education is a health service, and should not be regarded as apart from other organized medical service. This should not be left to the laity, still less to unscrupu-

lous commercial organizations. A birth control clinic should be an integral part of every obstetric service, and patients should be given the advantage of proper contraception instruction as part of post-natal care. This question has been too long beclouded by ignorance and superstition. It should be included in all maternal welfare programs under the direction of the medical profession.

THE FRENCH HOSPITAL SERVICE, NEW YORK CITY

The maternity division of the French Hospital was established in April, 1935. There are certain points in the set-up of the service which we wish to emphasize. The obstetrical department is housed in a separate maternity building. Gynecological cases, including abortions and ectopic gestation are taken care of in another building connected by a covered bridge. The obstetrical personnel, including doctors, nursing staff and housekeeping staff, are separate and distinct from the rest of the hospital. Cases of infection are transferred immediately to the surgical building. During labor and delivery everyone coming in contact with the patient is masked. Masks are also worn in the nurseries, and when doing perineal dressings. Vaginal examinations during labor are considered a sterile procedure carried out in the delivery room with preparation exactly the same as for delivery. All cases from the clinic have a routine blood grouping and a Wassermann. Ritualistic circumcision is done in a separate room, and the babies are not returned to the regular nursery, but are kept in an isolation nursery until leaving the hospital.

Our maternity service is an open one; that is to say, any physician who is a member in good standing of his county society is eligible for hospital privileges. John R. Fraser, in a recent study of the control of maternal morbidity and mortality (in the Bulletin of the American College of Surgeons, Vol. 22, No. 2, April, 1937) states:

"The existing situation will be improved materially by the opening up of hospitals to courtesy staffs where more men may practice institutional obstetrics and receive instruction."

It requires, however, a well-trained resident with ample assistance on the house staff. Consultation must be made obligatory for all abnormal cases irrespective of finances. For these consultations there is no charge if the patient can not afford to pay a fee. The courtesy physician who is not a specialist is privileged to conduct normal deliveries and low forceps with the resident obstetrician present and scrubbed up. Major obstetric procedures, such as midforceps and version, require the assistance of a qualified specialist. In all Cesarean sections, consultation is obligatory—a rule which applies to the entire attending staff as well as to the courtesy staff.

The staff consists of the following: Seven on the Attending Staff; forty-three on the courtesy staff, of which twenty-one are general practitioners, and twenty-two are obstetricians; one resident; and two internes. Since the maternity pavilion was opened two years ago there has been a total of 1,060 cases admitted to the maternity side, and 105 to the surgical side of which 631 were private cases and 534 were clinic cases. Of this entire number we have had no maternal deaths, despite our open courtesy staff.

Of the 1,060 cases, sixteen of the babies delivered were non-viable, leaving a total of 1,044 viable cases. Since there were seventeen multiple pregnancies in the latter group, 1,061 babies of viable age were delivered.

Besides the sixteen non-viable cases noted above, there were 105 cases under twenty-eight weeks' gestation cared for in the surgical building. Eighty-four of these were abortions, and twenty-one were ectopic gestation.

There were forty-two therapeutic abortions. There were no deaths among this group of non-viable cases. We believe that those pregnancies which have passed the twenty-eighth week should be classified separately in any report on obstetric morbidity and mortality. Failure to distinguish between viable and non-viable cases is responsible for much of the confusion and exaggeration about our puerperal mortality.

Among the 1,044 viable cases there were no maternal deaths.

Total deliveries	1,060
Therapeutic abortions	42
Spontaneous abortions	42
Ectopic	21
	1,165

There were thirty viable babies lost, making a total gross stillbirth and neonatal death rate of 2.8 per cent.

Mascerated fetuses	7 cases
Congenital defects incompatible with life	4 cases

Of the remaining nineteen cases, there were six prematures. This leaves thirteen normal full-term babies lost, —seven stillborn and six neonatal deaths.

Subtracting the abnormal babies gives us a corrected fetal mortality for normal babies of 1.8 per cent.

Cesarean section was performed in forty-six cases, an incidence of 4.4 per cent. Forty-one of these cases were private,—an incidence of 7.2 per cent. Five were clinic cases—an incidence of one per cent. There was no maternal or fetal mortality. Using a standard of 100 degrees temperature, excluding the first seventy-two hours, twenty-nine of the forty-six cases, or 63 per cent, were non-morbid. There was one case of thrombophlebitis, one case of severe wound infection and one case terminating in pelvic abscess which required drainage.

TYPES OF CESAREAN SECTION

Latzko	1 case
Low flap	8 cases
Low classical	37 cases

INDICATIONS FOR CESAREAN SECTION

Contracted pelvis	26 cases
Pre-eclampsia	3 cases
Nephritis	1 case
Placenta previa	4 cases
Premature separation of placenta	2 cases
Heart disease	2 cases
Breech in a sterility case	1 case
Previous gynecologic repair	5 cases
Double uterus	1 case
Tuberculosis	1 case

Total operative incidence	559,—52.3 %
Total operative incidence—private	374,—35.05%
Total operative incidence—clinic	175,—16.4 %

SUMMARY

The maternal mortality in the United States is shockingly high. It must and can be reduced, and the medical profession must take the leadership toward this reduction. The remedies suggested are:

1. Reclassification and unification of terminology of maternal mortality rates, with more accurate and correct information on the death certificates. Abortion and ectopic deaths should be separated from the other maternal deaths, as they constitute a different problem.

2. Improved undergraduate training enforced by the American Medical Association.

3. Post-graduate training for those who wish to practice obstetrics made compulsory for all future graduates by each licensing State board.

4. State and county maternal welfare commissions coördinating all agencies for educating profession and laity, and for supervision of hospitals and the establishment of regional consultations and local transfusion bureaus.

5. Open courtesy staff of the approved hospitals to the general practitioner.

6. Birth control clinics to be an integral part of every obstetric and gynecologic service under the guidance and leadership of the profession.

Coming from New York, where the maternal death rate for 1936 was 46.7 per 10,000 total births, as contrasted with only 35. for your State of New Jersey, this paper is an excellent illustration of carrying coal to Newcastle.

I am deeply appreciative of this kind invitation to appear before the meeting of the New Jersey State Medical Society, and to present before you this most important problem, the solution of which is primarily our responsibility, and it can not be shirked.

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STATE SOCIETY ACTIVITIES

SECRETARIES OF THE MEDICAL SOCIETY OF NEW JERSEY

There have been 26 Secretaries of The Medical Society of New Jersey, as follows:

Dates of Election

July 23, 1766—Christopher Manlove.
May 5, 1767—Moses Bloomfield, 14th President, 1785.
May 3, 1768—Isaac Smith, 5th President, 1771.
November 7, 1769—Nathaniel Scudder.
November 13, 1770—Samuel Kennedy, Sr.
November 12, 1771—Absalom Bainbridge, 7th President, 1773.
May 12, 1772—Nathaniel Scudder, two years.
November 8, 1774—Hezekiah Stites.
November 14, 1775—James Newell, 6th President, 1772, and 10th, 1781.

No meetings, November 14, 1775—1781.

November 6, 1781—Thomas Wiggins, two years.
November 6, 1783—Lewis Dunham, two years, 20th President, 1791.
November 1, 1785—John Beatty, 11th President, 1782.
November 7, 1786—Thomas G. Haight.
November 6, 1787—Thomas Henderson.
November 4, 1788—John A. Scudder (son of Nathaniel S.).
November 3, 1789—F. B. Sayre, four years.
November 27, 1793—James Anderson, two years.

No meetings until 1807.

June 23, 1807—William McKissack. Served 13 years until his successor was elected May 9, 1820.
May 9, 1820—John Van Cleve. Served until May 14, 1824. President No. 30, 1815, and No. 33, 1818.
May 14, 1824—William Van Duersen. Served until May 8, 1827.
May 8, 1827—Peter Vredenburgh. Served until May 11, 1830, and again, May 10, 1831, to May, 1835.
May 11, 1830—William Pierson. Served one year, and reëlected in 1835.
May 10, 1831—Peter Vredenburg. Served until May, 1835.
May, 1835—William Pierson. Served until June 23, 1866 (31 years), when he was made Vice-President, and his son, William, Jr., was elected Secretary. 84th President, 1869.
June 23, 1866—William Pierson, Jr. Served until he was made Vice President, June 30, 1898 (32 years), 115th President, 1900.
June 30, 1898—W. J. Chandler. Served until July, 1912, when he was elected Vice-President. 130th President, 1915.
July, 1912—Thomas W. Gray. Served while Dr. Chandler was Vice-President and President.
July, 1918—W. J. Chandler resumed the office of Secretary, and held it until June 22, 1923, serving 19 years in all.
June 22, 1923—J. B. Morrison. Served 14 years.
April 28, 1937—Alfred Stahl.

LAXATIVES IN ABDOMINAL PAIN

From the Committee on Public Relations

J. H. KLER, M.D., Chairman

The most recent objective of the Public Relations Committee has been to carry out the appendicitis program which was approved by the Society. The program is aimed at the reduction of appendicitis mortality in New Jersey by educating the public to avoid the indiscriminate use of cathartics in the presence of abdominal pain and to summon the physician early when such pain occurs. We have inaugurated a comprehensive program, the success of which is dependent upon school physicians, and school nurses in those schools which have no school physician.

We have distributed to school physicians and nurses 50,000 stickers bearing the following information:

WARNING

In the presence of abdominal pain
Never give a laxative or physic
Give nothing by mouth
Call your family doctor
Abdominal pain, cramps or soreness
which lasts for four hours
is usually serious.
This warning is published by The
Medical Society of New Jersey.

These stickers are to be distributed to students in the upper grades to be pasted on their notebooks. This procedure, if carried out, will acquaint students and their parents with the

hazard of using cathartics to relieve abdominal pain without first consulting a physician.

Each school physician was supplied with a copy of the Speakers' Bulletin on appendicitis (Bulletin No. 8) in order to provide him with source material for the preparation of talks to students and P.-T. A. groups. School physicians were urged to use these bulletins, and to prepare the attached press release for submission to the community newspapers. Experience has shown that the newspapers make use of these releases when they get them.

Placards bearing the same warning as the stickers were distributed by the New Jersey Pharmaceutical Association to be posted in drug stores. In this program we are working with the druggists.

A press release explaining the purposes and methods of the appendicitis program has been sent out and has been published.

FAMILY MEDICINE CHEST

The committee believes that the practicing physician's participation in this undertaking is essential for its success. The following is quoted from the issue of The New Jersey Journal of Pharmacy of February, 1938, page 26:

"One of the country's leading daily newspapers has been looking into medicine chests—with results which will startle many manufacturers of medical products, according to *Medical Economics.*

"*The Cleveland Press,* a Scripps-Howard newspaper, working in conjunction with Parent-Teacher Associations in the Cleveland trading area, made a personal survey of 5457 homes. Every person interviewed was queried on the contents of the family medicine cabinet, and a significant question which was asked about every product was, 'Did your physician recommend it?'

"The factor of physician's influence is high—in many cases surprisingly so; but we will let the following figures tell their own story. Out of the total number of times each product appeared, the figure given represents the actual percentage of cases in which a recommendation by a doctor caused its selection.

	Per Cent
Ex Lax	8.4
Sal Hepatica	32.7
Feenamint	6.5
Fletcher's Castoria	42.0
Pheno-Lax	39.3
Nujol	62.1
Eno	7.8
California Syrup of Figs	33.6
Squibb's Castor Oil	67.9
Phillips' Milk of Magnesia	63.2
Alka Seltzer	8.1
Bi-So-Dol	52.9
Upjohn's Citrocarbonate	78.3
Squibb's Milk of Magnesia	57.1
Bellans	19.7
Phillips' Milk of Magnesia Tablets	35.4
Fleischman's Yeast	33.2

In this connection The Monthly Bulletins of the Department of Health of the City of Philadelphia, Aug., Sept., 1934, summarizing the appendicitis program in Philadelphia, contains this statement:

"In Philadelphia in 1932, fifty-five physicians prescribed laxatives to fifty-five patients who were admitted to hospitals suffering with acute appendicitis, and four died."

In view of these statements, the need for participation of the practicing physician in the program to reduce appendicitis mortality seems obvious.

NEW LOAN COLLECTION AVAILABLE AS SPEAKERS' AID

By J. H. KLER, M.D., Chairman, Public Relations Committee

A classified Loan Collection of Radio Talks is now available from the Public Relations Committee.

The Loan Collection of Radio Talks consists of approximately 250 prepared radio talks for lay groups classified according to subject matter. This collection consists of 47 folders classified numerically and alphabetically.

The Loan Collection of Radio Talks is the third type of speakers' aid that has been made available to physicians by the Public Relations Committee. The collection of prepared Speakers' Bulletins and the Hygeia Loan Collection were described in the January, 1938, Journal, pages 49-50. These three separate collections provide readily accessible source material on a wide range of subjects to the busy physician who is called upon to speak to a lay group.

The package library of Radio Talks offers the speaker the following advantages:

1. They are prepared talks and may be delivered as written provided the speaker gives credit to the original source. Using the prepared talk as it is without giving credit would, of course, be plagiarism.

2. Since these talks have already been delivered before lay groups (but not in New

Jersey) they make convenient models for the physician who does not have a great amount of time for his preparation.

3. They are timed and may therefore serve as a guide to length in the preparation of a talk to be given in a limited time.

4. Certain topics are listed in this collection which are not found in the Hygeia Loan Collection. A wider range of choice is thus available.

Observance of the following suggestions on the part of physicians who wish to borrow any of the folders of the radio package library will enable the Committee to serve the doctors more effectively:

1. Give a second or third choice in addition to your first choice.
2. Return the folders after having had them for a week.

The numbers and titles of folders in the radio package library loan collection are listed below:

R 1. Accidents
R 2. Allergy
R 3. Athletics, Recreation, and Sports
R 4. Bones
R 5. Cancer
R 6. Child Health
R 7. Contagious Diseases
R 8. Diabetes
R 9. Diet, Food, Nutrition, Appetite, Etc.
R10. Digestive System, Diseases of the
R11. Diphtheria
R12. Ears and Deafness
R13. Exercise
R14. Eyes
R15. Food Advertising
R16. Gas (Carbon Monoxide)
R17. General Health
R18. Germs
R19. Goiter
R20. Heart
R21. Hot Weather
R22. Infancy
R23. Infantile Paralysis
R24. Kidneys
R25. Longevity
R26. Medical Progress
R27. Mental Hygiene
R28. Milk
R29. Motherhood
R30. Nose and Throat
R31. Obesity
R32. Occupational Diseases
R33. Radium and Ultraviolet Fakes
R34. Rheumatism
R35. Sanitation
R36. Skin and Cosmetics
R37. Sleep
R38. Smallpox and Vaccination
R39. Sunshine
R40. Teeth
R41. Tuberculosis
R42. Tularemia
R43. Typhoid Fever
R44. Vacations
R45. Water
R46. Whooping Cough
R47. Miscellaneous

To secure any of these folders, write to Joseph H. Kler, M.D., Chairman Public Relations Committee, Medical Society of New Jersey, 77 Livingston Avenue, New Brunswick, N. J.

CONFERENCE ON MATERNAL AND CHILD HEALTH

The Twentieth Anniversary Conference on Maternal and Child Welfare will be held in the Elizabeth-Carteret Hotel, Elizabeth, N. J., on Tuesday, May 5, 1938, under the auspices of the Bureau of Maternal and Child Health of the New Jersey State Department of Health. Dr. Julius Levy, Consultant to the Department, will preside. Physicians, nurses, and welfare workers and all others interested in mothers and babies are invited to attend. The program is as follows:

MORNING SESSION—9:45 A. M.

GREETINGS:

Dr. J. Lynn Mahaffey, Director, N. J. State Departmnet of Health.
Miss Margaret MacNaughton, Chairman Child Health Committee, State Department of Health.

TWENTY YEARS OF MATERNAL AND CHILD HEALTH

Progress in Maternal Welfare in the United States
Dr. George W. Kosmak, Editor, The American Journal of Obstetrics and Gynecology.

Progress in Maternal Welfare in New Jersey
Dr. Arthur W. Bingham, Chairman Maternal Welfare Committee, The Medical Society of New Jersey.

Progress in Child Health in the United States
Dr. Julius H. Hess, Professor of Pediatrics, University of Illinois.

Medical Participation in Promoting Maternal and Child Health
Dr. William G. Herrman, President, The Medical Society of New Jersey.

AFTERNOON SESSION—2:00 P. M.

NEWER CONCEPTS OF CHILD HEALTH

Conditions Confronting the Child of Today
Dr. Eduard C. Lindeman, Professor of Social Philosophy, New York School of Social Work.

Mental Hygiene and the World Around the Child
Dr. Ira S. Wile, Associate in Pediatrics, Mt. Sinai Hospital, New York City.

POST-GRADUATE COURSES

Arrangements are being made for continuring the Post-Graduate courses in Medicine under the joint auspices of The Medical Socity of New Jersey and the University Extension Division of Rutgers University. The classes meet once a week for a period of six weeks. The expenses of the course are borne by The Medical Society of New Jersey, Rutgers University, and the physicians who enroll. The charge to each physician who enrolls will be eight dollars for the course, but internes are admitted as guests.

The Committee of The Medical Society of New Jersey is:

Harry H. Satchwell, Newark, *Chairman*
Stuart Zeh Hawkes, Newark
David F. Bentley, Jr., Camden
G. Barton Barlow, Englewood
Estelle E. Kleiber, New Brunswick
E. Zeh Hawkes, Newark

ATLANTIC CITY CENTER

The class meets once a week, on Tuesdays, at 9 p. m. in the Chalfonte Hotel, Atlantic City.

EDUCATIONAL COMMITTEE
ATLANTIC AND CAPE MAY
COUNTY MEDICAL SOCIETIES

Clarence B. Whims, Ventnor, *Chairman Atlantic County*
Clarence W. Way, Sea Isle City, *Chairman, Cape May County*
William P. Chalfant, Jr., Ventnor
Walt P. Conaway, Atlantic City.
B. L. Gordon, Ventnor
Stanley L. Lucas, Atlantic City
R. Rostin White, Somers Point

PROGRAM

Lecture I—March 22
Diagnosis of heart conditions and interpretation of electro-cardiogram for the general practitionr.
Dr. William D. Stroud, Professor of Cardiology, Graduate School of Medicine, University of Pennsylvania, Philadelphia.

Lecture II—March 29
Significance of minor variations in basal metabolic rate and treatment.
Dr. Edward Rose, Assistant Professor of Clinical Medicine, University of Pennsylvania Medical School, Philadelphia.

Lecture III—April 5
Treatment of menopause.
Dr. Edward Schumann, Professor of Obstetrics, University of Pennsylvania Medical School, Philadelphia.

Lecture IV—April 12
The present status of vitamin therapy.
Dr. Harry Gold, Assistant Professor in Pharmacology, Cornell University Medical College New York City.

Lecture V—April 19
Surgical significance of abdominal pain.
Dr. Eldridge Eliason, Professor of Clinical Surgery, University of Pennsylvania Medical School, Philadelphia.

Lecture VI—April 26
Differential diagnosis in which headache is a prominent symptom.
Dr. Abraham M. Ornsteen, Assistant Professor of Neurology, University of Pennsylvania Medical School, Philadelphia.

SOMERVILLE CENTER

The class meets once a week, on Thursdays, at 8.30 p. m., in the Nurses' Home, Somerset Hospital, Somerville, N. J.

EDUCATIONAL COMMITTEE,
HUNTERDON AND SOMERSET
COUNTY MEDICAL SOCIETIES

Albert W. Pigott, Skillman Village, *Chairman*
Benjamin Borrow, Bound Brook
Barclay S. Fuhrmann, Flemington
B. Wallach, North Plainfield
J. L. Young, Somerville

PROGRAM

Lecture I—March 24
Pneumonia, with special reference to typing and serum technique.
Dr. Hobart A. Reimann, Professor of Medicine, Jefferson Medical College, Philadelphia, Pa.

Lecture II—March 31
The clinical utilization of blood studies.
Dr. Robert A. Kilduffe, Director of Laboratories, Atlantic City Hospital, Atlantic City

Lecture III—April 7
Neuroses and psycho-neuroses.
Dr. Joseph C. Yaskin, Clinical Professor of Neurology, University of Pennsylvania Medical School, Philadelphia.

Lecture IV—April 14
Neuroses and psycho-neuroses (*continued*)
Dr. Joseph C. Yaskin

Lecture V—April 21
Recent advances in drug therapy.
Dr. Harry Gold, Assistant Professor in Pharmacology, Cornell University Medical College New York City.

Lecture VI—April 28
Recent advances in drug therapy (*continued*)
Dr. Harry Gold

TRENTON CENTER

Twelve post-graduate medical lectures will be given in Trenton—six on Tuesdays in Mercer Hospital, and Six on Fridays in St. Francis Hospital. Each lecture will begin at 4 o'clock p. m.

POST-GRADUATE EDUCATIONAL COMMITTEE,
MERCER COUNTY MEDICAL SOCIETY:

E. F. Purcell, Trenton, *Chairman*
E. W. Burroughs, Trenton
E. J. Elias, Trenton
J. C. Hiden, Princeton
H. S. Urbaniak, Trenton
J. F. Pessel, Trenton
Wm. S. Collier, Trenton.

The schedule of the courses is as follows:

MERCER HOSPITAL

Tuesdays—4 P. M.

Lecture I—March 29
The present status of endocrine therapy.
Dr. Raphael Kurzrok, Associate in Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University, New York.

Lecture III—April 5
The present status of endocrine therapy (*continued*).
Dr. Raphael Kurzrok.

Lecture V—April 12
Practical gynecological problems of interest to general practitioner.
Dr. Horace E. Ayers, Professor of Obstetrics and Gynecology, New York Medical College and Flower Hospital, New York.

Lecture VII—April 19
Blood dyscrasia.
Dr. Hugh McC. Miller, Assistant Professor of Medicine, University of Pennsylvania Graduate School of Medicine, Philadelphia.

Lecture IX—April 26
Differential diagnosis in which headache is a prominent symptom.
Dr. Abraham M. Ornsteen, Assistant Professor of Neurology, University of Pennsylvania Medical School, Philadelphia.

Lecture XI—May 3
Evaluation of the cardiac patient in reference to surgical risk.
Dr. William D. Stroud, Professor of Cardiology, University of Pennsylvania Graduate School of Medicine, Philadelphia.

ST. FRANCIS HOSPITAL

Fridays—4 P. M.

Lecture II—April 1
Differential diagnosis of chest conditions.
Dr. Richard T. Ellison, Assistant Professor of Medicine, University of Pennsylvania Graduate School fo Medicine, Philadelphia.

Lecture IV—April 8
Peripheral vascular diseases.
Dr. William A. Steel, Professor of Principles of Surgery, Temple University School of Medicine, Philadelphia.

Lecture VI—April 15
Tuberculosis.
Dr. G. G. Orenstein, Associate Professor of Medicine, New York Medical College; Associate Clinical Professor of Medicine, Columbia University, New York.

Lecture VIII—April 22
Modern treatment of streptococcic infections.
Dr. John A. Kolmer, Professor of Medicine, Temple University School of Medicine, Philadelphia.

Lecture X—April 29
Medical and surgical management of the hyper-thyroid patient.
Dr. I. S. Ravdin, Harrison Professor of Surgery, University of Pennsylvania Medical School, Philadelphia.

Lecture XII—May 6
Differential diagnosis of chest conditions by x-ray.
Dr. Joseph Post, Chief Roentgenologist, St. Luke's Children's Hospital, Philadelphia.

CAMDEN CENTER

The class meets once a week on Wednesdays at 4 p. m. in the Camden Dispensary, 729 Federal Street, Camden, N. J.

EDUCATIONAL COMMITTEE,
CAMDEN AND GLOUCESTER COUNTY
MEDICAL SOCIETIES:

David F. Bentley, Jr., Camden, *Chairman,* Camden County
H. B. Diverty, Woodbury, *Chairman,* Gloucester County
Harold P. Coxson, Stratford
A. S. McCallum, Barrington
C. I. Ulmer, Gibbstown
Ralph A. Warwick, Camden
Don Weems, Wenonah
W. J. Browning, Merchantville

PROGRAM

Lecture I—April 13
Carcinoma of the Rectum
DR. GEORGE P. MULLER, Professor of Surgery, Jefferson Medical College, Philadelphia.

Lecture II—April 20
Differential Diagnosis in Which Headache Is a Prominent Symptom
DR. ABRAHAM M. ORNSTEEN, Assistant Professor of Neurology, University of Pennsylvania Medical School, Philadelphia.

Lecture III—April 27
Diagnosis and Treatment of Carcinoma of the Colon
DR. HARRY KOSTER, Chief Surgeon, Crown Heights Hospital, Brooklyn, N. Y.

Lecture IV—May 4
The Present Status of Endocrine Therapy
DR. RAPHAEL KURZROK, Associate in Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University, New York.

Lecture V—May 11
Recent Observations on the Mechanism of Hypertension and a Consideration of the Surgical Treatment
DR. WILLIAM GOLDRING, Assistant Professor of Medicine, New York University Medical College; Associate Visiting Physician, Bellevue Hospital, New York.

OSTEOPATHS' RIGHTS IN THE PRACTICE OF MEDICINE

The Executive Offices of The Medical Society of New Jersey sometimes receive requests for information regarding the rights of Osteoparts to practice medicine in New Jersey; and in order to answer them, the following article has been prepared:

Chapter 226 of the Laws of 1935, is a supplement to "An act to regulate the practice of medicine and surgery" which was approved May 22, 1894. Section 4 of that Act relates to the qualifications of applicants for admission to the examinations conducted by the Board of Medical Examiners. Sub-sections 4-A to 4-E, inclusive, apply to candidates who have received the degree of Doctor of Medicine. Sub-section 4-F is a new section and affects those Osteopaths who have received the Degree of Osteopathy, and now wish to apply for a license to enter upon the practice of medicine and surgery. Under the law a person licensed to practice osteopathy in New Jersey may be admitted to the examinations in medicine conducted by the Board of Medical Examiners, provided he has conformed to one of the following conditions:

1. "Served two years as an interne or resident surgeon in an osteopathic or medical hospital approved by said board; or

2. "Has completed an approved post-graduate course of two years in a school or college of osteopathy or medicine, approved by said board; or

3. "Has practiced surgery for three years in a hospital approved by the State Board of Medical Examiners."

Sub-section 4-F prescribes that when the osteopathic candidate has conformed to the requirements, "He shall be admitted to the regular examinations at the same time and place the regular examinations are held."

The same paragraph of the law states, "Such examinations shall consist of the subjects,—materia medica, therapeutics, and surgery, and shall consist of the same questions that are given to the medical candidates for license to practice medicine and surgery."

Section 4-G states that for the purpose of this Act, a medical college or osteopathic college must be one which is approved by the Board of Medical Examiners.

Under the operation of this Act, out of over 700 osteopaths who are licensed, 67 have qualified to practice medicine and surgery; but they remain Doctors of Osteopathy, for the Act does not endow them with the right to use the degree of Doctor of Medicine.

The Act permitting limited licensees to qualify to practice medicine expires by its own lim-

itations on November 1, 1941, the intention being that those persons who have already started to study osteopathy shall be permitted to complete their courses and apply for licenses to practice medicine and surgery.

A legal question that may arise is the legal status of the osteopaths who are licensed to practice medicine and surgery. Are they eligible for hospital appointments, institutional positions, and school medical inspectors? The ultimate decision in these cases lies with the governing bodies of the institutions and not with the physicians.

Can an osteopath, licensed to practice medicine and surgery in New Jersey, join the county medical society and be recognized as an active member? An osteopath does not have the M. D. degree which must be possessed by every member of a medical society in affiliation with the A. M. A.; but he might be admitted as a courtesy member if the County Society decides.

BABY KEEP-WELL STATIONS

What does a doctor do who attends a baby keep-well station? The following is an abstract of the proceedings of two conferences of the physicians who serve the stations.

A meeting of nineteen physicians who attend the baby keep-well stations in Passaic and Bergen Counties was held in the Administration Building, Hackensack, on Wednesday, February 23. On the next day a similar conference of the eleven doctors attending stations in the Counties of Hunterdon, Mercer, Morris, Somerset and Warren, was held in the Somerset Hospital, Somerville. Both were under the direction of Dr. Julius Levy, Consultant in Maternal and Child Health, State Department of Health.

INFANT FEEDING

The subject of infant feeding was extensively discussed. The comparative values of dextro-maltose, karo, and cane sugar, were discussed. Dr. Levy stated that it was unfair to use dextro-maltose which costs 60 cents a pound, when cane sugar is available at six cents. Cane sugar and Karo with whole milk was an approved food.

INTERVALS OF FEEDINGS

Three and four-hour intervals between feedings was discussed. The three-hour feedings were generally preferable. Most of the doctors present said that mothers generally refused to nurse their babies after the first few weeks.

ADDITIONAL FOODS

While additional food besides milk may be given to babies as early as two months, it was considered that doctors attending baby keep-well stations should be conservative and not introduce new foods before the fifth month.

THUMB-SUCKING

The physicians were advised to go slow in advising stringent methods of preventing and overcoming thumb sucking and other habits.

PROMOTING STATION ATTENDANCE

How to get mothers to bring their babies to the stations was discussed. Emphasizing weighing and measuring may have three undesirable effects:

1. Making mothers over-anxious or weight-conscious.
2. Weekly measurements may promote a false idea of the baby's progress.
3. Giving the impression that the attention given in the stations is better than that by the family doctor in the home.

It was agreed that weighing once a month is usually sufficient.

RULES

Many mothers have set ideas regarding health and habit rules of an unessential nature. One benefit of the station is that it enables the doctor to become familiar with the notions of mothers, and to develop methods of advice which will not offend the mothers or cause them to think the doctor to be careless or hard-hearted.

REALLY WELL BABIES

Experience at the station demonstrates to the doctor the fact that the mother's care is not so perfect as it may seem. Too much care and protection against the hazards that confront every child may make it a weakling. Again, a child may not be so strong and hardy as it seems. Don't think that if there does not seem to be anything radically wrong with a baby, there is nothing for the doctor to talk about. The baby keep-well station is intended for *well* babies, and for the purpose of *keeping them well.*

Many doctors said that they appreciated the many new things which they are learning about well babies, and are applying their knowledge in private practice.

SCIENTIFIC PROGRAM

The scientific program of the *Annual Meeting of The Medical Society of New Jersey* has been arranged by the Sub-Committee on Scientific Programs, whose members are:

Robert S. Gamon, Chairman, Camden
Louis C. Lange, Weehawken
Clarence L. Andrews, Atlantic City

The program, in chronological order, is as follows, with the exception of the meetings rooms, which will be announced in the printed program:

SECTION ON GASTRO-ENTEROLOGY

S. Bernard Kaplan, *Chairman,* Newark
Manfred Kraemer, *Secretary,* Newark

Tuesday Afternoon, May 17th, 1938

2:00 P. M.

1. The Office Treatment of the Common Rectal Disorders
   Julius Gerendasy, M.D., Elizabeth
   Discussor: Homer I. Silvers, M.D., Ventnor

2:30 P. M.

2. Gastroscopy in Examination of the Stomach
   William A. Swalm, M.D., Atlantic City
   Discussor: Chevalier L. Jackson, M.D., Philadelphia

3:00 P. M.

3. Newer Aspects in Etiology and Treatment of Ulcers of the Gastro-Intestinal Tract
   George B. Eusterman, M.D., Mayo Clinic
   Discussors: Sigurd W. Johnsen, M.D., Passaic; Louis Perkel, M.D., Jersey City

3:30 P. M.

4. a. Gall-Bladders That Require Surgical Treatment
   Max Danzis, M.D., Newark

   b. Gall-Bladders That Require Only Medical Treatment
   Floyd Grendon Reed, M.D., Denville
   Discussor: H. I. Goldstein, M.D., Camden

GENERAL SCIENTIFIC SESSION

Tuesday Evening, 8:30 P. M., May 17th, 1938

Clinical Results in the Surgical Treatment of Essential Hypertension
Dr. George Crile, Cleveland Clinic

SURGICAL SECTION

Robert S. Gamon, *Chairman,* Camden
Lyndon A. Peer, *Secretary,* Newark

Tuesday Afternoon, May 17th, 1938

2:00 P. M.

1. Treatment of Myoma Uteri
   Thomas B. Lee, M.D., F.A.C.S., Gynecologist, Cooper Hospital, Camden
   Gordon F. West, M.D., F.A.C.S., Associate Gynecologist, Cooper Hospital, Camden

   The management of each case of myoma uteri is a distinct problem in itself. The most appropriate of the several plans of treatment available should be applied. The problems involved are economic, marital, medical and physiological. Hysterectomy, myomectomy, radium and x-ray are discussed in relation to the subject. Report of results.

   Discussion to be opened by William J. Carrington, M.D., F.A.C.S., Attending Gynecologist, Atlantic City Hospital

2:30 P. M.

2. The Medical and Surgical Treatment of Gall-Bladder Disease
   Victor B. Seidler, M.D., F.A.C.S., Attending Surgeon, Mountainside, Overbrook, Essex County Isolation, St. Vincent's Nursery and Babies' Hospitals

   The diagnosis and treatment of gall-bladder disease has made rapid strides in the past decade. Dr. Seidler will present this subject from the viewpoint of a practical surgeon. From a large array of clinical material the speaker will present the salient facts in determining the selectivity of the patient for medical or surgical therapy.

   Discussion opened by B. B. Ranson, Jr., Ph.G., M.D., F.A.C.S., Attending Surgeon, Orange Memorial Hospital

   Royal A. Schaaf, M.D., F.A.C.S., Associate Surgeon, Babies' Hospital-Coit Memorial and Newark City Hospitals

3:00 P. M.

3. Recurrent Dislocation of the Shoulder
   Toufick Nicola, M.D., F.A.C.S., Clinical Professor of Orthopedics, New York Polyclinic; Attending Orthopedic Surgeon, Mountainside Hospital; Senior Surgeon, New York State Reconstruction Home for Crippled Children

   Models of the shoulder and lantern slides will be used in the illustration of this paper. The mechanics of shoulder function will be shown. Plastic reconstruction and repair of the recurrent dislocation, and end results obtained will be presented.

3:30 P. M.

4. The Surgical Abdomen in Infancy and Childhood.
   Guest speaker: Thomas H. Lanman, M.D., F.A.C.S., Assistant Professor of Surgery, Harvard (by invitation)

   Dr. Lanman's paper will deal with the various conditions seen in the surgery of infants and children, with particular reference to the points that have been found to be of value in making an early diagnosis. The findings in the physical examination that differs somewhat from those present in the adult will be shown.

   Dr. Lanman has had wide experience in connection with his service in the Children's Hospital, Boston, Mass.

SECTION ON PEDIATRICS

KENNETH BLANCHARD, *Chairman,* East Orange
IRVING OKIN, *Secretary,* Passaic

Wednesday Morning, May 18th, 1938

10:00 A. M.

1. Ozone in Oil—A Preliminary Study of Its Therapeutic Value
   Leonard F. Bender, M.D., Philadelphia
   Discussor: Kenneth Blanchard, M.D., East Orange

10:30 A. M.

2. Fetal Morbidity and Mortality in Maternal Toxemia (Late)
   Vincent Del Duca, M.D., Camden
   Discussor: Albert B. Davis, M.D., Camden

11:00 A. M.

3. Diagnosis and Treatment of the Common Skin Diseases of Childhood (with slides)
   Bart M. James, M.D., Newark

   Discussors: Henry B. Decker, M.D., Camden; Fletcher I. Krauss, M.D., Chatham

11:00 A. M.

4. Pathology and Treatment of Urinary Infection in Children (with slides)
   Meredith F. Campbell, M.D., New York City

   Discussors: C. H. deT. Shivers, M.D., Atlantic City; Frederic W. Lathrop, M.D., Plainfield

12:00 A. M.

5. The Treatment of Infections of the Central Nervous System, with Special Reference to Sulfanilamide

   Josephine B. Neal, M.D., New York City
   Discussors: Wells P. Eagleton, M.D., Newark; Ellis L. Smith, M.D., Superintendent, Essex County Isolation Hospital, Belleville

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SECTION ON RADIOLOGY

JOHN D. TIDABACK, *Chairman,* Summit
PHILIP S. AVERY, *Secretary,* New Brunswick

Wednesday Morning, May 18th, 1938

10:00 A. M.

1. The Radiation Therapy of Dental Tumors
   Milton Friedman, M.D., Newark

10:30 A. M.

2. The Chaoul Method of Contact Roentgen Ray Therapy
   George T. Pack, M.D., New York City
   Boyd E. Wilkinson, M.D., Paterson
   J. S. Gallo, M.D., Paterson

11:00 A. M.

3. The William G. Herrman Lecture—Partial and Complete Ureteral Obstruction as a Roentgenological Problem
   B. H. Nichols, M.D., Cleveland Clinic

   Discussor: W. W. Maver, M.D., Jersey City

SECTION ON OBSTETRICS AND GYNECOLOGY

ARTHUR W. BINGHAM, Chairman, East Orange
J. CARLISLE BROWN, *Secretary,* Atlantic City

Wednesday Morning, May 18th, 1938

10:00 A. M.

Business meeting

10:15 A. M.

1. Syphilis as an Obstetric Problem
   Henry B. Kessler, M.D., Newark
   Discussor: Raymond T. Potter, M.D., East Orange

10:45 A. M.

2. Missed Abortion
   Samuel A. Cosgrove, M.D., Jersey City
   Discussor: Carl H. Ill, M.D., Newark

11:15 A. M.

3. Treatment of Uterine Fibroids with Metrorhagia.
   J. Harris Underwood, M.D., Woodbury
   Discussor: Gordon West, M.D., Camden

11:45 A. M.

4. Hemorrhages of Pregnancy
   Harvey B. Matthews, M.D., Brooklyn
   Discussor: Walter B. Mount, M.D., Montclair

1:00 P. M.

Maternal Welfare Luncheon

SECTION ON EYE, EAR, NOSE, AND THROAT

ORAM R. KLINE, *Chairman,* Camden
JAMES S. SHIPMAN, *Secretary,* Camden

Thursday Afternoon, May 19th, 1938

2:00 P. M.

1. Report of Case of Cavernous Sinus Thrombosis with Recovery
   Harold D. Barnshaw, M.D., Camden
   Discussor: O. V. Batson, M.D., Philadelphia (by invitation)

2:30 P. M.

2. Buried Grafts Used to Repair Defects in the Brow, Eye Socket, Skull and Nose
   Lyndon A. Peer, M.D., Newark
   Discussor: Wells P. Eagleton, M.D., Newark

3:00 P. M.

3. Diagnosis and Treatment of Malignant Disease of Sinuses
   LeRoy A. Schall, M.D., Boston (by invitation)

3:30 P. M.

4. Etiology of Endogenous Infections of the Eye, particularly Uveitis
   Charles S. Schlichter, M.D., Elizabeth

3:45 P. M.

5. Treatment of Endogenous Infections of the Eye
   Elbert S. Sherman, M.D., Newark
   Discussors: H. L. Harley, M.D., Atlantic City; J. S. Shipman, M.D., Camden

SECTION ON GENERAL MEDICINE

Clarence L. Andrews, *Chairman*, Atlantic City
Ralph K. Hollinshed, *Secretary*, Westville

Thursday Afternoon, May 19th, 1938

2:00 P. M.-2:20 P. M.

1. The Present Status of Sulfanilamide Therapy in the Acute Infections
Thomas K. Lewis, M.D., Camden

2:30 P. M.-2:50 P. M.

2. The Convalescent Care of Rheumatic Heart Disease
Jerome G. Kaufman, M.D., Newark

3:00 P. M.-3:30 P. M.

3. The Recognition of Early Signs of Heart Failure frequently Overlooked
Arthur M. Fishberg, M.D., New York City

3:40 P. M.-4:00 P. M.

4. The Effects of Abnormal Waterbalance upon Clinical and Laboratory Interpretations
John W. Gray, M.D., Newark

4:10 P. M.-4:30 P. M.

5. Serum Treatment in the Pneumonias
Thomas Kain, M.D., Camden

N. B.—Election of Section Officers for 1939 immediately following the scientific session.

LEGISLATION

Legislation is the most acute problem that faces The Medical Society of New Jersey as the conservator and promoter of all phases of public health and preventive medicine. While Federal agencies, the State Department of Health, and numerous lay health organizations are doing their utmost to coöperate with the medical societies in order to "Promote the general welfare" of the people in all health lines by appeals based on *scientific* grounds, other organizations are proposing legislative panaceas which they claim to be "Just as good", or in some instances, even better than the services of trained physicians of the highest skill. They use the commercial methods of tradesmen who point to the number of their patrons as proof of the high scientific quality of their services. A vociferous minority, using the methods of high pressure salesmanship, seek to give legislators the impression that they represent a majority of the people, of whom only a few express their opinions to the legislators.

THE MEDICAL PRACTICE ACT

The major effort of The Medical Society of New Jersey centers on the Medical Practice Act, which has been developed through four years of intensive study by a committee whose members are experienced in the broad legal and social aspects of the measure, and have an intimate knowledge of the medical needs of the people. Active opposition to the measure has developed from two sources:

1. The combined influences of the cultists who secured a public hearing before the Public Health Committee of the Assembly, where they advanced arguments of the commercial salesman.

2. The indirect influence of "Pressure Groups" who hold up all bills regardless of their merits unless their own are advanced on the legislative calendar. The inability of legislators until recently to agree upon a plan of taxation for welfare relief has prevented the lawmakers from giving serious consideration to the Medical Practice Act and other bills supported by the medical profession.

The legislative situation changes from day to day, and even from hour to hour, to such a degree that it cannot be reported in the monthly Journal of The Medical Society of New Jersey. However, Executive Officer Wilkes and the Committee on Legislation have kept in intimate touch with the situation, and have issued six bulletins of information to the county committeemen and to the local keymen, and have sent out a constant stream of information and correspondence to those members who are in a position to act promptly and effectively.

Emergency situations are constantly arising; and prompt action is always taken by the medical representatives "on the firing line". Medical legislation in its present stage is in the hands of the generals of the engaged forces.

Legislative Bulletin No. 6 contains up-to-date information regarding the bills in which the Medical Society is most interested.

LEGISLATIVE BULLETIN NUMBER 6, MARCH 31, 1938

Assembly Bill 511 (the Medical Practice Bill) was amended in the Assembly on third reading Tuesday, March 29th, but was not voted upon. The bill as amended is to be reprinted during the three weeks adjournment of the legislature, and will be ready for final passage in the Assembly on April 18th.

The amendments, briefly stated, are as follows:

1. Optometry was exempted from the act.

2. Corporate practice was clarified to exclude industrial surgeons where they confined their services to the employees treated at the expense of the employer, or to applicants for jobs. Physicians in the employ of incorporated educational institu-

tions who examine and/or treat pupils in attendance at, or who seek admission to such educational institutions are also exempted.

3. The *unintentional* inclusion of representatives of groups other than the "old school" (allopathic physicians) in the Medical Society's recommendations for membership to the Board of Medical Examiners was corrected.

This is our own bill and every effort should be made to make this a law. It can only be done by persistent effort to enlist the support of your Assemblymen and your Senator.

A-135—The Chiropractic Bill is still in the Public Health Committee, and is likely to remain there. It is a bad bill and is opposed.

S-237—The Chiropodist Bill is in the Public Health Committee of the Senate. This is a bad bill and must be defeated.

S-262 authorizes Boards of Education to employ optometrists to examine pupils' eyes. This bill is in the Miscellaneous Business Committee. *We are opposed to S-262* because of the large number of incompetent optometrists who could be employed at a low price. This is a bad bill and should be defeated.

S-263—Allardice (Ocean County), March 7—Forbids unauthorized use of optometrists' licenses; forbids optometry practice in conjunction with other business; forbids practice under corporate names. This is a laudible attempt by the better optometrists to clean house and *this bill should receive the support of the medical profession.* It is now in the Miscellaneous Business Committee.

S-265—Allardice (Ocean County), March 7—Provides that optometrists may have licenses revoked for *advertising* costs of professicnal services or glasses. This is aimed at the same purpose as S-263 and *should receive support.*

A-30—Requires *health certificates* for persons applying for marriage licenses. It does not require a Wassermann test, but is good as far as it goes. It has passed the Assembly and is now in the Public Health Committee of the Senate. This bill is approved.

A-178—Permits the formation of *larger administrative* health units. This has passed the Assembly, and now is in the Municipalities Committee of the Senate. It is a very desirable bill that should receive the support of the medical profession.

A-266—Requires Wassermann test of pregnant women. This is a good bill and worthy of support.

A-132 and *S-140*—Both of these bills attempt to provide a State Bureau of Narcotic Control. These bills are *unnecessary* and are opposed by the State Department of Health and the medical profession because of the excellent Federal Narcotic Control Act functioning well in this State, and its efficiency might be intereferred with by unnecessary and conflicting duplication of services with increased reports demanded of physicians. We are opposed to these two bills.

LeRoy A. Wilkes, M.D.,
Executive Officer.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1937

DIPHTHERIA TOXOID

County	Total to Feb. 28	Month of March	Total to Mar. 31	Average per Month
Atlantic	215	98	313	31.3
Bergen	1601	191	1792	179.2
Burlington	372	371	743	74.3
Camden	1012	26	1038	103.8
Cape May	73	36	109	10.9
Cumberland	674	84	758	75.8
Essex	3545	392	3937	393.7
Gloucester	248	10	258	25.8
Hudson	914	49	963	96.3
Hunterdon	296	0	296	29.6
Mercer	1660	63	1723	172.3
Middlesex	951	55	1006	100.6
Monmouth	1433	11	1444	144.4
Morris	304	25	329	32.9
Ocean	126	133	259	25.9
Passaic	2177	308	2485	248.5
Salem	901	6	907	90.7
Somerset	432	2	434	43.4
Sussex	210	1	211	21.1
Union	1244	63	1307	130.7
Warren	54	2	56	5.6
Totals	18442	1926	20368	2036.8

SMALLPOX VACCINE

County	Total to Feb. 28	Month of March	Total to Mar. 31	Average per Month
Atlantic	496	19	515	51.5
Bergen	1069	44	1113	111.3
Burlington	338	0	338	33.8
Camden	1530	63	1593	159.3
Cape May	108	14	122	12.2
Cumberland	317	5	322	32.2
Essex	3565	239	3804	380.4
Gloucester	403	3	406	40.6
Hudson	309	61	370	37.
Hunterdon	181	1	182	18.2
Mercer	737	24	761	76.1
Middlesex	729	33	762	76.2
Monmouth	2151	26	2177	217.7
Morris	578	6	584	58.4
Ocean	11	25	36	3.6
Passaic	1529	505	2034	203.4
Salem	222	0	222	22.2
Somerset	272	2	274	27.4
Sussex	5	0	5	.5
Union	1857	16	1873	187.3
Warren	186	0	186	18.6
Totals	16593	1086	17679	1767.9

CONTACTS AND COMMENTS

The 89th annual session of the American Medical Association will be held in San Francisco, California, June 13-17, 1938. It is expected that a number of New Jersey physicians, in addition to the accredited delegates, will wish to attend the meetings, and to make the journey en route the occasion for a holiday vacation. For their benefit, a number of special excursion trips are planned by railroads and travel organizations.

Dr. Walt P. Conaway, 1723 Pacific Avenue, Atlantic City, N. J., is President of the American Medical Golfers' Association, which is sponsoring a "Golfers' Special" to San Francisco that will include an ocean voyage from New York to New Orleans on the steamship Dixie, sailing on June first. The trip will then continue overland with stops at sight-seeing centers, including Hollywood, and golf games preliminary to the championship games in San Francisco.

The return trip will be doing the northern route, with opportunities for side trips and sight-seeing.

New Jersey physicians and their wives are particularly invited to join the Golfers' Special.

The items of medical news sent out by Dr. Kler's Committee on Public Relations are being used extensively by the local newspapers throughout New Jersey. In a batch of clippings of newspapers of two days in March there were fifteen commenting on the State's oversupply of doctors that was reported in this Journal of January 1938, page 3.

On the same two days five newspapers used the notice which Dr. Kler had sent out regarding the need of an active campaign against tuberculosis.

A press release on the non-medical affiliations of members of the State Society has been widely publicized, and editors have commented editorially, and favorably, on the community activity of physicians. This is the kind of publicity that builds good will for the physician and for the Society.

All physicians who wish to use bulletins from the Hygeia Loan Collection are urged:

1. To send for them as early as the need for them is apparent. Frequently a number requested is out, and a delay results.
2. To make a second and even a third choice. If the first choice is out, we may have your second choice on hand.
3. To return the bulletins after having had them for a week.

The demand for these bulletins is great, and observance of the above suggestions will enable us to serve members of the Society more promptly.

The subject of *vitamines* has become so vast and complicated that physicians will welcome a brief summary of the present knowledge of their nature, and their uses. This summary must necessarily be scientific in order to rise above the level of the advice which is put forth in immense quantities in popular health writings.

E. R. Squibb & Sons, 745 Fifth Avenue, New York, has issued a booklet which treats of all the known vitamines in a scientific way,—their chemical composition, their sources, their effects, and the methods of their administration. This book will be sent free to any physician who writes a request for a copy.

Dr. Jacob S. Wolfe, of Bloomfield, has sent the following report of a case of delayed payment, with the complete recovery of the doctor:

I have wondered if this case of delayed payment of a bill for professional services might not be a near record.

On October 5, 1899, I delivered a baby girl for which a statement was rendered in due time but not paid. A few months later the family removed from Bloomfield to an unknown address.

Today, 38 years, 4 months, 6 days after the delivery, the mother came to my office to pay the bill, having cash for the full amount, and lamented that she could not offer interest to date. Needless to say, she went away with a receipted bill in full. The "baby girl" is now married and has four husky children. In my forty-eight years of obstetrical practice this payment is "tops".

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

April, 1938

5	Camden	14	Burlington
5	Cape May	14	Essex
5	Hudson	14	Passaic
8	Atlantic	14	Somerset
8	Salem	19	Warren
12	Bergen	20	Middlesex
12	Cumberland	21	Gloucester
13	Mercer	21	Morris
13	Ocean	26	Hunterdon
13	Union	27	Monmouth

May, 1938

3	Camden	12	Passaic
3	Hudson	13	Atlantic
10	Bergen	18	Middlesex
10	Sussex	19	Gloucester
11	Mercer	19	Morris
11	Ocean	25	Monmouth
12	Burlington		Salem (Social
12	Essex		Meeting)

ATLANTIC COUNTY

E. H. Nickman, M.D., Reporter

The regular meeting of the *Atlantic County Medical Society* was held at the Betty Bacharach Home, Longport, N. J., on February 11, 1938, Dr. Hilton S. Read presiding. Seventy-five members and guests were present.

SCIENTIFIC

The Scientific Program was presented by Dr. Hobart A. Reimann, Professor of Medicine, Jefferson Medical School, Philadelphia, Pa., whose address on pneumonia was enthusiastically received. Discussion was by Drs. Hyman, Kilduffe, Westney, Andrews, Davidson and Fish.

Senator Thomas D. Taggart made a brief address, and Assemblymen Farley and Hanneman were present.

NEW MEMBER

Dr. A. A. Alleyne was unanimously elected to membership.

Dr. B. H. Timberlake, Chairman of the Membership Committee, reported twenty physicians had been interviewed, and five had become members of the Society.

POST-GRADUATE

Dr. C. B. Whims reported for the Post-Graduate Education Committee. The Society voted its approval of a course of six lectures, the subjects and speakers to be chosen later. In addition, the course of pediatric lectures sponsored by Rutgers University and the Academy of Medicine will also be held.

The regular meeting of the *Atlantic County Medical Society* was held March 11, 1938, at the Ambassador Hotel, Dr. Hilton S. Read presiding. There were fifty members and guests present.

SCIENTIFIC

The Scientific Program was presented by Thomas R. Brown, M.D., Associate Professor of Medicine, Johns Hopkins University Medical School, whose paper on "Gastroenterology in General Practice" was most interesting and enthusiastically received. It was very briefly discussed by Drs. Westcott, Johnson, and Andrews.

LEGISLATIVE

Dr. D. B. Allman reported upon the bills now in the Legislature which are of interest to the medical profession. He stated that Assemblymen Hanneman and Farley, and Senator Taggart were all anxious to work with the Society, and would cooperate in every way to carry out our wishes with regard to these bills. Dr. Allman made a motion, which was carried, that the Secretary write to our Legislators to let them know that we appreciate the help and support they are giving.

PUBLIC HEALTH

Dr. V. E. Johnson, Chairman of the Public Health Committee, recommended that Dr. Cleary, of Minnetola, be approved for the Baby Keep-Well Station. He also read a letter from Dr. Mahaffey asking for approval of the maternity homes in Pleasantville under the supervision of Mrs. Harffey and Mrs. Male. These were approved for renewal by this Society.

POST-GRADUATE

Dr. C. B. Whims, Chairman of the Post-Graduate Education Committee, reported that the course of post-graduate lectures would begin on March 22, 1938, at the Chalfonte Hotel. The fee will be $8.00. A mimeographed copy of each lecture will be made for the members, and it is hoped that after all expenses are paid there may be some rebate.

Dr. H. S. Read reported that there were 127 paid-up members in the Society at this time.

BERGEN COUNTY

LeRoy W. Black, M.D., Reporter

The regular monthly meeting of the *Bergen County Medical Society* was held at the Englewood Hospital on Tuesday, March 8th, President Littwin presiding.

COMMUNICATIONS

1. A letter from Dr. LeRoy A. Wilkes in regard to the question of "drunken drivers". The Welfare Committee and the Board of Trustees of The Medical Society of New Jersey have discussed this question, and Commissioner Magee has asked them to establish some convincing test for diagnosing "drunken drivers". We have had to admit our distinct limitations in making this diagnosis in the borderline cases.

Dr. Wilkes also wrote that advertising by physicians in the classified section of the telephone directories should be taken up by each County Medical Society.

2. A letter from Dr. Henry A. Davidson, Editor of the Bulletin, Essex County Medical Society, stated that he would be pleased to publish notices about lectures and demonstrations of medical interest that may be given in Bergen County from time to time.

3. A Legislative Bulletin No. 3. The Secretary mentioned the proposed bills which had been approved by The Medical Society of New Jersey, eight in number, and the eleven bills disapproved by the Medical Society.

NEW BUSINESS

The President invited any interested person to appear at the committee meeting on *Contract Practice* which is to be held at Dr. A. Liva's office on March 14th at 8:30 p.m.

Mr. F. E. Whitehead announced that photographers would appear at the hospitals to take pictures on the following dates:

Englewood Hospital, Monday, March 21st, 9 a.m. to 12 noon.

Holy Name Hospital, Tuesday, March 22nd, 9 a.m. to 12 noon.

Hackensack Hospital, Wednesday, March 23rd, 9 a.m. to 12 noon.

The Secretary reported for the Treasurer that any member not having paid his dues before Thursday will not be an accredited member of The Medical Society of New Jersey nor of the American Medical Association. Also that only members of the County Medical Society are eligible for staff appointments in hospitals.

Explanation of the Uniform Medical Practice Act. Dr. Samuel Alexander gave a report on the proposed Uniform Medical Practice Act A-510 and 511 sponsored by The Medical Society of New Jersey and introduced by Assemblyman McClave of Bergen County.

This act requires that all persons who practice the healing art be uniformly qualified.

It strengthens, clarifies and supplements the present provisions pertaining to the causes for revocation and suspension of licenses.

It prohibits more effectively the illegal practice of medicine and surgery, and the corporate practice of medicine.

It enables the medical profession to exercise a limited degree of control over appointments to the State Board of Medical Examiners, and it enables the State Board of Medical Examiners to more effectively control and supervise the fulfillment of requirements by applicants for a license to practice medicine and surgery.

After considerable discussion by Drs. Charles Littwin, J. H. Irwin, Lyman Burnham, W. S. Kilts, R. K. Tether and Chester A. King, Dr. King moved that the Bergen County Medical Society go on record as approving of the provisions of the act, that a copy of this resolution be sent to each representative of Bergen County with a request that he give his support for the passage of the bill. Seconded by Dr. Burnham and unanimously passed. Dr. King urged our members to familiarize themselves with the provisions of the act and give their full and active support to it.

NEW MEMBERS

Dr. Willard H. Lemmerz, Woodridge, and Dr. Leonard Brown, Ridgefield Park, were elected to Junior Membership, and three applications for regular membership were received.

SCIENTIFIC

Dr. Walter Farr, Chairman of the Scientific Committee, introduced the speaker of the evening, Dr. Harrison S. Martland, Medical Examiner, Essex County, who gave a lantern slide illustrated talk on "Interesting Cases from the County Physician's Office". He stated that one-fifth of all deaths come under the supervision of the medical examiner. Of these, approximately 50 per cent are violent deaths and therefore of surgical interest. The remaining 50 per cent died of natural causes and are of medical interest. Drs. Gilady, F. J. Fadden, A. Greenfield and W. Farr took part in the discussion.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The regular monthly meeting of the *Camden County Medical Society* was held in the Camden Dispensary Building, March 1st, 1938, at 9 p.m., with the President, J. L. Mahaffey presiding.

Dr. W. K. Browning announced that the Physicians' Motor Club would hold its annual dinner at Silver Lake Inn, April 21st at 9 p.m. Former U. S. Senator Warren Barbour is to be the speaker.

MEDICAL HISTORY

The Chairman of the Medical History Committee announced that Mr. Harry Taylor was willing to present the books of his father, Dr. H. Genet Taylor, to the Society. Dr. H. Genet Taylor was President of the Society in 1888, and his grandfather, Dr. Othniel H. Taylor, was President in 1852.

The speaker of the evening was Dr. Lewis C. Scheffey, Associated Professor of Gynecology at Jefferson Medical College, on the subject "Problems Encountered in the Diagnosis and Treatment of Carcinoma of the Uterus". It was a stimulating message to the doctors, emphasizing the early diagnosis and treatment of carcinoma of the uterus and the value of radium in its treatment.

The paper was well received and was ably discussed by Dr. Gordon West, followed by Drs. Jack, A. B. Davis, Hessert, Schrack, Decker, Mahaffey, and Shipps.

Fifty-six members were present. Dr. Shipp, of Burlington County, and Dr. Diverty, of Gloucester, were visiting guests.

ESSEX COUNTY

Earl LeRoy Wood, M.D., Reporter

President H. Roy Van Ness presided at a meeting of the *Essex County Medical Society* held at the Academy of Medicine, Newark, Thursday evening, March 10, 1938.

MEDICAL BROADCASTS

The following actions of the Council were approved by the Society membership:

The Radio Committee was authorized to have cards printed and distributed to physicians for display in their offices or waiting rooms announcing the radio broadcast program from station WHBI on Mondays at 3:30 p.m.

The Council authorized broadcasting of occasional talks presenting the doctors' viewpoints on matters of economics and health insurance, provided scripts for such broadcasts had previously been approved by the Council.

CONSTITUTION AND BY-LAWS

The following actions were taken on the report of the Committee on Constitution and By-Laws:

1. The question of payment of dues semi-annually was approved.

2. The question of changing the title of officers of First and Second Vice-Presidents as now approved in the Constitution and By-Laws of the Society be changed to those of President-Elect, First and Second Vice-Presidents. The question of changing was approved.

3. The recommendation of the Constitution and By-Laws Committee in reference to the power to vote of ex-Presidents was approved and referred to a larger committee to be appointed by the President to study this subject.

4. A motion referring to the Associate Members was adopted. This motion states that the by-laws of the County Society regarding Associate Members be changed so that a member may remain an associate only until the second January 1st following his initial lawful registration to practice medicine.

X-RAY EXAMINATION OF SCHOOL CHILDREN

The Council received a letter from Physicians' Club of Essex County dated February 25, 1938, which brought to the attention of the Council the following resolution:

1. "That attention be brought to the Council of the Essex County Medical Society in regard to the purchasing of x-ray equipment by the Board of Education of Newark, N. J., for the examination of school children (to which this club is opposed) and that the Council be requested to take a definite stand in this matter."

A motion was passed that this matter be referred to a committee consisting of President H. Roy Van Ness; Dr. Cardwell, Chairman of the Economics Committee; Dr. George Holmes, Medical Director of the Board of Education; Dr. John J. Connolly, a member of the Board of Education; Dr. Edgar A. Ill, a former member of the Board of Education; Drs. Weber, Greifinger, Murray, Stahl, Hood, Wyatt and Snavely.

2. "That it be brought to the attention of the Council of the Essex County Medical Society that the Physicians' Club is in favor of all diagnostic tests being performed by the private practicing physician and not by the school physician."

A motion was passed that the Council is in accord with the principle that the Board of Education medical authorities should be requested to accept the certificate of the family doctor as to the tests performed by him, and the family physician should be encouraged to make these tests.

EIGHT-HOUR DAY FOR HOSPITAL ATTENDANTS

A letter from the Associated Hospital and Medical Professional Workers, local C. I. O. 575, dated February 16, 1938, was read. This letter requested the aid of the physicians for a bill introduced to the present session of the State Legislature providing for an eight-hour day for employees in hospitals. Another letter was read from Eleanor E. Hamilton, President of the N. J. Hospital Association, requesting the aid of the physicians in opposition to the bill No. 236 providing for an eight-hour day for hospital employees.

A motion was passed that both letters be answered saying that the eight-hour hospital day is a matter of hospital management, and not a medical matter primarily.

NEW MEMBERS

Drs. Rubinow, Sherman, and Smith were appointed tellers for the election of new members. They reported seventy-six votes all cast in the affirmative for the following regular members:

Nicola, Toufick, 96 Gates Avenue, Montclair
Rizzoli, Luigi, 15 Peck Avenue, Newark

Associate Members were:

D'Alessandro, Arthur J., 94 Boylan Street, Newark
Feldman, Frank H., 137 Court Street, Newark
Finkelstein, Herman, 291 Pleasant Valley Way, West Orange
Flax, Charles H., 1 Baldwin Avenue, Newark
Gibson, Augustus, 635 Valley Road, Upper Montclair
Jenkins, R. Jewett, 96 Congress Street, Newark
Perelman, Julius S., 94 Shanley Avenue, Newark
Picardi, Armand A., 256 Littleton Avenue, Newark

SCIENTIFIC

A motion picture on "Syphilis" was presented, after which the Society adjourned.

THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

Franklin J. Tobey, M.D., Secretary

The twenty-seventh anniversary stated meeting of the Academy of Medicine of Northern New Jersey was held on Thursday, March 17, 1938, in the auditorium of the Academy, 91 Lincoln Park, South, Newark.

The meeting was called to order by President Henry C. Barkhorn at 9 p.m. Dr. Barkhorn made a brief address of welcome to the members, their wives and friends. He voiced the hope that the results derived from the drive for greater membership would be sufficient to insure a reduction in the yearly dues.

Lewis W. Brown, Newark, and Nathan B. Cohen, Perth Amboy, were elected to membership.

Leslie M. Townsend, M.D., Roselle Park, and Maurice M. Davidson, M.D., Roselle Park, were elected Junior Fellows.

The report of the Nominating Committee, consisting of Drs. George Blackburne, Chairman; Harry N. Comando and William Gauch, was read by the Secretary. For Vice-President (two years), Charles F. Rathgeber, M.D., East Orange; for Trustees (five years), Edward J. Ill, M.D.; Wells P. Eagleton, M.D., Newark. For Committee on the Library (five years), Edgar P. Cardwell, M.D., Newark; (two years) C. Abbott Beling, M.D., Newark. For Committee on Admission (five years), James B. Davidson, D.D.S., Newark.

Dr. Barkhorn introduced the guest speaker, Dr. Foster Kennedy, Professor of Clinical Neurology, New York Hosptial and Cornell Medical College. Dr. Kennedy's paper, "The Preventive Aspects of Neurological Medicine", was greatly enjoyed by the audience. At the conclusion of the paper, Dr. Eagleton proposed a rising vote of thanks to Dr. Kennedy. The assembly responded with enthusiasm.

A collation was served by the Woman's Auxiliary to the Essex County Medical Society. This courtesy was greatly appreciated by the Academy of Medicine of Northern New Jersey.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The regular monthly meeting of the *Gloucester County Medical Society* was held on Thursday evening, March 17th, 1938, at The Homestead, Woodbury, with the President, Dr. Oran A. Wood, presiding. Dr. Franklin H. Church, of Salem, was present as a delegate from Salem County Medical Society and Dr. Oram R. Kline as a delegate from Camden County Medical Society.

REPORT OF COMMITTEES

Dr. Henry B. Diverty, Chairman of Committe on Post-Graduate Courses, reported that the Spring course would consist of six lectures, four medical and two surgical. They will be given at 3 p.m., starting on the first Wednesday in April, at the City Dispensary, 527 Federal Street, Camden. All of the members of our Society will be circularized as to the speakers and subjects (page 237).

NEW MEMBER

Dr. Louis K. Collins, of Glassboro, was elected to membership.

DATE OF MAY MEETING

Because one of the dates of the Annual Convention of the State Society falls on May 19th, the regular date of our annual business meeting and election of officers, Dr. Downs moved that we have our meeting on the fourth Thursday of the month instead of the third. Motion was seconded and passed.

SCIENTIFIC

Dr. Ralph K. Hollinshed introduced the speaker of the evening, Dr. Alfred Gordon, of Philadelphia, who spoke on the subject "Heredity and Environment". The address was illustrated with lantern slides.

The speaker stated that heredity is the biologic law according to which certain diseases or characteristics are transmitted from one generation to another. He stated that hemophilia, color blindness and cataracts are frequently inherited, also spastic paraphlegia, cerebellar ataxia, epilepsy, Huntington's chorea and certain mental diseases and physical abnormalities.

Dr. Gordon stated that there were ten million syphilitics in the United States. The terminal effects of syphilis are in the brain cells and central nervous system. The two great sequelae of syphilis are locomotor ataxia and paresis. Persistent headaches are frequently due to syphilis, and a Wassermann tests is always advisable when a patient complains of constant headaches.

Alcoholism and syphilis are the two great causes of idiocy and degeneracy in offsprings. In chronic alcoholism, traces of alcohol can be found in the cerebro-spinal fluid.

The inter-marriage of blood relations, particularly that of first cousins, is hazardous and frequently produces defective progenies. The following factors are apt to produce neuropathic tendencies in children: poor nutrition, poverty, crowded homes, abuse, and broken homes.

MEMBERS AND GUESTS PRESENT

Members of the Woman's Auxiliary, also nurses from the Underwood Hospital were present at the meeting; and also the following members of the Medical Society: Drs. Diverty, Underwood, Crain, J. Paul Burkett, Sherman, Moore, Rogers, Downs and Nelson, from Woodbury; Patterson, Campo and Hollinshed, Westville; Wandell, Clayton; Wood, Sirotta and Sheets, Paulsboro; W. J. Burkett and Wright, Pitman; Pedrick and Collins, Glassboro; Stewart, Swedesboro, and Ulmer, Gibbstown.

HUDSON COUNTY

John N. Connell, M.D., Reporter

The regular monthly meetlng of the *Hudson County Medical Society* was held on Tuesday, March 1, 1938, at the Carteret Club, Jersey City, and was called to order by the Vice-President, Dr. R. L. Ballinger, at 9:20 p.m.

REPORT OF NOMINATING COMMITTEE

Dr. J. A. Botti reported that the Nominating Committee held a meeting at the Carteret Club, Saturday, February 26th, and made the following nominations for the year 1939:

President, R. L. Ballinger
Vice-President, J. F. Norton
Treasurer, H. Spence
Secretary, T. McG. Brennock
Reporter, J. N. Connell

Board of Trustees (3 years to 1941):
W. L. Williamson E. J. Chapman
Board of Censors (3 years to 1941):
J. L. Evans
1 year to 1939:
A. M. Zitani
Audit Committee (3 years to 1941):
G. Mangone
Publication Committee (3 years to 1941):
H. B. Ainsley J. C. Talty
N. L. Shulman V. J. Sheeran
1 year to 1939:
P. Kresch
Delegate to State Nominating Committee (to serve in 1939):
J. F. Londrigan
Alternate to State Nominating Committee (to serve in 1939):
F. J. McLoughlin
Committee on Constitution and By-Laws (3 years to 1941):
S. Kooperstein
Legislative Committee (3 years to 1941):
S. G. Scott E. J. Connell
H. Spence
Delegates to State Convention (3 years to 1941):
T. McG. Brennock S. Woodruff
J. A. Botti A. J. Conty
V. P. Butler H. Spence
W. T. Callery A. J. Walscheid
A. W. Little M. Shapiro
W. L. Williamson
Alternates to State Convention (3 years to 1941):
W. W. Maver R. J. Doran
F. Pearlstein P. J. Pflug
A. Weiss G. C. Lawsing
B. P. Potter E. M. Kiely
D. D. Dougherty J. L. Hollywood
W. T. Fifer
Election Committee (to serve in 1939):
S. G. Scott P. J. Bonanno
L. A. Schneider M. Shapiro
D. D. Dougherty S. S. Schept
W. M. Doody
Maternal Welfare Committee (3 years to 1941):
G. B. Spath I. L. Gordon
E. G. Waters

CONSTITUTION AND BY-LAWS

The Committee on Constitution and By-Laws made its final report on the proposed amendment to Chapter 1, Section 1 (b) of the By-Laws so as to provide three classes of membership—Active, Associate, and Honorary. This proposition was carried.

UNIFORM MEDICAL PRACTICE ACT

The Uniform Medical Practice Act was discussed by Drs. Pollak, Butler, M. Shapiro, Samuel Alexander, Chairman, Constitution and By-Laws Committee of The Medical Society of New Jersey; A. Weiss, Norton, J. Schapiro and Cosgrove.

After a full discussion of this Act, Dr. Cosgrove moved that (1) "This Society refuse to endorse the action of the Legislative Committee of The Medical Society of New Jersey in having introduced a proposed bill to the Legislature embodying 'The Uniform Medical Practice Act', approved by the Welfare Committee of The Medical Society of New Jersey, and,

(2) "That it instruct its own members on the Welfare Committee of The Medical Society of New Jersey to report this action of the Hudson County Medical Society to that committee."

Seconded by Dr. M. Shapiro. Motion carried.

TRUSTEES OF STATE SOCIETY

Dr. M. Shapiro: "Last year at the 171st Annual Meeting of The Medical Society of New Jersey, during the session of the House of Delegates, the Hudson County Delegates proposed an amendment to the Constitution and By-Laws of The Medical Society of New Jersey regarding a new set-up of the Board of Trustees in that the Board of Trustees be represented by one member from each County Society. I therefore move you that the Secretary be empowered to circularize the various County Societies to have them coöperate with us, and that a copy of this proposed amendment and a statement of our Society be included in this circularization, and that this go to every component society in the State urging the passage of the above-mentioned amendment."

Dr. Londrigan seconded the motion, and it was carried.

SCIENTIFIC SESSION

Dr. Williamson introduced Dr. Mihran B. Parounagian, Clinical Professor of Dermatology and Syphiology, New York University, College of Medicine, who spoke on the subject "Extra-Genital Infections in Syphilis".

Dr. Williamson also introduced Dr. A. J. Cassel, man, A. A. Surgeon, United States Public Health Service, Consultant, Division Venereal Disease Control, New Jersey State Department of Health, who spoke on the subject "Syphilis as It Affects the General Practitioner".

Discussion by Drs. E. J. Daly, V. J. Butler, M. Shapiro. Discussion terminated by Dr. Parounagian and Dr. Casselman.

NEW MEMBERS

Dr. Saul Joseph Shapiro, Union City, and Dr. Anthony T. Stokes, Secaucus, were elected tc membership. Two new members were proposed. Dr. Louis Disler, Jersey City, was accepted as a member by transfer.

Adjournment at 12:15 a. m.

MIDDLESEX COUNTY

Louis R. Panigrosso, M.D., Reporter

A regular meeting of the *Middlesex County Medical Society* was held Wednesday, February 16, 1938, at the Roosevelt Hospital, Metuchen, N. J., with Dr. J. V. Smith, President, presiding.

SCIENTIFIC

The scientific program was a presentation of a talking motion picture, "The Diagnosis and Treatment of Syphilis". This picture was prepared and presented under the auspices of the A. M. A., and the U. S. Public Health Service. The diagnosis and

treatment of syphilis were presented in great detail. The principal features were:

1. Early diagnosis and treatment of primary syphilis.
2. Diagnosis of secondary and neuro-syphilis, and their treatment.
3. Diagnosis and treatment in pregnancy and in the new-born.

All members were greatly pleased with the presentation of the film.

The picture was discussed by Dr. Charles J. Silk, Perth Amboy.

NEW MEMBERS

The following were admitted to full membership:

Gurshman, Sol, Metuchen, N. J.
Smith, Percy L., Dayton, N. J.
Hofer, William, Metuchen, N. J.
Shayevitz, A., South River, N. J.
Rothfuss, C. H., Woodbridge, N. J.
Goldman, Sol, New Brunswick, N. J.

To Associate Membership:

Krafchik, Louis, New Brunswick, N. J.
Kohut, George, Perth Amboy, N. J.
Normand, A. F., Perth Amboy, N. J.
Wiesenfeld, Benjamin, Woodbridge, N. J.

MONMOUTH COUNTY

O. R. Holters, M.D., Reporter

ECONOMICS COMMITTEE

The March meeting of the *Monmouth County Medical Society* will be devoted solely to the work of this committee. At that time a panel discussion of "The Physician's Place in the Social Plan" will be held. In it will participate representatives of the State, the county, allied agencies, the hospitals, and organized medicine.

Prepare for this meeting. Read your State Journal, and the Journal of the A. M. A., and don't miss the editorials that appear in our leading newspapers from time to time.

The Economics Committee suggests that:

a. All members understand and profit by the provisions of the Lien Law. It was described accurately in the March, 1937, issue of the Bulletin of the Monmouth County Medical Society.

b. All members coöperate, intelligently and critically, in medical services provided in old age assistance, maternal welfare, child welfare, and public health hours.

c. All members persist in using private medical service in laboratory, x-ray, specialties, and preventive medicine, in all pay and part-pay cases, instead of existing clinic and hospital facilities, where the latter are not definitely indicated for the safety of the patient.

PUBLIC RELATIONS LECTURES

The Public Relations Committee is actively engaged in gaining county-wide newspaper publicity for all medical activities of general interest to the public. We are taking this leadership in informing the public on all matters of health interest, and desire to educate the laity to look to us as the only responsible medium for the dissemination of health news.

While the committee is made up of very few of our membership, we look upon our entire roster of members as an active participant in our work. To this end we have set up a Speakers' Bureau, to which we invite every member. From time to time physicians in our Society address lay groups on medical topics. Whenever this happens, we wish the speaker would communicate with the Secretary of the committee, and tell him of the time, place, and date of the meeting he is to address, together with a brief summary of the subject matter of his talk. Then we will be able to give a reliable news story to the press about the talk.

The committee is prepared, in coöperation with the State Society Public Relations Committee, to assist any physician with a topic for presentation to lay groups, and with suggestions as to what type of material to use. Of course, such assistance will be given only on request to the Secretary of the committee. We would like to have every physician who is willing to talk before lay groups write to the Secretary of the committee about it, telling him whether he wishes to be called upon for any limited group of subjects, or if he is available for all subjects. With such a list of names, the Secretary will have at hand an adequate roster of physicians whom he can call upon to speak before requesting groups.

To be sure, we are bending every effort to present our material to the public in an entirely ethical manner. We urge your full coöperation.

The regular monthly meeting of the *Monmouth County Medical Society* was held on February 23rd at 8:30 p.m. at the Berkeley-Carteret Hotel in Asbury Park, N. J. In absence of the President, Dr. Featherston was acting chairman.

SCIENTIFIC

There was an unusually large attendance numbering about seventy doctors. The scientific program was in charge of John Hall, Director of Public Health of the State Department of Health of New Jersey, subject was "Syphilis—Up-to-Date Methods of Diagnosis and Treatment", which was supplemented by talking pictures. The meeting was adjourned about 11:30 p.m.

NEWS ITEMS

It was recently announced at the staff meeting at the Fitkin Hospital, which was held on Monday, February 21st, that a publicity director had been appointed in the person of a Mr. Lathrop who will endeavor to arouse more community interest in the Fitkin Hospital.

The regular monthly meeting of the *Medical Staff of the Monmouth Memorial Hospital* was held at the hospital on Wednesday, February 9th, with an unusually large attendance. Case histories were presented by Drs. Rullman, MacKenzie, Altschul, Mason and Holters.

We are glad to announce that Dr. Albert Schmidt, of Manasquan, has entirely recovered from his re-

cent serious accident, and has resumed his practice at that place.

We are glad to say that Mrs. William G. Herrman, wife of our State President, has completely recovered from her recent operation.

Dr. Carlos and Dr. Sarita Pons are enjoying an extensive vacation trip to the West Indies.

Dr. Albright, of Spring Lake, recently returned from a vacation spent at Cat Kay, British Bahamas.

Dr. John Clark, of Asbury Park, has just completed post-graduate work at the Cook County Hospital in Chicago.

Executive Committee

A meeting of the Executive Committee of the *Monmouth County Medical Society* was held at the Fitkin Hospital, Neptune, on Monday, March 7th, at 8:30 p.m. The following members of the committee were present: Drs. Parry, Magee, Clark, Moffat, Pregnall, Blaisdell, Albright and Featherston. Also at the meeting were Drs. Binder, Podell, Colby, Diamond, Holters, Prout, Wallin, McDonnell and Wilkins.

Dr. Moffat reported for the State Welfare Committee on some of the bills which have been presented to the Legislature.

The Secretary read the minutes of a meeting of the State Workmen's Compensation Committee which was held in Trenton on January 30, 1938.

March Meeting

The regular monthly meeting of the *Monmouth County Medical Society* was held on Wednesday evening, March 23rd, at 8:30 p.m. at the Molly Pitcher Hotel in Red Bank, with Dr. O. K. Parry, President, presiding.

CONTRACT PRACTICE

There was considerable discussion regarding contract practice. It was decided that the ramifications and the complexities of the problem are such that they would require further detailed study. It was therefore moved by Dr. Stanley Nichols that a committee be appointed to give this problem more consideration. Such a committee will be appointed and they are to report at the next meeting.

Dr. Pons moved, which was duly seconded and carried, that a questionnaire be sent out to every member of the County Medical Society as to whether they were doing a contract practice.

Dr. Harvey Brown, Chairman of the Board of Censors, reported for his committee the results of their investigation of one of the Society's members' contract and the report was unfavorable, and in the opinion of this body they considered it unethical.

NOMINATING COMMITTEE

A report was made of the Nominating Committee by Dr. Walter Rullman, Chairman, that it was the recommendation of the Nominating Committee that the following members were nominated to be voted upon at our next meeting: Dr. C. Byron Blaisdell, Long Branch, for President; Dr. Robert A. MacKenzie, Asbury Park, for President-Elect; Dr. Daniel F. Featherston, Asbury Park, Secretary-Treasurer; Dr. J. C. Clark, Asbury Park, Asistant Secretary-Treasurer; Dr. Otto R. Holters, Asbury Park, Reporter; Dr. Featherston, Dr. F. Bullwinkel, Atlantic Highlands; Dr. MacKenzie, Dr. J. Wiener, Asbury Park; Dr. Robert S. McTague, Atlantic Highlands; Dr. W. F. Damison, Asbury Park, delegates and alternates to the State convention.

Nominations were asked also from the floor, and several nominations were made for member of the County Executive Committee.

SCIENTIFIC

The program was on the general topic—"The Doctor's Place in the Social Plan". Addresses were made as follows:

1. "The State Department of Health", by Mr. William Macdonald.
2. "The Public Health Officer", by Dr. Fred P. Lee, of Paterson.
3. "The Hospitals", by Mr. O. N. Auer.
4. "The Auxiliary Health Agencies—Nursing and Lay", by Miss Evelyn Walker.
5. "The Doctor Himself", by Dr. William G. Herrman.

NOTES

Dr. Byron Blaisdell and family are enjoying a vacation in Catkay.

One of our members, Dr. Raoul Pietri, a well-known neuro-surgeon, of both the Medical Center in New York and of the Monmouth Memorial and Fitkin Memorial Hospitals, recently was called for an emergency brain operation to Puerto Rico, and made the trip by airplane.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

A regular meeting of the *Morris County Medical Society* was held the evening of March 17, 1938, at the Spring Brook Country Club in Morristown, with President Williams presiding over a goodly number of members and guests, the latter including several local pharmacists.

Announcement was made that, since the scheduled time of the May meeting would conflict with the Annual Meeting of the State Society, a substitute meeting would be held in April at the State Hospital at Greystone Park.

Announcement was made of a series of five lectures on the treatment of pre-school children to be held weekly on Wednesday evenings at the Greystone Park Hospital. For the program see the March Journal, page 176.

LEGISLATION

A summary of the Uniform Medical Practice Act was read which is now before the Legislature as Assembly Bill No. 511, and in support of this the members were urged to get in touch with the mem-

ber of the Senate and members of the Assembly from this county. Also the following bills were approved by the Society:

1. Furnishing pneumonia serum.
2. Control of marihuana.
3. Regulation of goat's milk.
4. Premarital health certificates.
5. Paternity blood tests.
6. Pneumoconiosis compensation.
7. Board of Health coöperation.

Among the bills disapproved were:

1. Permitting household remedies to be sold by general stores.
2. Making non-reporting of venereal disease a misdemeanor.
3. Tenure of office for County Physicians.
4. State Board of Chiropractors, Naturopaths and Chiropodists.
5. Eye, ear test for school pupils.
6. Sterilization of idiots, etc.

Changes in the Workmen's Compensation Act were discussed.

STATE SOCIETY MEETING

The importance of the Annual Meeting of the State Society was emphasized and the members were urged to be present to the greatest possible number.

SCIENTIFIC

The topic of the evening consisted of a presentation by Professor Adolph F. Marquier, who spoke on "U. S. P. & N. F. Preparations to Reduce the Cost of Medication". Many of the preparations were exhibited. This was of interest to the medical profession and the pharmacists, who were well represented.

Following the formal program, those present were guests at a buffet supper in the club rooms, of which Mr. Norman Davis, a Morristown pharmacist, proved to be a genial and liberal host.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held Thursday evening, March 10th, 1938, at the Church of the Messiah Annex, Paterson. President Fred Vosburgh presided.

NECROLOGY

The following memorial on the death of Dr. John N. Ryan was adopted (obituary, March Jour., p. 179):

Dr. Ryan served the Society for many years as member, committeeman, officer, and eventually as President. He upheld the cause of public health as Health Officer of Passaic for more than a quarter century. He was an early and ardent crusader against disease as shown by his work for the Tuberculosis and Health Association and his pioneer effort for child welfare. He was a stalwart supporter of both St. Mary's and the Passaic Isolation Hospitals and a life-long upholder of the highest standards of medical conduct and ethics.

Dr. Yager, the Secretary, announced the death of William Henry Jacob, M.D., of Paterson, and the following committee was named to draw resolutions of sympathy for the Society:

Andrew F. McBride Burt W. Botbyl
K. E. McCamey

NEW MEMBERS

The following new members were elected:

To Active Membership—

James V. Iraggi, M.D., 79 Broadway, Passaic
Louis J. Kowalski, 66 Fourth Street, Passaic
Theodore Markovits, 98 Haledon Avenue, Paterson
Paul E. Rauschenbach, Jr., 174 Carroll Street, Paterson

To Associate Membership—

Benjamin Provisor, 141 Lexington Avenue, Passaic

One application for Active Membership, and three for Associate were received.

Dr. Yager also read a change in the by-laws on the reinstatement of members in bad standing. This will be voted on at the next meeting.

Attention was called to the April meeting to be held in Passaic, at which Dr. Foster Kennedy will speak.

NOMINATIONS OF OFFICERS

The Nominating Committee read the following list of proposed officers to be considered at the annual meeting in May:

President, L. G. Shapiro
First Vice-President, Wayne W. Hall
Second Vice-President, F. W. Ash
Secretary, J. A. Yager
Treasurer, H. Wolfson
Reporter, Irving Okin

Board of Censors—

Norman Dingman Wright MacMillan
Fred Vosburgh

DELEGATES TO THE STATE SOCIETY

The following men were elected to serve as delegates to the State Convention to be held in May in Atlantic City:

Regular Delegates—

F. W. Ash	M. Joseph
N. Dingman	S. A. Levinsohn
S. W. Johnsen	E. A. Atwood
Wayne Hall	J. H. Carlisle
Wright MacMillan	H. Wassing
C. J. Murn	H. G. Walker
Irving Okin	T. A. Clay
William Spickers	E. I. Ives
F. Vosburgh	B. O. Kinney
H. Wolfson	L. F. Meloney
J. A. Yager	G. E. Tuers
A. J. Delario	Samuel Ginsburg

Alternates—

J. S. Yates	L. E. DeYoe
H. Cogan	S. Levine
C. W. Harveys	D. B. Low
L. G. Shapiro	F. H. Todd
H. S. Willard	R. J. Vreeland
H. J. Durant	L. Bohl
T. K. Graham	J. A. Vanwinkle
M. B. Park	T. Sanfacon
E. F. Leonard	Thomas E. Manly
J. Roemer	John C. McCoy

SCIENTIFIC

Dr. Harrison S. Martland, Professor of Forensic Medicine, New York University College of Medicine; Chief Medical Examiner, Essex County, and Pathologist at Newark City Hospital, was then introduced and spoke on the subject "Interesting Cases from the Medical Examiner's Office". This was a lantern slide talk based on the large experience of Dr. Martland's work in Newark, and was accompanied by his usual humorous and pointed remarks. His talk was thoroughly enjoyed by a large audience.

SOMERSET COUNTY

Albert W. Pigott, M.D., Reporter

The January meeting of the *Somerset County Medical Society* was held on the 10th in the Nurses' Home of the Somerset Hospital with twenty-four members present.

PUBLIC HEALTH COMMITTEE

Dr. A. A. Lawton reported that a paper had been read on cancer control before the Women's Club of Middlesex County; and that the Medical Welfare Society had had a meeting in which the dehydration treatment of the eclampsia had been discussed. This committee had also recommended to The Medical Society of New Jersey that an obstetrical section be recognized at the next annual convention.

Dr. Lawton also reported that Dr. Samuel Pogoloff, Field Physician, had contacted all the members of the Society, and had explained to them the services rendered under the Social Security Act. He announced also that the Somerset Health Association had started Mantoux tests in the schools. He discussed the tuberculosis problem in the county and announced that efforts were being made to establish a tuberculosis clinic at the Somerset Hospital. He called attention to the members of the Society that all cases of tuberculosis must be reported, and asked our coöperation. He announced that Somerset County had the highest incident pro rata of tuberculosis of any county of the State. It was moved, seconded, and passed that the Society approve of Mantoux testing of the children and teachers in the schools of the county. Dr. Fields said that at the last meeting of the State Welfare Committee Dr. Pollak reported on this testing in Hudson County and the committee had recommended it. Dr. Gray moved that the Tuberculosis Committee of the Public Health Division be instructed to find ways and means of Mantoux testing to be put into force immediately, and to be brought before the Somerset County Medical Society for its radification at the next meeting. This was seconded and passed.

LEGISLATION

Dr. F. L. Field reported that several bills were before the Legislature. It was moved, seconded, and passed that letters be sent to the State Senator and Assemblyman requesting their support of the Medical Practice Act.

Dr. Lancelot Ely was appointed Chairman of the Committee on Legislation.

CANCER CONTROL

Dr. E. G. Brittain reported that a meeting had been held, and the following resolution adopted:

Whereas there is a definite need for an institution for the treatment, post operative care, and housing of indigent cancer cases in New Jersey; and that adequate laws for the establishment of such are needed;

Be it resolved that Somerset County Medical Society go on record as approving the erection of such an institution and that laws for such be made.

INDIGENTS

Dr. Hegeman reported that the position of the Town Physician had been abolished in Somerville, and that indigents were now referred to their family physician, who will be paid by the former E. R. A. rates.

DUES

Dr. Lawton announced that the State Society had increased the dues from $13.00 to $15.00, making our total dues $17.00 a year. Inasmuch as the treasury had an excess, bills had been sent for only $15.00 to our members, thereby declaring a $2.00 bonus. In view of this fact, it was moved, seconded, and passed that the County Society dues be remitted.

POST-GRADUATE

In the absence of Dr. Pigott, Dr. Sferra asked for suggestions for our winter post-graduate courses. It was moved, seconded, and passed that these arrangements be left to the Post-Graduate Committee. Dr. Pigott was appointed Chairman of the Post-Graduate Committee in place of Dr. Renner, deceased.

Dr. R. K. Adams, of Skillman, was appointed as head of the Committee on Mental Hygiene in place of Dr. East, who had been transferred.

Dr. George E. Barbour, Somerville, was elected a delegate to the State Society in the place of Dr. J. C. East, who had removed from the county.

Dr. A. F. Mangelsdorf, Bound Brook, was elected alternate to Dr. D. C. Hamblin.

Dr. R. F. Hegeman, Somerville, was elected a member of the Nominating Committee in place of Dr. D. S. Renner, deceased.

SCIENTIFIC

Dr. H. O. Bell, of Essex Isolation Hospital, gave a very interesting talk on the diagnosis and treatment of infectious diseases.

UNION COUNTY

Ronald J. Walsh, M.D., Reporter

The regular monthly meeting of the *Union County Medical Society* was held at St. Elizabeth Hospital on March 9th, with President Henri Abel presiding.

CENSORS

Dr. Charles H. Schlichter reported on a matter of ethics that came before the Board of Censors.

LEGISLATIVE COMMITTEE

Dr. Schlichter spoke warningly to the Society regarding the lukewarmness of the members in their support of the Legislative Committee. He stated that only thirty members had written as requested concerning impending action by the New Jersey Legislature. He asked for warmer interest as a whole, and particularly regarding the proposed Uniform Medical Practice Act. A summary of this act has been sent to each member, and Dr. Schlichter asked the Society to give it full support.

PUBLIC RELATIONS

Dr. N. W. Burritt gave a tri-partite report from the Committee on Public Relations.

First. Dr. Ireland, of the State Education Department, had proposed that all school children should be examined routinely by their family doctor. The plan was referred to the Executive Committee for a study and report.

Second. The proposed plan for venereal disease control embraced the suggestion that high school pupils should receive some education on venereal disease.

It also suggested that venereal disease clinics should be held in hospitals with adequate laboratory facilities, and that they should be supervised by a competent chief with a rotating staff of attending and assistant physicians. He stated that a great danger in such clinics is the tendency to hurried and inadequate treatment. The report was approved by the Society.

Third. The resolution that food handlers should be examined by their family doctor was amended to include barbers and beauticians. Dr. Burritt proposed that for these workers there should be (a) health certificates on file at the local Board of Health; (b) cards from the State Board of Health giving results of Wassermanns, smears, and other tests; (c) statements from family dcotors that active treatment was under way for any existent venereal disease.

Dr. Burritt's report was approved.

MEDICAL-DENTAL SERVICE BUREAU

Dr. T. J. Walsh, chairman of the Committee on the Medical-Dental Service Bureau, asked that the Society should give a definite answer as to whether or not the bureau should continue to function. Owing to the lateness of the hour, no discussion ensued, and the continuance of the bureau was simply affirmed by the motion that money now in the treasury for the purpose should be used.

NEW MEMBERS

The following physicians were unanimously elected to membership:

Solomon Abramson, Rahway
Howard A. Fielding, Rahway
Frank L. Mohr, Union

INTERDICTION OF ADVERTISING BY SPECIALISTS

The Executive Committee recommended that members of the Society should discontinue the practice of designating their specialties both through the medium of the telephone directory and on office signs. This was adopted by the Society with no dissenting discussion.

SUMMIT MEDICAL SOCIETY

E. H. Macpherson, M.D., Secretary

The *Summit Medical Society* held its monthly meeting at the Nurses' Home of Overlook Hospital Tuesday evening, February 22nd, with Dr. Tidaback presiding. There were twenty-nine members and thirty-one guests present.

Dr. M. H. Dawson, Professor of Clinical Medicine of P. and S., Columbia University, gave an illustrated lecture on "The Diagnosis and Treatment of Arthritis", substituting for Dr. Russell L. Cecil, who was ill.

Dr. John D. Currence, Assistant Professor of Clinical Medicine of N. Y. Post-Graduate Hospital and Medical School, spoke on "Physical Therapy in Arthritis".

After the meeting a collation was served.

DECEASED PHYSICIANS OF NEW JERSEY

Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Clayton C. Ferguson	70	Feb. 2, 1938	Newark	Same	Cerebral thrombosis.
Arthur G. Kinsley	60	Feb. 4, 1938	Paterson	Same	Cerebral thrombosis.
Thomas S. McCabe	62	Feb. 26, 1938	Newark	Same	Coronary thrombosis.
Samuel H. Roberts	27	Jan. 29, 1938	Skillman	Skillman	Suicide.
John N. Ryan	61	Feb. 10, 1938	Passaic	Passaic	Duodenal ulcer.
Wilson Scott	74	Feb. 4, 1938	Ramsey	Same	Chronic endocarditis.

THE WOMAN'S AUXILIARY

REMINDER FROM THE ENTERTAINMENT COMMITTEE

MRS. CARL SURRAN, Chairman

This is the Easter month. Most of us now begin to look ahead, for Springtime is with us, and all Nature takes on a forward look.

As you anticipate and plan for Spring activities, make place in your schedule for three days (May 17-18-19) in Atlantic City, when our eleventh annual convention will be held at the Hotel Ambassador.

For reservation of any kind, write to:
Mrs. V. Earle Johnson
17 North Exeter Avenue
Margate, N. J.

For any other convention information, write to:
Mrs. Carl Surran, Entertainment Chairman
5 No. Brunswick Avenue
Margate, N. J.

EXECUTIVE BOARD MEETING

Reported by Clara C. Renner, Recording Secretary

The regular March meeting of the *Woman's Auxiliary to The Medical Society of New Jersey* was held at L. Bamberger & Company in Newark on March 14, 1938, the President, Mrs. Samuel Salasin, presiding, and with twenty-five Executive Board members and ten county presidents present.

REPORT OF THE TREASURER

The Treasurer, Mrs. Thomas P. McConaghy, reported a balance of $832.95 on hand on March 14, 1938. Mrs. A. J. Casselman and Mrs. B. S. Baker were appointed auditors.

COMMITTEE REPORTS

Archives: Mrs. C. F. Adams, Chairman, reported that the work of separating the archive and historian material has been completed, also that she has included in the archives pictures of some of the Past Presidents and requested pictures of Mrs. Lippincott, Mrs. Kinch, Mrs. Casselman and Mrs. Salasin to bring her records up to date.

Nominating: The Recording Secretary read the slate to be presented at the Annual Meeting.

Revision and By-Laws: The Recording Secretary read a letter from Mrs. Frederick A. Kinch submitting two proposed amendments that have been suggested concerning officials to A. J. A. convention. Mrs. Surran moved that the President, Mrs. Salasin, be sent to the A. M. A. convention in San Francisco in addition to Mrs. Epler, and that this was not to be considered as establishing a precedent. Motion seconded. The President asked for a standing vote. Result: Sixteen in favor, five opposed.

Press and Publicity: Mrs. O. R. Carlander, Chairman, urged that the various counties publicize their auxiliaries in the local newspapers.

Public Relations: Mrs. A. Haines Lippincott, Chairman, advised that a Conference of Public Relations Chairmen and Prospective Public Relations Chairmen is to be held on May 17 at the Annual Meeting. Mrs. Lippincott reported that a tremendous amount of work is being done by the Western States and urged the women of New Jersey to contact lay organizations. Copies of the report of the national chairman were distributed to the Presidents of each county. They were urged to check up on every member in their counties to see that they have answered the questionnaire. The Speakers' Bureau is of tremendous importance—hold at least one reciprocity meeting—list of books, send in any books for approval. Place list of approved books on bulletin boards in libraries and star (*) books on shelves, also request library to purchase approved books when possible in order that the public might have the right kind of information. Clipping Bureau of Public Relations Work—Impress on every woman to answer calls to act on boards of lay organizations.

COUNTY PRESIDENTS

The Presidents of the following counties submitted reports: Atlantic, Bergen (verbal), Essex, Hudson, Middlesex (verbal), Passaic (verbal), Somerset, Union (verbal).

Mrs. McConaghy advised that Mrs. Surran had handed her a check in the sum of $200.00, representing a refund from the A. M. A. convention fund. It was voted to ascertan the wshes of the county societies whether the money should be refunded to them or kept by the State Auxiliary.

Mrs. Hubbard stated that she was particularly pleased that the board had decided to send Mrs. Salasin to San Francisco. It has been through her untiring efforts that the meetings in Atlantic City have been so successful.

Atlantic County

Reported by Mrs. M. Major

The *Executive Board of the Woman's Auxiliary to the Atlantic County Medical Society* met at the home of Mrs. Clarence B. Whims, Surrey and Ventnor Avenues, on March 8, 1938. Preceding the business meeting, luncheon was served. Attending were: Mrs. Percy Joy, Mrs. Lawrence Wilson, Mrs. Allan Reick, Mrs. G. Ruffin Stamps, Mrs. Daniel Reyner, Mrs. Charles Hyman, Mrs. Ily Beir, Mrs. David Allman, Mrs. Samuel Salasin, Mrs. L. M. Walker, Mrs. Edward Dyer, Mrs. Carl Surran, Mrs. Louis Feinstein, Mrs. Harry Subin, Mrs. Raymond Williams, Mrs. M. B. Holoman, Mrs. William J. Carrington, Mrs. R. M. Grier, Mrs. C. B. Whims, Mrs. Morton Major.

Mrs. Lawrence Wilson, Second Vice-President, presided at the meeting and stated that the reciprocity tea between the Woman's Club and the County Medical Auxiliary will be held on March 29 at the Hotel Crillon. Mrs. Harry Subers (Woman's Club), Mrs. Lawrence Wilson and Mrs. Samuel Salasin, State President of the Auxiliary, will pour tea on that afternoon.

Mrs. L. M. Walker announced that on Friday night, March 11, the play, "Suppressed Desires," will be presented at the regular meeting at the Hotel Ambassador. In the cast will be Mrs. G. Ruffin Stamps, Mrs. E. H. Nickman, Robert Surran.

Mrs. Daniel Reyner will read a review of "Good Girls in the Fifties". Following the meeting, refreshments will be served.

Mrs. Lawrence Wilson presided at the regular meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* on Friday evening, March 11, 1938, at the Ambassador Hotel. Mrs. Wilson stated that nineteen new members have enrolled in the society this year.

Mrs. Carl Surran, Chairman of the Nominating Committee, announced the slate of officers for the ensuing year, which will be voted upon at the April meeting.

Dr. Clarence Andrews will be the guest speaker at the "reciprocity tea" between the Woman's Auxiliary to the Atlantic County Medical Society and the Woman's Club. The affair will take place at the Hotel Crillon on March 29. Dr. Andrews' topic will be "Why We Get Sick; How We Get Well".

Mrs. L. M. Walker, Chairman of the Literary Committee, presented the program for the evening. "Suppressed Desires", a play, was given by the following cast: Mrs. E. H. Nickman, Mrs. G. Ruffin Stamps, Mr. Robert Surran. The coach was Mrs. Stanley McGeehan. Mrs. Daniel Reyner, in a delightful fashion, presented "Good Girls in the Fifties". Following the program refreshments were served.

Present were: Mrs. David Allman, Mrs. Ily Beir, Mrs. Allan Reick, Mrs. G. Ruffin Stamps, Mrs. Lawrence Wilson, Mrs. Percy Joy, Mrs. E. H. Nickman, Mrs. A. G. Merendino, Mrs. Carl Surran, Mrs. Manuel Mally, Mrs. James MacFarland, Mrs. L. B. Gruhler, Mrs. John S. Irvin, Mrs. D. C. Reyner, Mrs. L. F. Rosenberg, Mrs. Harry Subin, Mrs. Louis Feinstein, Mrs. Charles Hyman, Mrs. W. Hersohn, Mrs. Peter Marvel, Mrs. Ernest Shore, Mrs. A. Krecher, Mrs. B. Timberlake, Mrs. M. B. Holoman, Mrs. Clarence Whims, Mrs. L. M. Walker, Mrs. Morton Major.

Burlington County

Reported by Mrs. Roscius I. Downs

The concluding meeting of the *Woman's Auxiliary to the Burlington County Medical Society* for the year was held at the home of Mrs. Daniel B. Remer in Mount Holly, with an attendance of thirty members and guests. Mrs. Dean H. LeFavor, the President, asked for the annual reports of the standing committees, and also submitted the President's report. These were a review of the work accomplished for the year, and presented an excellent record of achievement by a healthy organization.

Mrs. LeFavor then installed the following officers for 1938-1939:

President, Mrs. Carlton P. Hogan, Burlington
President-Elect, Mrs. Edward H. Wyman, Burlington
First Vice-President, Mrs. Louis Viteri, Mount Holly
Second Vice-President, Mrs. Will C. Wells, Delanco
Treasurer, Mrs. Joseph Kuder, Mount Holly
Recording Secretary, Mrs. Vernon Davis, Vincentown
Corresponding Secretary, Mrs. Freeman W. Metzer, Riverside
Directors, Mrs. Dean H. LeFavor, Palmyra; Mrs. J. Howard Hornberger, Roebling; Mrs. Gerald McDonell, Mount Holly

Mrs. J. Howard Hornberg presented Mrs. LeFavor with a President's pin. Mrs. LeFavor made a gracious speech of thanks before turning the chair over to the new President, Mrs. Hogan.

Mrs. Hogan took the chair, and made a charming speech of acceptance; and then announced her committee appointments as follows:

Publicity, Mrs. Dean H. LeFavor, Palmyra
Membership, Mrs. Roscius I. Downs, Riverside
Public Health and Relations, Mrs. Gerald McDonnell, Mount Holly
Program, Mrs. William Bray, Pemberton
Widows' and Orphans' Society, Mrs. Jacob Davis, Burlington
Legislation, Mrs. Marcus Newcomb, Browns Mills
Arts, Hobbies and Medical History, Mrs. J. Howard Hornberger, Roebling

Mrs. Hogan invited the Executive Board to hold its first meeting in her home on Friday evening, March 11, at 8 p. m.

Preceding the business meeting the members tendered a surprise testimonial dinner to the retiring President, Mrs. LeFavor, at the Willows, Mount Holly. She was the recipient of flowers and gifts.

Essex County

Reported by Mrs. Gerald Hayes

The Social Committee of the *Essex County Auxiliary* met with Mrs. Earl Snavely, Chairman, on Monday, March 14th, to make arrangements for assisting the Academy of Medicine of Northern New Jersey in conducting its twenty-seventh anniversary meeting.

The first annual dinner of the Advisory Board to the Woman's Auxiliary to the Essex County Medical Society was held Wednesday evening, March 23rd, at the Newark Athletic Club. This first venture proved to be a splendid affair. The doctors themselves provided delightful musical entertainment, and unearthed several artists among their own members. The Auxiliary members who acted as hostesses were Mrs. R. Hunter Scott, Mrs. Joseph Clarken, Mrs. Edgar Ill, Mrs. Charles Barkhorn, Mrs. Charles Rich, Mrs. Earl Snavely, Mrs. Harry Comando, Mrs. Gordon Goodfellow, Mrs. Charles Zehnder, and Mrs. Joseph Lowry.

The feature of the March meeting, which is to be held on Monday, the twenty-eighth, will be the honoring of the mothers of physicians, and the welcoming of new members to the Auxiliary. The speaker will be Mrs. Walter B. Mount of Montclair, who will give an illustrated lecture concerning "Our Favorite Pictures—and Why".

Gloucester County

Reported by Mrs. Ralph L. Moore

The *Woman's Auxiliary to the Gloucester County Medical Society* held its annual Christmas party Friday, December 18th, at the home of Mrs. Elwood E. Downs, Woodbury.

The affair was planned by Mrs. Paul Pegau, Mrs. Elwood E. Downs, Mrs. Kate Brewer, Mrs. Fuller Sherman, Mrs. Ralph Moore, Woodbury, and Mrs. Ralph Hollinshed, Westville.

The regular monthly meeting of the *Woman's Auxiliary to the Gloucester County Medical Society* was held at the Homestead Coffee Shop Thursday evening, January 20th, at 9 o'clock. In the absence of the President, Mrs. Don B. Weems, Mrs. Clarence Bowersox, First Vice-President, presided. Fourteen members were present.

A covered dish luncheon was planned for February 17th at the home of Mrs. Ralph Hollinshed, but due to so much illness it was postponed until a later date.

A regular business meeting was held on February 17th, at 9 o'clock in the Homestead Coffee Shop, in Woodbury.

The members of the *Woman's Auxiliary to the Gloucester County Medical Society* held a covered-dish luncheon at one o'clock on Thursday, March 17th, at the home of Mrs. Ralph K. Hollinshed, 351 Broadway, Westville. The Committee of Arrangements included Mrs. I. W. Knight, Chairman; Mrs. H. W. Wright, Mrs. Katherine Brewer and Mrs. Fuller Sherman.

The members of the Auxiliary were invited to attend the meeting of the Gloucester County Medical Society at which time Dr. Alfred Gordon, of Philadelphia, gave an illustrated address upon the subject "Heredity and Environment".

Hudson County

The regular meeting of the *Woman's Auxiliary to the Hudson County Medical Society* was held on March 7th at the Y. W. C. A.

In the absence of the President, Mrs. Charles B. Kelley, the First Vice-President, Mrs. E. J. Chapman, presided. Reports were given by the following chairmen: Mmes. Perlberg, Freile, Schwarz, Perkel, Murphy and Ruvane.

Mrs. A. E. Jaffin presented the monthly article on public health—an analysis of the tuberculin tests conducted in high schools.

A new member, Mrs. Frederick Finger, was introduced.

The guest speaker was Dr. Mark Marchetti, a graduate of Johns Hopkins University, now associated with New York Hospital and Cornell University, whose topic was "The Deafness of Beethoven", who he declared was a supreme genius. Deprived of his hearing when he was 29, and beset with other physical infirmities, against which he had constantly to struggle, he nevertheless gave to the world masterpieces which placed his name among the musical immortals.

At the close of Dr. Marchetti's talk, Miss Ruth Kelley, daughter of Dr. and Mrs. Charles B. Kelley, a violinist of rare ability, played Beethoven's Sonata, Opus 12, No. 1, in D Major, accompanied on the piano by Miss Phylis Reed, both of whom are graduates of Smith College, where they majored in music. Miss Kelley continued her master courses at Salzburg, and at the Royal Conservatory in Budapest and Vienna. The usual social hour followed.

Mercer County

Reported by Mrs. L. Leonard Friedman, Secretary

The *Woman's Auxiliary to the Mercer County Medical Society* held an all-day meeting at the McKinley Memorial Hospital nurses' residence on Monday, March 21st. About fifty members were in attendance.

Mrs. C. Chester Chianese, President, presided. The business session was conducted at 11:30 a. m. Various reports by the committee chairmen were submitted. The list of health books approved by the A. M. A. have been placed in the local libraries. Health speakers have been contacted for six lay organizations. The legistive bulletins were read and discussed by Mrs. McGuire, our Legislative Chairman. Art, Hobby and Medical History blanks were distributed among members who will enter the exhibit this year. Much interest was shown for posters to be entered as "Hobbies of Mercer County Auxiliary". The program for the Atlantic City Convention was read and members were urged to attend.

New business for the day was the planning of a Dinner Dance to be held at the Country Club on April 28.

Our new members welcomed are Mrs. A. A. Carabelli, Mrs. M. Zentner, Mrs. H. S. Urbaniak, Mrs.

M. Friedman, Mrs. J. Q. Atkinson, Mrs. A. D. Summers and Mrs. R. Applestein.

As an activity, surgical dressings were folded throughout the day. Luncheon was served at one o'clock with Mrs. A. S. Fell in charge of reservations. Following, an interesting and valuable talk was given by our guest, Dr. Robert T. Fischelis, Chairman of the N. J. Board of Pharmacy, on "The Progress in Food and Drug Legislation".

The next regular meeting will be held at the Municipal Colony Hospital April 11th.

Middlesex County

Reported by Mrs. M. B. Jacobson

The annual dinner of the *Woman's Auxiliary to the Middlesex County Medical Society* was held on January 19, 1938, in the Hotel Woodrow Wilson in New Brunswick, the President, Mrs. J. J. Mann, presiding.

The following officers were installed:

President, Mrs. H. L. Strandberg, Carteret

President-Elect, Mrs. R. J. Faulkingham, New Brunswick

Firse Vice-President, Mrs. Samuel Breslow, Perth Amboy

Recording Secretary, Mrs. Nathan Karshmer, Highland Park

Corresponding Secretary, Mrs. L. S. Downs, Carteret

Treasurer, Mrs. Benjamin Mann, Perth Amboy

Chairman Nominating Committee, Mrs. W. C. Wilentz, Perth Amboy

The following committees were appointed:

Public Relations: Mrs. W. J. Condon, Chairman; Mrs. Samuel Breslow, Co-chairman; Mrs. William McCormick, Mrs. J. F. Weber, Mrs. J. D. Witmer, Mrs. J. H. Kler.

Public Health: Mrs. C. F. Merrill, Chairman; Mrs. F. M. Hoffman, Mrs. M. F. Urbanski, Mrs. N. N. Forney.

Legislation: Mrs. M. S. Brody, Mrs. F. M. Hoffman, Mrs. C. W. Naulty.

Program: Mrs. William Stein, Chairman; Mrs. W. McCormick, Co-chairman; Mrs. C. F. Merrill, Mrs. E. F. Klein, Mrs. N. N. Forney, Mrs. William Wilentz, Mrs. M. S. Brody, Mrs. L. A. M. Feher, Mrs. Joseph Wantoch.

Membership and Credentials: Mrs. J. J. Mann, Chairman; Mrs. J. H. Rowland, Mrs. E. H. Eulner.

Widows and Orphans, Mrs. Karl Rothschild.

Art and Hobby: Mrs. H. B. Walker, Chairman; Mrs. W. C. Condon.

Historian, Mrs. C. J. Hofer.

Press and Publicity, Mrs. Murray Jacobson.

Advisory Board: Dr. H. L. Strandberg, Chairman; Dr. Joseph Gutowski, Dr. C. J. Sullivan.

Mrs. Samuel Salasin, Atlantic City, State President of the Auxiliary, was the guest speaker.

PRESIDENT'S REPORT ON HEALTH LECTURES

Mrs. J. J. Mann was presented with a Past President's pin, and in reply she gave the following report on the popular lectures given by physicians in filling appointments arranged by the Auxiliary:

POPULAR LECTURES

We again stressed our Public Relations activity, and arranged speaking engagements for forty physicians, who discussed public health subjects, such as Immunization, Safe Motherhood, Future of Preventive Medicine, Relation of Parent and Child, Infantile Paralysis, and Venereal Disease. These doctors, with considerable inconvenience to themselves, went to the schools in Dunellen, Laurence Harbor, Middlesex Boro, South Plainfield, Stelton, Oak Tree, to the Kiwanis Club in New Brunswick, the Woman's Club in Carteret, the Hebrew Ladies' Benevolent Association in New Brunswick, the Lions Club, Jamesburg, and the Rotary Club, Perth Amboy. In this way we feel that we have covered the county, and we know the viewpoint of the Medical Society is now well understood by a large group of the laity in Middlesex County.

In addition to the instruction, the meetings gave our members the chance to become better acquainted with one another. We must remember that we are a relatively young society; and as we grow, we can take on more and more activities. But for the start, it seemed wiser not to have too many projects.

It was important for us to learn just what the Medical Society expected of us. Dr. Joseph H. Kler, of New Brunswick, who happens to be the Chairman of the Public Relations Committee of The Medical Society of New Jersey, advised us to do one thing and do it well; and I feel that we have succeeded in doing just this. We have stressed our Public Relations and Public Health work more than social functions, or any other activity. It is no secret that the Middlesex Auxiliary was among the leaders of the State in number of speakers sent out. May I take this opportunity to thank all those

May I take this opportunity to thank all those doctors who so kindly gave of their time and talent to help this cause, and Mrs. W. J. Condon for her excellent work in public relations.

PROGRAM OF LECTURES

Laurence Harbor School, Laurence Harbor, May 3—Dr. J. J. Jablonski, "Immunization".

Hamilton School, Study Group, Highland Park, May 6—Dr. C. I. Silk, "Tuberculosis".

Kiwanis Club, New Brunswick, May 5—Dr. E. Kleiber, "Heart Failure".

Rotary Club, Perth Amboy, May 6—Dr. H. J. White, "Tuberculosis".

Woman's Auxiliary, American Legion, Highland Park, May 6—Dr. W. E. Sherman, "Safe Motherhood".

Kiwanis Club, Perth Amboy, May 18—Dr. W. J. London, "Vitamins".

Middlebush School, Middlebush, May 18—Dr. A. J. Pellicane, "Prevention of Child Diseases".

Exchange Club, New Brunswick, May 27—Dr. S. Z. Nieman, "Trip to Russia".

Perth Amboy Night School, Perth Amboy, June 7—Dr. Sol Gurshman, "Future of Preventive Medicine".

St. Francis Parochial School, Metuchen, June 1—Dr. A. F. Donlon, "Care of Teeth".

WPA Family Forum, Perth Amboy, June 14—Dr. Karl Rothschild, "Emotional Problems of Today".
Jewish Ind. Club, New Brunswick, June 16—Dr. J. S. Uhr, "Preventive Medicine".
Parsons School, No. Brunswick Township, Sep. 16—Dr. G. R. Gessner, "Communicable Diseases".
St. Peters Parochial School, New Brunswick, Sep. 21—Dr. G. R. Gessner, "Infantile Paralysis".
Whittier School, Dunellen, Sep. 28—Dr. N. S. McLeod, "Preventive Medicine".
Adams School, No. Brunswick Township, Oct. 5—Dr. A. J. Pellicane, "Preventive Medicine".
Public School No. 6, Perth Amboy, Oct. 6—Dr. S. M. Breslow, "Colds".
Livingston Park School, Livingston Park, New Brunswick Oct. 7—Dr. J. F. Sandella, "Immunization".
Fellowship Farm School, No. Stelton, Oct. 8—Dr. S. Z. Nieman, "Improving Health of Community".
Sacred Heart School, New Brunswick, Oct. 13—Dr. G. R. Gessner, "Child Welfare".
Stelton School, Stelton, Oct. 15—Dr. H. J. White, "Tuberculin Tests".
Hebrew Ladies' Benevolent Assn. ,New Brunswick, Oct. 18—Dr. A. J. Pellicane, "Diet and Dietary Fads".
Oak Tree School, Oak Tree, Oct 19—Dr. L. R. Panigrosso, "Communicable Diseases".
Woman's Club, Carteret, Oct. 21—Dr. H. Strandberg, "Venereal Disease".
Sand Hill School, Fords, Oct. 21—Dr. H. P. Fine, "Health in School".
Council of Jewish Women, Perth Amboy, Oct. 25—Dr. Fannie Sender, "Diet and Health".
Lions Club, Jamesburg, Nov. 3—Dr. P. E. Downing, "Health School Child".
Willis School, South Plainfield, Nov. 9—Dr. Pauline Long, "Medical Routine from Birth to Adolescence".
Weber School, E. Brunswick Township, Nov. 9—Dr. Price T. Watson, "Tuberculosis and Colds".
Dayton School, Dayton, Nov. 10—Dr. S. Z. Nieman, "Infantile Paralysis".
Hoffman High School, So. Amboy, Nov. 18—Dr. V. O. Lesh.
St. Stephen's Parochial School, Perth Amboy, Nov. 21—Dr. William M. London, "Medical Routine—and Infantile Paralysis".
Perth Amboy High School, Perth Amboy, Nov. 30—Dr. M. F. Urbanski, "Tuberculosis".
Middlesex Boro School, Middlesex Boro (Watchung School), Dec. 1—Dr. C. W. Naulty, Jr., "School Health".
Y. W. C. A., New Brunswick, Dec. 1—Dr. Joseph H. Kler, "Venereal Disease" (Bul. No. 15).
Schull School, Perth Amboy, Dec. 1—Dr. M. F. Urbanski, "Tuberculosis".
Lord Stirling School, Boys' Group, New Brunswick, Dec. 3—Dr. A. J. Pellicane, "Venereal Disease" (Bul. 15 and 2).
Lord Stirling School, Girls' Group, New Brunswick, Dec. 3—Dr. Pauline Long, "Venereal Disease".
Boro Improvement League, Metuchen, Dec. 3—Dr. H. J. White, "A Talk on Roosevelt Hospital".
Willis School, So. Plainfield, Dec. 14—Dr. A. J. Pellicane, "Childhood Problems".
Bayard School, New Brunswick, Dec. 16—Dr. G. R. Gessner, "Child Welfare".
Fellowship Farm School, No. Stelton, Dec. 10—Dr. R. L. McKiernan, "Social Diseases".
Willis School, So. Plainfield, Jan. 11—Dr. Calvert R. Toy, "Preventive Medicine".
Livingston School, New Brunswick, Jan. 13—Dr. Karl Rothschild, "Emotional Problems of Today".
Washington School, Sayreville, Jan. 13—Dr. A. J. Pellicane, "Tonsils and Adenoids".
Whittier School, Dunellen, Jan. 18—Dr. Karl Rothschild, "Child Psychology".
Weston-Mills School, Weston, Jan. 6—Dr. Howard Dieker.
Bonhamton School, Bonhamton, Jan. 20—Dr. I. E. Rineberg. "Medical Routine".
Campbell School, So. River, Jan. 20—Dr. A. J. Pellicane, "Relation Parent and Child".
St. Peter's Parochial School, New Brunswick, Feb. 8—Dr. N. Z. Nieman, "Preventive Physical Deformities".
Willis School, So. Plainfield, Feb. 8—Dr. E. A. Hauber, "Tonsils and Adenoids".
Oak Tree School, Oak Tree, Mar. 15—Dr. Pauline Long, "Medical Routine".
Willis School, So. Plainfield, Mar. 8—Dr. Price T. Watson, "Immunization".
Oak Tree School, Oak Tree, Apr. 19—Dr. J. D. Witmer, "Common Household Accidents".
Whittier School, Dunellen, Apr. 19—Dr. A. F. Donlan, "Care of Teeth".
Willis School, Old Bridge, Apr. 19—Dr. V. A. Lesh, "Health and Safety".
Willis School, So. Plainfield, April 12—Dr. H. J. White, "Tuberculin Tests".
Willis School, So. Plainfield, May 10—Dr. J. S. Uhr, "Welfare School Child".

Warren County

Reported by Mrs. W. H. Varney

The regular monthly meeting of the *Woman's Auxiliary to the Medical Society of Warren County* was held in Phillipsburg January 18, 1938. After a very short business meeting the members joined the doctors for luncheon at the Elks' Home.

On February 15, 1938, the members were entertained at the home of Mrs. Herman Baldauf in Belvidere. The following officers were elected:

President, Mrs. Herman Baldauf, Belvidere
Vice-President, Mrs. R. B. Stone, Phillipsburg
Secretary, Mrs. D. P. D. Jackson, Belvidere
Treasurer, Mrs. F. A. Shimer, Phillipsburg.

Following the business meeting the members and their friends enjoyed a delightful dessert bridge.

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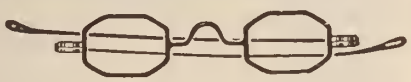

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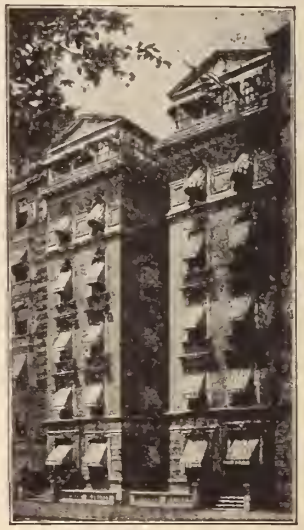

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● Modern canning procedures provide for the exclusion from the sealed container of air, and other gases present in raw food material, to the greatest possible degree.

In the sealed can, oxygen, in particular, is undesirable, whether it be released from food cells or be present in the form of entrapped air. If present in the sealed tin container, oxygen can react with the food and the interior of the can and directly affect the quality, nutritive value and merchantable life of the canned food. Other gases—for example, carbon dioxide produced by cellular respiration—should also be excluded as far as is practical. If present in large amounts, these gases may place undue strain on the container during the heat process to which canned foods are subjected.

In commercial canning practice, certain operations—specifically the blanch—may aid in elimination of gases from raw food tissues. However, main dependence is placed upon what are known as "exhausting" or "preheating" operations, not only to expel gases from raw foods, but also to exclude air from the can.

Briefly, the exhausting operation is accomplished by mechanically passing the open can containing the raw food through a so-called "exhaust box" in which hot water or steam is used to expand the food by heat and drive out air and other gases contained in the food and in the can. The times and temperatures used in commercial exhausting operations will naturally vary with the nature of the product (1).

After exhausting, the can is immediately permanently sealed, heat processed and cooled. During cooling, the contraction of the heated contents of the can creates the vacuum normally present in commercially canned foods.

With certain products, instead of exhausting as described above, the same effect is produced by preheating the food in kettles or similar devices; filling into the cans while still hot; and immediately sealing the containers. With still other products, an exhausting effect is produced by adding boiling water, syrup or brines to the food in the can. In some instances, exhausting is accomplished by mechanical rather than by thermal means. Specially designed sealing or "closing" machines are used to withdraw air and other gases by applying high vacuum to the can and immediately sealing on the cover.

Such in brief are the purposes of commercial exhausting operations and the means by which they are usually accomplished. Modern canners recognize that these operations are most important to the success of their canning procedures. They appreciate that only by strict supervision and control of exhausting operations can the quality and nutritive values of their products be maintained at a consistently high level.

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(1) Appertizing or The Art of Canning", A. W. Bitting, The Trade Pressroom, San Francisco, 1937.

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TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XI May, 1938 No. 5

TUBERCLE, the British journal of tuberculosis, has been published continuously for about two decades. Its first editor was Dr. J. Rosslyn Earp, who has for the past several years distinguished himself in the field of tuberculosis and public health in the United States. With the December, 1937 issue, *Tubercle* has put on a new and beautiful typographical dress and added the subtitle "A Journal of Diseases of the Chest." *Tubercle* has many appreciative readers in this country, for the practical problems of tuberculosis control in the two countries are almost identical. TUBERCULOSIS ABSTRACTS congratulates *Tubercle* from which it has, in the past, drawn aid, and presents in this issue brief abstracts of a symposium on the difficulties encountered in dealing with the tuberculosis problem.

DIFFICULTIES ENCOUNTERED IN INDUSTRY

Enlightened industry nowadays realizes that it must carry a certain number of sub-normal individuals. In the long run this is sound economic policy, for industry cannot afford to lose trained employees nor to breed psychological unrest of workers caused by the knowledge that loss of employment will follow serious or prolonged illness. Yet the employment of workers who have tuberculosis, or have recovered from the disease, is an exceedingly awkward problem for tuberculosis is insidious and infectious and leaves its sufferers incapable of normal physical effort for long periods.

Economic difficulties experienced by the tuberculous wage earner are serious. They are partially relieved by continuing part wages. Treatment in the sanatorium is rendered easier and more effective if the worker is relieved of immediate worry and is given hope for the future. It reduces the temptation to return to work too soon.

Environmental difficulties are particularly acute in working-class areas. The problems of slums, overcrowding and undernourishment are being solved by the slow social evolution now going on.

Difficulties arising out of the patient's own attitude include, (a) fear of losing his income, (b) his job, and (c) fear of the sanatorium. These fears can be greatly allayed if the policy of the firm is to take back employees when they have recovered. The dread of the sanatorium can usually be overcome by education and wise propaganda.

The difficulty of returning to a different kind of work than that to which they have been accustomed must be faced by some workers. A man must know that his job is a real one and not one created merely to find him employment.

The employer's difficulties must be faced squarely. The returning tuberculous patient has usually a greatly reduced efficiency. He is inferior to the normal worker and this inferiority is likely to persist for a few years. If he attempts to keep pace with fellow workmen he invites early breakdown. Industry quite naturally, is not likely to welcome the worker who needs a sheltered life if he is a new entrant but most employers will take back old employees if the prospect of eventual return to reasonably good health exists. Of course, industry has to deal with many employees disabled by conditions other than tuberculosis. With these "crocks" the returning tuberculous worker has to compete for the suitable jobs. Many are the employer's problems in adapting the needs of industry to the employee who cannot be subjected to strains such as overtime work, shift and night work, and competition with more vigorous workers.

It is, of course, not possible to pay higher wages to the tuberculous patient than to other workers. In fact he must often be satisfied with a lesser wage. This means that at the very time he needs a higher and better standard of living, he actually has to be content with a much lower one. This situation calls for generous cooperation between the employer and the Care Committee (well organized in England). The tuberculous patient returning to industry should be subsidized until he is able to

earn a reasonable wage. Industry cannot be expected to make the subsidy directly.

The danger of infecting other employees must also receive attention. A patient with a positive sputum should not be allowed to return to surroundings where he may infect others. Certainly he should not be permitted to engage in industry involving the handling or packing of food or which requires him to come into contact with the public.

The author urges close liaison between the tuberculosis service and industry. Small firms find it particularly difficult to deal with recovered tuberculous patients ' . can do much if the facts about tuberculosis are carefully explained to them by the medical officer or doctor. The doctor must not only be conversant with the disease but must also possess an intimate knowledge of the industry and requirements of the workers if he is to talk reasonably and convincingly with the management.

Difficulties Encountered in Industry in Dealing with the Tuberculosis Problem, Ronald E. Lane, M.B., M.R.C.P., Tubercle, Vol. XIX, No. 3, December, 1937.

DIFFICULTIES OF THE SUPERINTENDENT OF A MENTAL HOSPITAL

The records of Parkside Mental Hospital show that in the past 30 years, 340 deaths occurred in which tuberculosis was a factor. Of these, 80% were sufferers from some form of dementia or a depressed state, imbeciles and idiots. Patients suffering from these forms of mental disorder are usually incapable of complaining of feeling ill. They are lethargic and disinclined to take exercise, indifferent to food and of degraded habits. Respiration is shallow and infrequent and circulation is poor.

The diagnosis at an early stage is not easy as the usual physical signs are not apparent. It is necessary, therefore, to record the weight weekly, to take the temperature regularly, to examine regularly the feces for the presence of tubercle bacilli and to use the X-ray when indicated.

The pressure of economy weighing on public institutions leads to difficulties of providing segregation, overcrowding, poor dietary, absence of laboratory facilities, inadequate milk supply and insufficiently trained nursing staff.

These and other difficulties, common to most mental hospitals, have been largely overcome at Parkside Mental Hospital since the appointment of the present medical superintendent in 1914. The ratio of deaths from tuberculosis at Parkside compared with (English) County and Borough Mental Hospitals has been decidedly lowered. In 1935 for example, this ratio for Parkside was 1.5 deaths from tuberculosis per 1,000 patients in residence as against 4.6 in all other hospitals.

My Chief Difficulties in Dealing with the Tuberculosis Problem, H. Dove Cormac, M.B., M.S., D.P.M., Tubercle, Vol. XIX, No. 3, December, 1937.

DIFFICULTIES OF THE GENERAL PRACTITIONER

To persuade people, especially young people, to submit to observation and treatment during what might be called the "antenatal" stage of the disease in which no certain diagnosis can be made in the face of the doctor's suspicion, is a problem of the general practitioner. The chief reasons for the reluctance of patients to seek medical aid include:

1. The temporary improvement in their general health following treatment which lulls both the patient and the doctor into a false sense of security.
2. Prejudice against being regarded as a subject for notification. Patients fear the social stigma, segregation and threatened invasion of their homes by the authorities.
3. Alarm caused by the prospect of losing income. This is probably the greatest obstacle to continued observation. The vast majority of working class people simply cannot afford to be ill and hesitate to seek an opinion which will run counter to their own inclinations.

Other difficulties include the isolation of the patient at home, the supervision of contacts, and the question of fitness for work. The doctor's greatest difficulty is the social environment and low standards of living of his patients.

My Chief Difficulties in Dealing with the Tuberculosis Problem, W. F. Jackson, M.B., Ch.B., J.P., Tubercle, Vol. XIX, No. 3, December 1937.

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N. Y. State Jour. Med., June 1935, Vol. 35, No. 11
Arch. Otolaryngology, Mar. 1936, Vol. 23, No. 3
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

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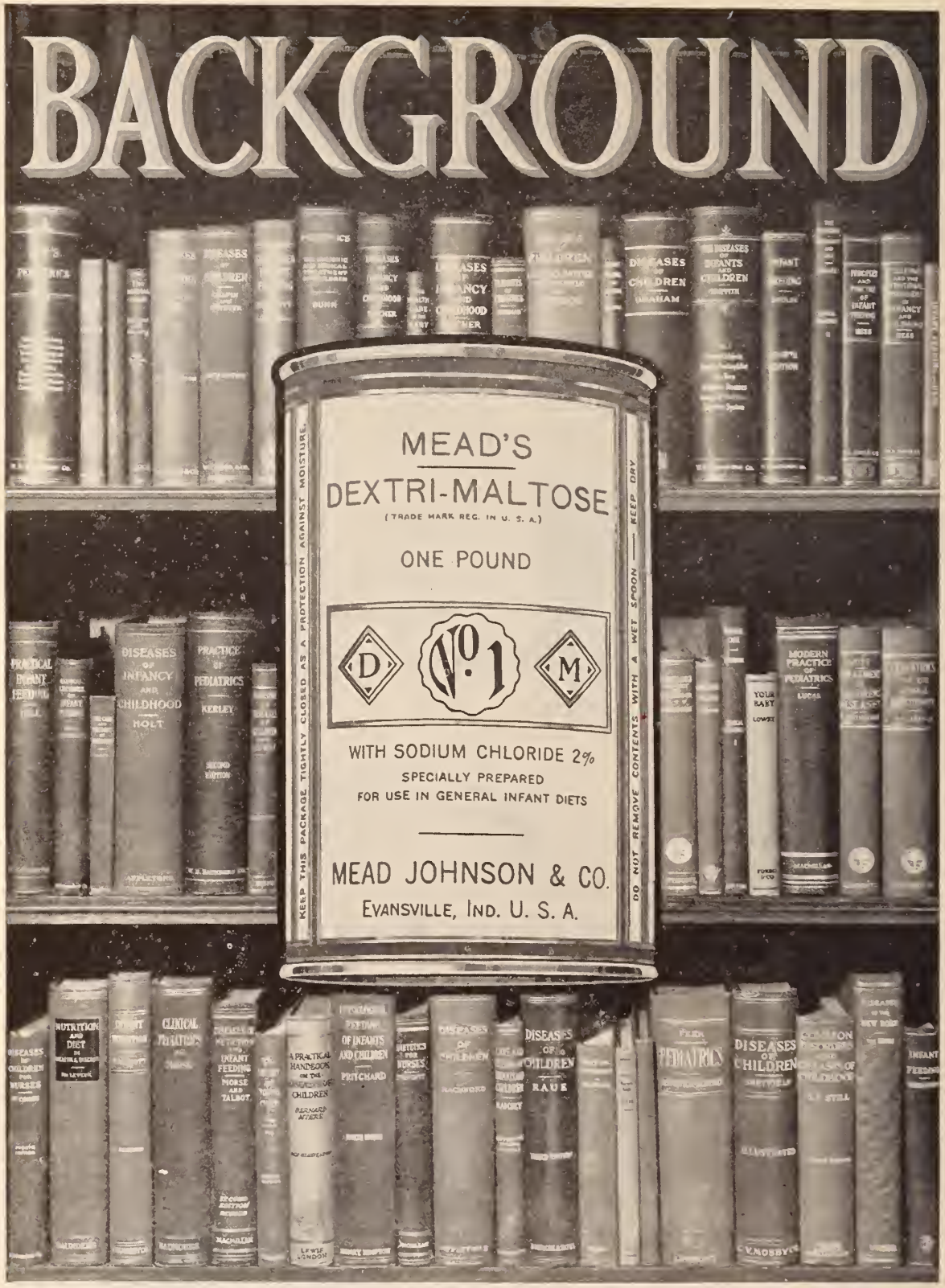

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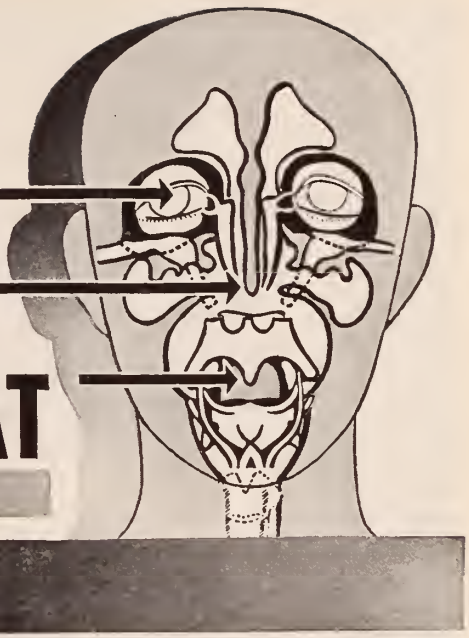

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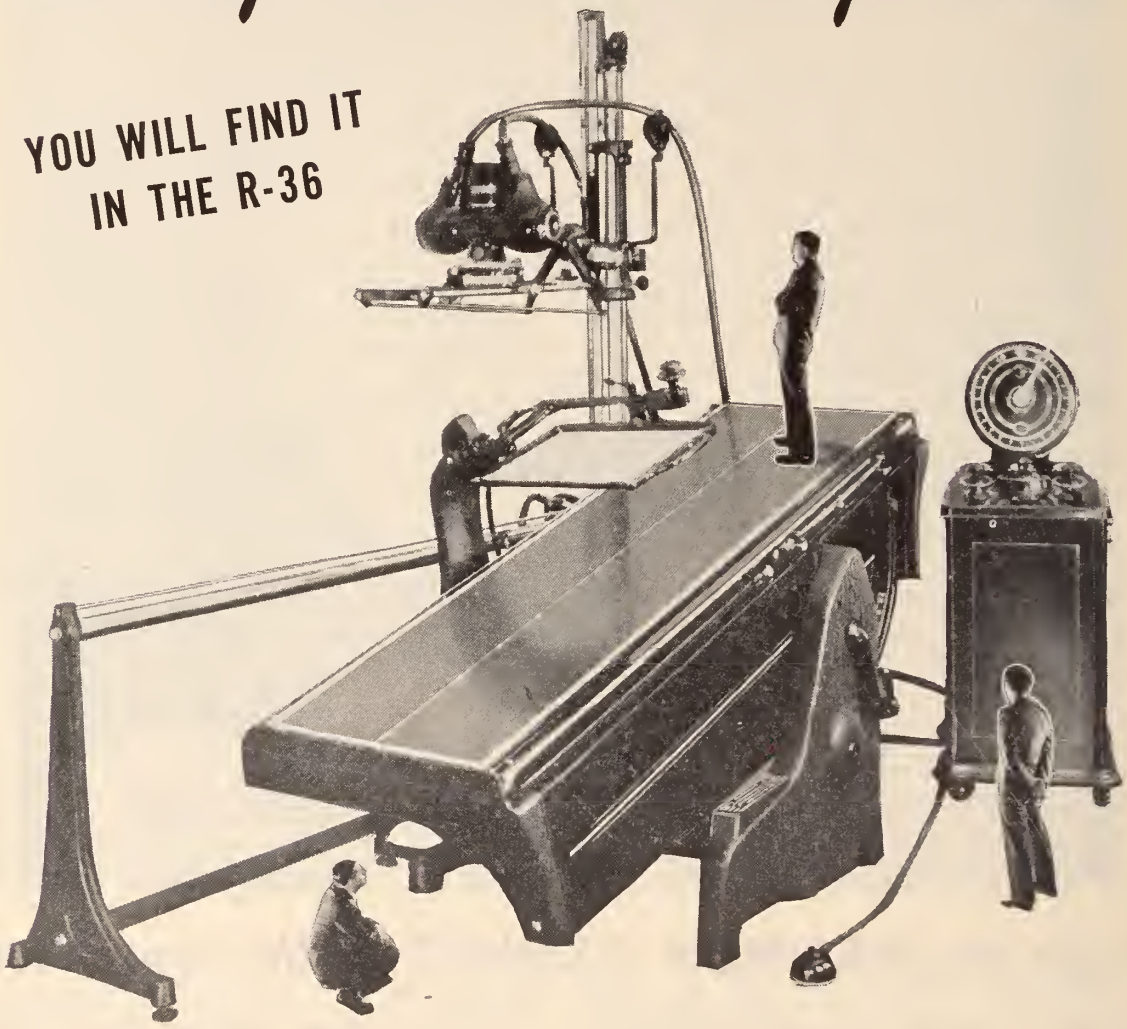

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EDITORIALS

A Continuing Administration

The Medical Society of New Jersey is unique among State Societies in its plan for a continuing administration. Ever since its founding 172 years ago, the Society has followed the custom of establishing a line of succession to the Presidency by choosing a man of outstanding ability and experience for the position of Second Vice-President, and advancing him by three steps to the presidency.

Two years ago the further step was taken to reorganize the subordinate officers as active members of the President's Cabinet, and to assign definite duties to each one. One of the prominent duties which each performs is that of visiting the county societies. While a visit of a President was necessarily a rare event to most of the twenty-one county societies, each one is now visited several times a year by a representative of the President's Cabinet. Each subordinate officer thereby becomes acquainted with the members and officers of the county societies; and the county societies also gain an insight into the broad plans and activities of the State Society. An example of the good-fellowship and understanding resulting from these visitations is that of the meeting of Cape May County Society on April sixth (see page 334).

Each official year of a President was formerly an isolated administration, and the summer had gone before the President and his immediate staff had formulated their plans, and started their work. Under the present system there is a continuing administration.

President-Elect Carrington, following the example of President Herrman, already has his plans formulated and his committee chairmen chosen. The machinery for next year's administration is already set up and is ready to continue the good work that has been in operation during the past year.

The plan of basing appointments of chairmen and members of committees on merit and previous experience enables the new officers to continue the activities of their predecessors without a break in the continuity of administration. It reminds one of the proclamation that is made on the death of the King of England—"The King is dead, long live the King."

The transition of one administration of The Medical Society of New Jersey to the next is accomplished without a jar, and with an entire continuity of plan and action.

The Practice of Administrative Medicine

The practice of medicine by every individual physician is divided into two distinct parts:

1. That of the scientific diagnosis and treatment of diseases and defects of the human body and mind.

2. That of advising the non-medical workers who deliver services as essential as those which the physician himself delivers.

Every physician in New Jersey is compelled by law to undergo five years of intensive training in scientific medicine in a medical school and hospital.

There is no training school in administrative medicine for the general practitioner, although some medical schools offer courses for those who expect to become specialists in public health, especially in its administrative phases. Yet every practicing physician is often confronted with problems in medical administration in his contacts with nurses, welfare workers, and public officials. Medical administration is now a branch of medical practice to which every physician is compelled to give attention daily.

Every County Medical Society is a training school in administrative medicine. In fact, it offers the most practical of all the courses in that branch of medical practice. Every officer of The Medical Society of New Jersey is an active student and research worker in the school of his County Medical Society from which there can be no graduation.

Progress in practical medical administration is as rapid and continuous as that in scientific medicine; and the County Medical Society is a laboratory in which every member may not only learn the principles of administrative practice, but also may contribute to the fund of knowledge and experience of his confreres.

The most evident and compelling reason that every physician should acquire knowledge and skill in the practice of administrative medicine is that the government will compel him to engage in its practice if he does not engage in it voluntarily. The threat of "State medicine" lies in its compulsory features,—the threat to impose administrative practices on the physician against his will. An effective answer to this threat is that each individual doctor shall enroll as an active student and research worker in the school of his County Medical Society. As demonstrations of the efficiency of the school of the County Society there may be mentioned the system of administration in maternal and child welfare, and in venereal disease control; and also the installation of the system of Field Physicians under the coöperative auspices of the Medical Societies of the State and County, the State Department of Health, and the Federal Government. In this system the school of the County Medical Society offers most efficient training for the benefit of the physician as well as his patients.

Following Up Medical Projects

One of the major reasons for the high reputation of The Medical Society of New Jersey for "Doing things" is its system of "Following up" the proposals and plans which are adopted by its officers and committees. The New Jersey method is unique among State medical societies in two respects:

1. Preliminary study.

2. Carrying out the plan which is approved.

It often happens that an excellent plan of action comes before a medical society every three or four years; and each time it is promptly forgotten because no steps were taken to develop it.

The New Jersey plan of action is efficient because a proposition must pass through the Welfare Committee in three steps, and be considered first by the appropriate advisory committee; second, by a sub-committee; and third, by the entire Welfare Committee, by whom it is considered in its broad relations to all other fields of medicine. A favorable decision by the Welfare Committee establishes the proposition as worthy in two respects:

1. It supplies a real need.
2. It fits into the broad plans of The Medical Society of New Jersey.

A common defect in the activities of State medical societies is that their leaders stop at the stage of giving their approval to an activity without taking steps to carry it out. When a State Society has approved a project, the work is only one-third done—there still remains the need that it shall be actively promoted, first, by the county societies; and second, it shall be put in practice by the individual members.

The Medical Society of New Jersey has unusual success in its activities because it takes steps to follow up each project and see that it is adopted by the county societies. The usual method is that each county society shall establish its own committee similar to that of the State Society; the extent of the response of the county societies is that about one thousand members are doing active service on the active committees of the twenty-one county societies.

Nor does a project stop with this stage of development. The county committees arouse the members to take a continuing interest in the project, and apply it to their patients. They also enlist the interest of local welfare organizations which are interested in health projects.

The success of this plan of action has been demonstrated in at least four important lines:

1. The Emergency Relief Administration.
2. Maternal Welfare and Child Health.
3. Venereal Disease Control.
4. Anti-tuberculosis work.

These four activities demonstrate the success of the broad policy of the State Society, and are precedents for developing it in other fields, particularly that of medical legislation. The activities of the committees on medical legislation are largely seasonal. There is need that they be continued throughout the year. An excellent beginning was made three years ago by the county societies inviting local legislators to their meetings. An untried step which has great possibilities is that of enlisting the interest of welfare organizations in medical legislation. The excellent publicity work done by the Committee on Public Relations can also be made effective in educating the people regarding the unselfish attitude of the medical profession toward a high standard of education of all who hold themselves to be equipped to treat human diseases and physical defects.

The outstanding results attained by the medical profession of New Jersey along lines established in very recent years, is an indication of still broader results in the near future.

Local Medical History

A considerable number of members who are active in the societies of their counties and the State are known to be descendants of former Presidents,—some of two or three Presidents. It is extremely desirable to obtain and record a list of these members. To obtain these lists is a worthy objective of the county societies.

The list should also include the descendants of those former members who did not reach the presidency; and also the descendants of those physicians who were not members of the State Society or a county society.

PORTRAITS OF PRESIDENTS

The portraits of seventeen Presidents who have passed away, and of the fifteen survivors, now adorn the walls of the Executive Offices. A group portrait of eighty Presidents was published in the Journal of June, 1916,—the 150th anniversary number,—and a beautiful enlargement of it has been made. The portraits of a number of other Presidents have been published in current issues of the Journal and the Transactions.

COMMITTEE ON MEDICAL HISTORY

These facts are potent arguments for the establishment of a Committee on Medical History by The Medical Society of New Jersey, with a sub-committee in each county society. There has been an encouraging response to the tentative efforts that have already been put forth in medical history.

Personal Advertising of Medical Skill

The Medical Practice Bill, Assembly 511, sponsored by The Medical Society of New Jersey, was attacked in an editorial in the Hudson Dispatch of March 28, 1938, on the ground that it forbids every practitioner of the healing art to advertise claims of special effectiveness of his services or products, under penalty of having his license to practice revoked. The editorial says:

"They (physicians) would set up an inquisition against doctors of modern trend who want people to know what is good for them and what is not."

This same point was brought up in the Spring of 1934 when the Legislature of New Jersey passed a law forbidding any dentist to advertise claims of special skill. The State of Oregon had passed a similar law, and a dentist who was convicted under it appealed to the United States Supreme Court, which on April 1, 1935, rendered a unanimous decision upholding the law. The decision was written by Justice Hughes, and was printed in this Journal of October, 1935, page 570. The appealing dentist claimed that he was entitled to advertise his special skill because "It exists in fact, and by his methods he is able to offer low prices and to render a beneficial public service."

The Supreme Court held that while in itself the advertising was not harmful, yet practitioners who were not willing to abide by the ethics of their profession often resorted to such advertising methods to lure the credulous and ignorant to their offices for the purpose of fleecing them. The Legislature was aiming at "Bad advertising". Inducing patronage by representatives of painless dentistry, professional superiority, free examinations, and guaranteed dental work was as a general rule the practice of a charlatan and the quack to entice the public. The court continued:

"We do not doubt the authority of the State to estimate the baleful effects of such methods and to put a stop to them. The Legislature was not dealing with traders in commodities, but with the vital interest of public health, and with a profession treating bodily ills and demanding different standards of conduct from those which are traditional in the competition of the market-place. The community is concerned with the maintenance of professional standards which will insure not only competency in individual practitioners, but protection against those who would prey upon a public peculiarly susceptible to imposition through alluring promises of physical relief. And the community is concerned in providing safeguards not only against deception, but against practices which would tend to demoralize the profession by forcing its members into an unseemly rivalry which would enlarge the opportunities of the least scrupulous. What is generally called the 'ethics' of the profession is but the consensus of expert opinion as to the necessity of such standards.

"It is no answer to say, as regards appellant's claim of right to advertise his 'professional superiority' or his 'performance of professional services in a superior manner', that he is telling the truth. In framing its policy the Legislature was not bound to provide for determinations of the relative proficiency of particular practitioners. The Legislature was entitled to consider the general effects of the practices which it described; and if these effects were injurious in facilitating unwarranted and misleading claims, to counteract them by a general rule even though in particular instances there might be no actual deception or misstatement.

"The judgment is affirmed."

This decision is of special significance at this time, for the Public Health Committee of the Assembly of the New Jersey Legislature granted a hearing to the naturopaths, the chiropractors, and other cultists, on the merits of their bills. Their arguments were that they had superior knowledge and skill in diagnosis and treatment; and that therefore the people should be permitted to share in the benefits which they offer. The decision of the U. S. Supreme Court is directly opposed to their claims.

THE MEDICAL SOCIETY OF NEW JERSEY
ANNUAL REPORTS
of the
OFFICERS AND COMMITTEES
TO THE HOUSE OF DELEGATES
May 17-19, 1938

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REPORT OF THE PRESIDENT

By William G. Herrman, M.D., Asbury Park, N. J.

To the House of Delegates:

It is with considerable humility and a full realization of personal limitations that your President presents to you a brief resumé of his year in office. Each of the recent Past-Presidents has referred in his annual report to the amount of personal time and effort required of the president in the work of his office if he conscientiously wishes to fulfill the duties of that office. The work of each succeeding president has increased rather than diminished. This can be readily visualized if one stops to think that our state organization now has an annual budget in the neighborhood of seventy thousand dollars and a staff of seven full-time personnel actively engaged in the work of the Society. In addition there are twenty-nine committees working, as well as the general Welfare Committee, with a roster of nearly three hundred men actively engaged in the various activities of our organization.

If the policy is to continue that the work of the Society "Revolves around the President" during his term in office, the time is not far distant when the man elected as President will need to take a sabbatical year, so far as the private practice of medicine is concerned; or else some means will have to be found by which he can secure an assistant to help him with his private practice so that he can devote at least one half of his time entirely to The Medical Society of New Jersey.

Your President during the past year has had to continue with his private work which has taken practically all day, every day in the week except Sundays; and has also had to endure two prolonged illnesses among members of his family. This is not offered as an excuse, but as an explanation of why he has not been able to be in as close contact with the work of each committee as he would like to have been. He has, however, felt that he was fortunate in having his committees staffed by men who were perfectly capable of carrying on the work of their particular committees. The Executive Officer, Dr. Wilkes, has given much extra time in coördinating and visiting meetings of these committees in the absence of the President.

The report of the President for this year might be briefly summed up as follows:

1. Aspirations upon entering office.
2. Accomplishments.
3. Failures.

THE YEAR'S PROGRAM

Upon assuming office your President felt that the work of the Society was so varied that, if an attempt was made to push the work of all phases of our organization vigorously, the amount of effort that could be given to any one phase of this work by the Executive Offices of this Society would be spread so thin that little could be accomplished. So while the program of the year, as published in the Journal of August, 1937, page 520, covered the work of all the active committees, with the aims and objectives of each committee as outlined by the chairmen, your President felt that he would like to concentrate upon four objectives for the coming year.

1. *Preventive Medicine.* "Since we are on trial as an organization and as individuals to show that voluntary coöperation of private physicians can be as successful in those phases of public health as full time officers of public health," therefore we should make every effort during the coming year to further improve our activities in the line of preventive medicine and of coöperation with state and local boards of health.

2. *Legislation.* In the legislative field—We wished to see introduced the Uniform Medical Practice Act, which has been before the Welfare Committee and the Board of Trustees since 1935, and which is referred to in the annual report of President Ely. Also we

hoped to see amendments to the present Workmen's Compensation Act introduced.

3. *Hospital Relationships.* Improving the relationship between the profession and the hospitals—There were and still are many misunderstandings between the administrators of our institutions and those who are actively engaged within their walls in carrying on the fight against disease. There are certain abuses which have crept into the work of hospitals, so far as ward and clinic work is concerned, which we as physicians would like to see corrected. It was hoped that our Hospital Relationships Committee might this year make some further effort towards improving this relationship by using the knowledge gained through the questionnaire sent during the previous year. By actively backing the principle of "Hospital insurance", in which most hospital administrators are very much interested, we hoped to gain in promoting cordiality, and so secure their cooperation in correcting some of these features against which we have the strongest objection.

4. *Cancer Control.* Your President had a very definite program divided into two parts:

a. Finding facilities for taking care of incurable indigent cases who could no longer be benefited by medicine, surgery, or radiation;

b. Beginning a campaign to establish centers throughout the state which might become, both by personnel and equipment, capable of giving the latest and most up-to-date diagnosis and treatment for those cases of cancer still in the stage that could be either cured or alleviated by medical attention.

The incorporation of the Curie Institute in the spring of the year, the purpose of which is exactly along the lines your President had in mind, seemed a golden opportunity particularly inasmuch as the Chairman of the Cancer Control Committee is also Medical Director of this new organization.

MEMORIAL TO THE A. M. A.

The Presidential year just ending had hardly started before the American Medical Association met in Atlantic City; and the medical world, to say nothing of the lay world, was startled by the proposals presented by the Medical Society of the State of New York to the House of Delegates of the American Medical Association. While these proposals were not accepted, the turn-down was comparatively mild, and there was some trepidation felt among the officers of your Society as to where the conditions under which the offer of coöperation the American Medical Association extended to the government, might lead. Therefore, during the summer months several meetings of the Welfare Committee and the Board of Trustees were held and the policy of The Medical Society of New Jersey, insofar as government in medicine and coöperation of organized medicine with the government should go, was set forth by a set of resolutions sent to the American Medical Association and published in the September number of our Journal, page 576. This alone made the work of the Society unusually busy during the summer months. However, other activities were also instituted at this time, and the work of the Society was well under way in September.

PUBLIC HEALTH ACTIVITIES

Your President has been informed by representatives of the Health Department of the State that our Public Health Committee has been very active this year, especially through its advisory committees on venereal disease, maternal and child health, and crippled children. In fact when there are conferences in Washington in regard to activities under the Social Security Act on public health in general, representatives from this State frequently have so much of practical value to report that representatives of other states are enthusiastic in their approval. The number of field physicians this year has been increased. There has been better coördination between our Society and the various organizations interested in public health including the New Jersey Fellows of the American Academy of Pediatrics. The Society has been extremely fortunate in having as Chairman of this Committee, Dr. Nichols, who has established many valuable contacts with agencies directly interested in health and others more indirectly concerned. The coördination of all of these activities will be even more improved when we are able to find a suitable assistant to the Executive Officer who can relieve him of duties which limit his time in the field.

One of the difficulties this year has been a lack of standards of eligibility to services established for the indigent and the low wage classes. There is a general lack of eligibility standards for those seeking free services from physicians either in hospitals or in public health agencies. Your President feels that his first objective, while not completely attained, has in considerable measure been achieved, and the way is still open for further improvement during the coming years.

LEGISLATION

At the time of writing this report the *Uniform Medical Practice Act* has been again revised and has been approved by the Welfare Committee and the Board of Trustees. It has

been codified and introduced into the state legislature. Misunderstanding and objections among the profession seem to have been largely overcome. Reports from various legislators are at least encouraging. Whether or not it will pass this year is, of course, not known as yet.

Amendments to the former *Workmen's Compensation Act* have been drafted by the Committee on Workmen's Compensation and presented to the Welfare Committee. At present writing these are being further considered by the Board of Trustees. This act may not be introduced this year, but certainly it will be in form for introduction during the coming year, after approval by the Component County Medical Societies.

HOSPITAL RELATIONSHIPS

In the matter of improved hospital relationships, which was the third objective, there has not been a great deal actually put into effect up to this time. The Committee has had several meetings and you may find what has been done and what can be done in the report of this committee. Your President feels that during the coming year this committee might be not only a fact-finding committee, but might go further and actually achieve through round table conferences, many of the objectives which it presents in its report. In other words, this committee might well meet with various groups of hospital administrators and trustees, and seek to iron out over the table some of these difficulties as well as to present specific recommendations to our House of Delegates.

CANCER CONTROL

The greatest disappointment of the past year occurs in the field of cancer control. However, much progress has been made and your President may be impatient in expecting too many strides to be taken in one year. Commission Ellis of the Department of Institutions and Agencies has been a great comfort and help in discussing the problems of this committee. Upon his recommendation representatives of the committee and your President addressed the Association of Chosen Freeholders of New Jersey and our suggestions were received very sympathetically when a plea was made for county provision of facilities for the incurables. Several individual counties have also been approached by members of the committee and in every case where any concrete plan for help were offered, the attitude of the Freeholders consulted was very encouraging, so we have every hope that within a short space of time the facilities we desire will be made available.

While your President and committee have been sympathetically received by representatives of the Curie Institute and many conferences have been held, no definite program of coöperation has, as yet, been accepted by either side. Your President feels that here is offered a golden opportunity for a philanthropic organization of lay people, with funds at their disposal and personnel for administration and propaganda, to tie up effectively with an active professional organization such as ours which contains men eminently capable of giving the highest type of professional care to those suffering from cancer. If through any misunderstanding upon the part of either organization the opportunity for further study and coöperation between the two should fall through, it will be a great loss to the more than 5,000 cases of cancer occurring in this state every year; and it will also be definitely a detriment to organized medicine, for the time is coming when the public will insist that all types of patients, both those economically able to pay for it themselves as well as the indigent and low wage group, be provided with the most modern treatment devised for this scourge which is, next to heart disease, the leading cause of death among adults at the present time. If we do not actively assume leadership and direction in the cure of this disease, there will be those who will do so under governmental or philanthropic auspices. Our next door neighbor, New York State, has already state-financed and controlled an institution for research and for the treatment of this disease. It would be far better if in this State our Society, together with an organization such as the Curie Institute, could give this service to both pay and free cases who are in need of it.

APPRECIATION OF SERVICE

Your President has been particularly fortunate in having very fine and active cooperation of the many men asked to serve on the committees. He can truthfully say that he has never been refused help by anyone whom he asked to work except in a very few cases where it was actually impossible for the man to take on the work requested.

Time will not permit me to thank all of the energetic and enthusiastic men who are carrying on the work of our Society. Those who have "carried on" know how appreciative I am. But there are three whom I must mention by virtue of the importance of their office. I refer to Dr. W. J. Carrington, our incoming President, Dr. Thomas K. Lewis, President of the Board of Trustees, and Dr. Hilton S. Read, Chairman of the Welfare Committee.

Our Society is most fortunate to have the whole-hearted support of these men.

The Executive Offices took over their more commodious new quarters in April of last year; and it was well they did so because they have had an unusual amount of work this year. More and more of the work of various committees has been centralized in the Trenton offices. There have been many more committee meetings and the amount of mineograph work sent out from this office has increased considerably. As the work of the County Societies has increased, added burdens have fallen upon the central office. All of the members of the central staff have given many hours of overtime work to the Society, and your President feels that the House of Delegates and the membership at large should learn first hand about the work of these people upon whose shoulders rests in very large part the successful conduct of our various projects.

Your President will not go into detail with regard to the work of the various committees, for to do so would duplicate what has already been stated in the committee reports. There are one or two new committees that might be mentioned because of the distinctive character of their work. One of these is the *Public Relations Committee* which has been diligent at all times in trying to acquaint the public with the aims and objectives of the profession. These have been translated into language which the laymen will understand, and issued in the public press. The Committee has quickly provided county societies, individuals, and newspapers with material on any of the subjects requested. Another committee which has been quite successful in its objective is the Pneumonia Control Committee. A new committee which really "Took the bit in its teeth" and has worked very hard is the Auxiliary Medical Services Committee. Its report will be based largely upon a questionnaire which was sent out very recently. For what it has accomplished this year, your President cannot praise too highly the industry of this committee.

The President wishes to pay personal thanks to the New Jersey Pharmaceutical Association, and the joint committee from that organization and from our Society for its active interest in acquainting the public with the dangers inherent in the use of laxatives in cases which may possibly prove to be acute appendicitis. Details of what has been accomplished are recorded in the report of the committee.

In closing, your President wishes to state that he has felt it a great privilege to have been given the opportunity to serve his profession in his own State. Whatever his deficiencies have been, they were those of the head and not of the heart. Many times he has wished for four hands and forty-eight hours in each day. Before him as he concludes this report are four large desk letter files, each one packed full of correspondence representing only one phase of the work which the President carries on in this very active Society of ours.

Your President has now been connected with state activities for some six years. The growth in the activities of the medical organization and the mulitiplicity of the details of the work during that time that he has had a chance to observe it at first hand have been truly phenomenal. It is very difficult for anyone who has not been in constant touch with it to appreciate what an active organization we have.

Respectfully submitted,

William G. Herrman,
President.

REPORT OF THE EXECUTIVE OFFICER

By LeRoy A. Wilkes, M.D., Trenton, N. J.

To the President:

Medical service today consists of two distinct parts:

a. The professional practice of medicine by *individual* physicians.

b. The activities of *organized groups of physicians* according to a planned program, and conducted economically, effectively, and fairly.

The work of the Executive Officer, though he is an experienced physician, is concerned primarily with these organized efforts of the Society to provide *opportunity* for persons in all economic levels to obtain needed preventive and curative medical service. He has, of course, other duties such as have been outlined in previous reports (Transactions and Journal).

ADMINISTRATIVE EVOLUTION

Up to the time of the Great War the concern of The Medical Society of New Jersey was largely devoted to its internal affairs, and

the scientific improvement of professional practice; but in 1919 Dr. Thomas W. Harvey in his presidential address to the House of Delegates called attention to the need of a committee to deal with both the medical profession and the public *as groups* in addition to the consideration heretofore given to sick *individuals* by individual physicians. From this proposal eventually came the present Welfare Committee, which at first consisted of but five members out of the Society's membership of less than 2000.

The first problem of the new Welfare Committee was a compulsory health insurance bill, but other legislation was also added. The committee was also given "A substantial credit" with which Mr. Joseph H. Gunn of Newark was engaged as "A representative and publicity agent because of his familiarity with legislative work". (Jour., July 1920, p. 244.) Here was first inaugurated the plan for contacting the legislators through the County Medical Society, out of which later grew our present system of appointing keymen in each county for this specific purpose and organizing these efforts. No mention is made of exactly how long Mr. Gunn served the Society, but it was only a few months. Immediately the cost of organized effort was recognized, and a $2 increase in dues was asked by the Welfare Committee.

I would recommend to every member of the Medical Society that he read the "Report of the Committee on President's Address"; later known as the Welfare Committee (pages 244-247, Journal, July, 1920). The report of the Welfare Committee for 1920 sounds like that of May, 1938—only the need for expansion of our organized effort is shown in the Annual Reports of today which indicate the growth of the hazards now besetting the present form of distributing our services to the public. This is our problem; not professional procedures of diagnosis and treatment. The growing demand for wider distribution of medical services is in itself proof positive of the recognition of the excellence and effectiveness of present-day medical prevention and treatment.

The economy of *distribution* is the major problem of today; and this problem brings out the pertinent question as to who shall provide, and who shall control and distribute these professional services, through a well-planned, supervised system. No longer is the question solely one of *patient-physician* relationship, as was the case up to two or three decades ago; but it now includes the larger problem of the relationships of the medical profession to the state and community. These group relationships come notably into the picture, and must be more clearly defined before the differences in viewpoint of the two groups can be ironed out, and all truly coöperative efforts integrated in a common purpose for the benefit of the public.

It is interesting to note that many of the governmental, social, and educational proponents of what is ambiguously called "socialized medicine" will recognize as acceptable only their own theoretical and as yet unproven programs. The real question now is how is medicine to be practical in a so-called *socialized* world still based on a *capitalistic* system. The answer is impossible to provide. Some cities still refuse to recognize and adopt a proven and workable plan like the New Jersey E. R. A. Medical Relief Plan which, in spite of its earlier shortcomings, did give relief to the needy and satisfaction to the majority of the physicians for over two years in a practical state-wide demonstration.

ADMINISTRATION BY MEDICAL SOCIETIES

The question now is, how far can The Medical Society of New Jersey bear the expense involved in the *control* and *administration* of the distribution of medical service, because both of these factors will remain largely in the hands of those who pay the costs involved. Are we as a Medical Society satisfied to provide a system of medical service, and to act in an advisory capacity to the governmental or private industrial and philanthropic agencies who endeavor to meet the health needs of their employees? Or must we provide a sufficient administrative and supervisory staff to protect our own interests in any sort of set-up which may be finally established in our State under any system? No matter how well equipped and competent a physician may be, he is impotent to function until patients seek or are sent to him. Neither preventive or curative medicine can be practiced upon absentees, and only the Christian Scientists make claims to the contrary. Pain, deformity, injury, curiosity or persuasion are the motivating forces which cause patients to voluntarily seek the doctor's services. The same essential which underlies success in *all* "selling" fields, i. e., satisfaction, brings the patient back for more service. The public demands of the doctor a pleasing personality, prompt and efficient service at reasonable fees, and satisfaction with the services received. Experience shows that if the doctor furnishes these essentials, the patient is satisfied and will seek this advice

whether the doctor is in private or public service.

When such physicians serve on committees as duly appointed representative of their County Medical Society to help formulate and to participate in organized community health programs, organized medicine as represented in the State and County Medical Societies will receive public approval and support—financial, moral and legislative. The Medical Society of New Jersey must become and remain a potent and constructive force in the State and community to merit such support. Its members must demonstrate aggressive leadership and provide ideas as to the ways and means to put these ideas into effect, and to measure by convincing criteria the results achieved.

Public health preservation is no longer solely a patient-physician problem or achievement. Other community workers contribute effectively, and we must recognize the contributions of the engineer, the teacher, the grocer, and the home visitor of any sort who can provide relief or effective guidance without destroying the confidence and initiative of the beneficiary of such service, and can restore courage to the patient and his family, and the will to achieve independence. All of these workers accomplish most when they are organized in community programs which insure selection, training, sound plans, adequate time and proper work schedules and competent supervision, all of which are valuable when the leadership is able and active. In health programs the physician's leadership is recognized when it is merited. Many who now demand "socialized medicine" hope for such leadership and service. The public will approve that form of organized effort which will first demonstrate the ability of the members of each group, and then will provide the essentials needed for carrying out the plans. Those who oppose this type of organized effort but have nothing demonstrably better will gradually fade into insignificance.

PROGRESS IN ORGANIZATION

The medical profession in New Jersey has gone far in its organized effort. Its Constitution and By-Laws are modern and are revised frequently. The leaders are active, enlightened and earnest. This State affords modern equipment, and excellent transportation facilities. The understanding and coöperation of other State and local agencies is exceptionally advanced, and the health needs of the people are constantly studied and means of supplying them are developed, so that none are denied help who are really in need thereof, so far as these can be reasonably and economically met at this time. There is always room for improvement, but there are also practical human and financial limitations to our ideals. We seek always to reduce these limitations as far as we can do so through evolutionary measures.

ASSISTANT TO EXECUTIVE OFFICER

The engagement of an assistant to the Executive Officer was approved last year and the work of the Executive Officer was analyzed to determine what his qualifications should be. The Trustees almost unanimously agreed he must be an M.D., but the job analysis showed that he must also be administratively trained and an executive. Such men are not easy to find in the medical profession at the salary set. The Executive Officer desired to be as economical as possible in his solution of the problem. The eventual decentralization of the administration and the assignment of its supervision to County Society offices in large counties should be encouraged and developed. The central office staff should not be expanded much further, and county society organizations' growth should make this unnecessary. From time to time some reorganization of the work may prove advantageous as conditions change. Even if some form of Federal or State control should be forced on us, the government will continue what we have already created and established on a sound basis.

Those who claim that the medical profession can and should, without financial help, continue to care for the growing number of indigent and low-wage individuals, are generally those whose own financial position is well secured, and whose security was achieved when the indigent load was a small by-product of private medical practice.

Physicians should and must have aid in caring for this load. That is the real solution to our present economic problem. Even if provided free treatment, the Medical Society cannot provide free organization for the better distribution and supervision of our organized efforts, without financial aid.

GROWTH OF ACTIVITIES

This was realized when in 1924 a full-time physician was engaged as Editor and Secretary to the Welfare Committee, and again in 1933 when an Executive Officer and staff were added to further develop the Medical Society to aid in developing and distributing service as well as professional advancement. Note the growth in organized effort in the last four years. The future is yet unsettled but we must prepare for it as we may forecast its direction and needs.

In addition to the activities of the Executive Offices mentioned in the reports of the Executive Officer for the past four years which are to be found in the published annual reports in the Journal, there were added this year:

1. Post-Graduate Education
   a. The Regular courses
   b. The Pediatric courses under the Social Security Program
2. The Official List and Membership File
3. Increased service to County Medical Societies in correspondence and mimeographing
4. The annual revision of the N. J. data in the Tri-State Medical Directory (2nd year)
5. The Accounting and Bookkeeping for the Finance Committee and Treasurer
6. Increase in the number of committee meetings and in the amount of information compiled for the benefit of the members.

The Annual Meeting costs will soon be met by income from growing technical exhibits which can be taken over with the aid of the Executive Assistant after 1939 when the present contract expires.

There is an enlarging circle of contacts with important organizations and agencies in the counties and State and an increasing number of calls for coöperative services, viz. State Police, Motor Vehicle Department, Board of Children's Guardians, etc.

Legislation consumes a large amount of time during half the year,—more this year than usual, because of the Uniform Medical Practice Act.

The Society's activities and influence are growing rapidly, and the executive staff is kept busy the year round. They are a faithful and competent group and do a good job cheerfully.

Due to the illness of the Post-Graduate Chairman, the bulk of this committee's work was transferred to the Executive Offices where it is eventually planned to carry on the details of the arrangements. The success of this program indicates that this year it is entirely possible to carry the entire burden of the Post-Graduate arrangement through this office when the new assistant is engaged.

The Official List is now more accurate than ever before, since the work is better systematized, and the equipment and personnel available in the Executive Offices are perfected.

The question of whether the Tri-State Medical Directory at one dollar per copy to each member is desired by the majority of the members will be determined by the House of Delegates. This entails a considerable cost in preparation. It is a very fine, reliable, and helpful directory. Whether it is necessary to revise and publish this directory annually is possibly open to debate. The data now contained in the New Jersey section of the Tri-State Medical Directory could be combined with the Official List, if the Society so desires. It seems very desirable that the data collected on hospitals and New Jersey physicians should not be lost, but should be preserved in one of the two ways suggested.

The new accounting and bookkeeping set-up by an accounting firm engaged by the Finance Committee is working very satisfactorily, and every check has been made to insure accuracy and proper use of the funds of the Society.

This has been a particularly strenuous year for the executive staff, especially for the Executive Officer and the Office Manager, who have been enlisted on a seven-day week program without complaint; but we hope that the Executive Assistant, when obtained, will make it possible to relieve the strain of this heavy program.

PERMANENCY

These are important years in the evolution of medical society relationships; and great progress has been made in the development of agreements and understandings among all the groups—medical, official, welfare, and commercial,—regarding their respective fields of service. As the work grows, the essential importance of the leadership of The Medical Society of New Jersey is increasingly recognized.

Respectfully submitted,

LEROY A. WILKES,
Executive Officer.

ADMINISTRATIVE REPORT OF THE TREASURER

By ELIAS J. MARSH, M.D., Paterson

To the House of Delegates:

Again the Annual Meeting is to be held before the close of the fiscal year, contrary to the expectation of the fiscal by-law. This time, however, it will be so near the end of the year that a practically complete financial report can then be presented to the House of Delegates. In that report an effort will be made to show the channels of expense of the Society's funds, and the sources of surplus and deficit in the various accounts, as well as the state of the surplus in distinction from the cash balance. At this time an administrative report only will be made.

The outstanding feature of the year in this respect was the installation of a unified accounting and audit system by a certified public accountant, as authorized by the House of Delegates last year, including in one system all the financial agencies of the Society. With this improvement is also associated a bookkeeping system by which the clerical work of the treasurer's office is now done by the office force in Trenton, but at all times under the supervision and control of the Finance Committee and the Treasurer. Details contributing to the smoother functioning of this system are still being worked out, but it has already more than proved its value and afforded great relief to the Treasurer, the Finance Committee, and the Auditing Committee in their various functions.

The new system of using official triplicate forms for reporting membership lists of the county societies to the State Society has now been in effect for a full calendar year, and will be for a full fiscal year by the time of the Annual Meeting. It, too, has more than proved its worth in the increased accuracy, simplicity, coördination, and convenience to all the offices concerned, and I believe to the county offices as well in the certainty of record and elimination of possible disagreement with the central offices on the one hand, and with individual members on the other.

In the matter of the Permanent Fund, both of the mortgage companies in which the Society had investments have now been reorganized under authority of the Court of Chancery, and it is now more nearly possible to form some estimate, though still indefinite, of the eventual recovery from these accounts. It seems probable that the final loss to the Society on the $6000 in the two concerns will be not less than $1500 to $2000. The Trustees have therefore authorized the Treasurer to write off $1000 loss at this time, and to transfer the same amount from the surplus of last year to the Permanent Fund. This has now been done, in accordance with the by-law.

One deduction to be drawn from all this is that the Society's business has now become, in its way, big business. My predecessor, Dr. Mercer, in his final report, showed transactions for the year 1921 in the neighborhood of $18,000. This year payments will exceed $60,000. In 1921 there was no formal budget and few channels of distribution; now we have a detailed budget, a salary list almost as large and long as Dr. Mercer's entire report, and almost as many spending agencies as the New Deal, each with its own account to be kept straight. Anyone who wishes may guess what the Treasurer will report in another fifteen years.

In conclusion, the Treasurer wishes to refer to his serious illness of last summer only as it explains in some degree the lag in the perfect functioning of the new accounting system; and also as it affords him an opportunity to express his thanks to Dr. Andrew F. McBride, who served by appointment of the Trustees as Acting Treasurer for more than three months.

Respectfully submitted,

E. J. MARSH, M.D., *Treasurer.*

REPORT OF THE SECRETARY

By Alfred Stahl, M.D., Newark, N. J.

To the House of Delegates:

The duties assigned to the Secretary by the Constitution and By-Laws are many and various, and may be classified in two groups:

1. He is ex-officio member of
   a. The Board of Trustees
   b. The Publication Committee
   c. The Welfare Committee

As a member of these bodies, he has the same responsibilities that devolve upon the other members; and in addition, Section 3 of the By-Laws requires him to "Furnish to the Board of Trustees or to the President, on request, such information as may be necessary for the Society's business". This provision implies that the Secretary shall be familiar with all the activities of the Society, especially in those lines which are specified in the second group of his duties.

2. The second group of duties of the Secretary are specified in the By-Laws, Chapter VI, under eight subdivisions, as follows:

a. Have custody of the Constitution and By-Laws, and of the records of the Society and the House of Delegates, under the direction of the Board of Trustees.

b. Keep a record of the proceedings of the Society and the House of Delegates.

c. Give notice of all meetings of the Society or House of Delegates.

d. Require and receive from the Secretaries of the County Societies a list of their representatives in the House of Delegates, and publish such lists at such times and in such manner as the House of Delegates may direct.

e. Have sole custody of the seal of the Society, and affix it to such correspondence or instruments as the By-Laws may require, or the Trustees, or the President may direct.

f. Conduct such formal official correspondence in the corporate name of the Society as the Trustees or the President may direct.

g. Submit annually to the House of Delegates, a report of the work of his office.

h. Furnish to the Board of Trustees or to the President, upon request, such information as may be necessary for the Society's business.

For a century and a half after the founding of the Society on June 23, 1766, the Secretary was, in fact as well as in name, the source to whom all the other officers looked for information. The office is one of honor as well as trust, and its incumbents have often been re-elected over and over.

William Pierson, son of Isaac Pierson, President in 1827, served as Secretary from 1835 to 1866, when he was elected Vice-President. He was succeeded by his son, William, Jr., who served for 31 years until he too was elected Vice-President in 1900. These two men performed all the varied duties of Secretary for 62 years, without clerical assistance, and were in fact, as well as name, the principal sourse of information regarding all phases of the work of the Society.

In recent years the duties which ordinarily fall to a Secretary have been expanded to such a degree that no one man could possibly perform them all. The Trustees therefore invoked that part of the section of the By-Laws which reads "The Board of Trustees shall make suitable provision for the detail and clerical work of the Secretary". Executive offices were established in Trenton in charge of a full-time Executive Officer, with a staff of assistants.

THE SECRETARY'S REPORT

With this background of history and evolution, the Secretary submits the following report of his specific activities:

1. As a Trustee of the Society your Secretary has attended the meetings of the Board regularly, and taken an active part in its deliberations.

2. As a member of the Publication Committee, he has attended its meetings regularly and with his colleagues has considered and passed upon the reports and articles which have appeared in the monthly Journal of the Society. The Publication Committee has endeavored to make The Journal the repository of the records of the Society and of its several committees, in order that all the important proceedings may be published in a form which is readily available to all the members. The Secretary desires to attest to the untiring efforts of the Editor in the performance of his many duties.

3. Your Secretary has also attended the meetings of the Welfare Committee regularly, and has taken an active part in its deliberations. He also attended the meetings of the House of Delegates at the annual meeting of the American Medical Association in Atlantic City last June, and the A. M. A. Conference of State Secretaries and Editors in Chicago in November. He has visited a number of the County Societies.

4. Your Secretary has kept in frequent communication with the Executive Officer, and

has endeavored to perform those duties for which the Secretary is responsible.

5. The particular work of reporting the proceedings of the House of Delegates has been assigned to an expert stenotypist, who has recorded every detail of the proceedings as only a highly trained expert can do. The stenotypist has supplied two typed verbatim copies of her notes, one of which is filed with the records of the Executive Offices, while the other is used in preparing the records for the publication of the "Transactions" by the Publication Committee as a supplement to one of the summer issues of The Journal. The editing has been done under the direction of the Publication Committee, of which the Secretary is a member, and has consisted almost entirely in the insertion of paragraph headings, and complete cross references, and in preparing an index. Thus every item can be readily located and its connections with other items of procedure can be readily found.

EDITING THE TRANSACTIONS

As a member of the Publication Committee, your Secretary has given serious consideration to the suggestion that the stenotypist's verbatim notes be edited to some extent so as to eliminate some unessential details of the remarks which are made impromptu, and without previous careful preparation. It is estimated that the editing would reduce the number of pages of the Transactions by about one quarter, and yet increase their clarity and ease of reading.

Your Secretary therefore suggests that the Reference Committee consider the plan of authorizing the editing, subject to the approval of the President of the Society, the Chairman of the Board of Trustees, and the Publication Committee.

In conclusion your Secretary bears witness to the high degree of harmony and the spirit of devotion which pervades the officers and committeemen of The Medical Society of New Jersey and its twenty-one component county societies.

Respectfully submitted,
ALFRED STAHL, M.D.,
Secretary.

FINANCE AND BUDGET COMMITTEE

By HARRY R. NORTH, M.D., Trenton, N. J.

To the House of Delegates:

The Finance and Budget Committee is now working on the budget for 1938-39, and will submit it directly to the House of Delegates in the form of a supplementary report.

Respectfully submitted,
HARRY R. NORTH, *Chairman.*

REPORT OF THE BOARD OF TRUSTEES

By THOMAS K. LEWIS, M.D., Camden, N. J.

To the House of Delegates:

Since important matters which are within the jurisdiction of the Board of Trustees are still in process of development, the Board will submit mimeographed copies of its report directly to the members of the House of Delegates.

Respectfully submitted,
THOMAS K. LEWIS, *Chairman.*

REPORT OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS

By SAMUEL ALEXANDER, M.D., Park Ridge, N. J.

To the House of Delegates:

The Committee on Constitution and By-Laws wishes to make its annual report as follows:

VACANCIES IN HOUSE OF DELEGATES

The following amendment to the Constitution must be voted upon at the meeting of the House of Delegates beginning on May 17, 1938:

ARTICLE IV—Composition of the Society

SECTION 3—Election of Delegates

Paragraph (d)—*Vacancies*—Amend the paragraph by inserting after the first comma on the fourth line, the following words:

Or fails to attend two consecutive meetings (annual or special) except in case of illness. (Transactions, 1937, p. 49.)

HONORARY MEMBERS

CONSTITUTION—ARTICLE IV

SECTION 5—Honorary Members

(Transactions, 1937. p. 49)

Since Mr. Wall, the attorney of The Medical Society of New Jersey, in a written opinion on file at the State office, states that no rights of an officer, fellow, or active member are affected by his being elected an Honorary Member, no action by this body is recommended on change of this section.

HUDSON COUNTY AMENDMENT

The following change to the Constitution was recommended by the Hudson County Medical Society at the meeting last year (Transactions, 1937, p. 51), and is now before the House of Delegates:

Strike out all of Article VI, which now reads as follows:

ARTICLE VI—Board of Trustees

The Board of Trustees shall be the executive body, and shall be composed of the President, President-Elect, two (2) Vice-Presidents, Secretary, and Treasurer (by virtue of their offices), and eleven (11) members—at least two (2) from each Judicial District—who shall be elected as follows:

At the first election of officers following the adoption of this Constitution, three (3) members shall be elected for a period of one (1) year; four (4) members for a period of two (2) years; four (4) members for a period of three (3) years; and, as the terms of these elected Trustees expire, new elections shall be for periods of three (3) years each.

Substitute the following:

ARTICLE VI—Board of Trustees

The Board of Trustees shall be the Executive Board, and shall be composed of twenty-eight (28) members, as follows:

The President, President-Elect, two Vice-Presidents, Secretary, and Treasurer, all ex-officio by virtue of their offices, and twenty-one (21) members, one from each component County Society, who shall be elected by the said component County Society, as follows:

One week after the adoption of this amendment, the President of each component County Society shall call a special meeting at which a member to the Board of Trustees shall be elected. At a reasonable time after these elections, the President of the State Society shall call a meeting of all the Trustees for the purpose of organizing the Board of Trustees. At this time the twenty-one (21) elected Trustees shall draw by lot who shall serve for one year, who for two years, and who for three years; i. e., seven (7) for one year, seven (7) for two years, and seven (7) for three years. At this meeting they shall also, from the complete membership of the Board of Trustees, elect a Chairman and Secretary.

As the terms of each elected Trustee expires, each component society so affected shall at the annual election preceding the expiration of the term of said Trustee elect a Trustee for the period of three (3) years.

PROPOSAL TO AMEND THE CONSTITUTION

The following amendment to the Constitution is recommended:

ARTICLE VII—Councilors

Fourth line—Delete word "Delegates", and substitute word "Membership".

PROPOSALS TO AMEND THE BY-LAWS

The following changes in the By-Laws are recommended:

CHAPTER VII

SECTION 4—Ethics and Discipline

Delete the first sentence, which now reads:

All questions of an ethical nature shall be referred to the Judicial Council without discussion;

and substitute the following:

All questions of an ethical nature shall be referred by the House of Delegates, or the Board of Trustees, without discussion, to the Judicial Council.

CHAPTER VII

SECTION 5—Appeals

Sub-section (a), delete:

Any aggrieved member of a component society, or applicant who may have been excluded from membership in such society, may appeal from its action to the Judicial Council;

and substitute the following:

Any aggrieved member of a component society may appeal from the decision or action of the county medical society to the Judicial Council of The Medical Society of New Jersey. After 90 days from the day of filing his appeal to the county medical society for a hearing, such aggrieved member, if he so desires, may appeal directly to the Judicial Council upon declaration that he has appealed to and been denied a hearing by his county medical society. An applicant who may have been excluded from membership in a county medical society may appeal from its action to the Judicial Council of the State Medical Society.

CHAPTER VII—Section V

Add Sub-section (e) as follows:

The House of Delegates may refuse to hear an appeal made by a component county medical society from the decision of the Judicial Council.

CHAPTER IX—Finance

SECTION 2—General Fund

Sub-section (a)—Annual Assessment of Members:

Delete the following paragraph:

(a) On the first day of January in each year there shall be levied on each component society a per capita assessment on the membership of such component society, as hereinafter set forth (Par. b) to be paid to the Treasurer of The Medical Society of New Jersey not less than five days before the fifteenth of March, together with a list of the members for whom such payment is made;

and substitute:

On the first day of January in each year there shall be levied on each component society a per capita assessment on the membership of such component society as hereinafter set forth (Par. b) to be paid to the Treasurer of The Medical Society of New Jersey. Not less than five days before the fifteenth of March each component society will pay the full annual assessment for each member or one-half the annual assessment for each member, whichever has been collected for that member, to the Treasurer of The Medical Society of New Jersey together with a list of members for whom such payment is made. Not less than five days before the fifteenth of September the balance of the annual assessment shall be paid to the Treasurer of The Medical Society of New Jersey by the component society.

CHAPTER X—Component Societies

SECTION 3—Qualification of Members; Sub-section (a)

Add the following sentence to sub-section (a):

It is hereby required that each physician applying for active membership in component medical societies shall satisfy the committee on membership, or the secretary of the component society, that he has a license to practice medicine in this State, granted by the New Jersey State Board of Medical Examiners.

Respectfully submitted,

SAMUEL ALEXANDER, *Chairman*
C. WRIGHT MACMILLAN
THOMAS B. LEE
E. LEROY WOOD
FRANK G. SCAMMELL

REPORT OF THE PUBLICATION COMMITTEE

By HENRY C. BARKHORN, M.D., Newark, N. J.

To the House of Delegates:

The monthly Journal of The Medical Society of New Jersey is the official organ of the Society, and of its 21 component county societies and their members numbering about 4000 practicing physicians.

The Journal is supervised and managed by a Publication Committee elected by the House of Delegates. Its policies are those which the State Society has developed through years of experience; and the scope of its work is limited only by the amount of money which is allocated to it annually from the treasury of the Society.

The Journal, like all other well-conducted periodicals, has a staff of local reporters, one elected by each county society, and one by each Woman's Auxiliary.

The chain of authority of those directly responsible for The Journal is shown in the following table:—

House of Delegates
↓
Board of Trustees
↓
Publication Committee
↓
Editorial Staff
↓
Reporters

MATERIAL

The contents of The Journal are arranged in five major departments:—

1. Editorials, including those contributed by the officers and chairmen of committees, or suggested by them.
2. Original scientific articles,—the largest of the departments, constituting about one-half of the contents of each Journal.
3. State Society Activities, largely on administrative subjects, and consisting of reports

of the official activities of the State officers and committees.

4. County Societies, particularly the minutes of their meetings, and outstanding reports of their committees, and including the obituaries of departed members.

5. Woman's Auxiliary of the State and those of the several counties.

QUALITY OF ARTICLES

Special emphasis is placed on the following characteristics of each article that appears in the Journal:—

1. Clearness.
2. Completeness and accuracy.
3. Balance in its relationship to other articles and other activities of the Societies.

In order to insure these three characteristics, two points of editorial policy are carried out:—

1. The editorials and the reports of official activities are submitted to the proper officers and committee chairmen, after they have been written or edited.

2. The accounts of activities are checked back to previous reports and articles; and references are inserted showing the particular journal or report and the page on which the original may be found. For example, instead of using the statement, "According to a recent report," the exact source of the report is stated. This feature often requires an extensive search through back numbers of the Journal, but the results justify the effort by insuring the completeness, clearness, and accuracy of the reports and articles.

CONTENTS OF THE 1937 JOURNAL

The following table shows the space devoted to each department of The Journal during the calendar year 1937:—

Two regular supplements were issued in 1937, as follows:—

April, Official List of Members 62 pages
July, Transactions ..... 104 "

Total 166 pages

A third supplement was issued in March 1937—that on Preventive Medicine—with 68 pages, but its cost was charged to the appropriation for the Sub-Committee on Public Health.

In 1936 the supplements were—

Official List ..... 60 pages
Transactions ..... 72 pages

Total 132 pages

REPOSITORY OF RECORDS

As a result of the custom to prepare and publish summaries of the current reports of the officers and committees, the Journal has come to be considered the reliable repository of the official records of the State Society. The usual procedure is that the original of every official report is carefully filed in the Executive Offices, and indexed so that it may be found and consulted readily. In addition, an abstract is prepared and published in the Journal. In nearly every instance the Journal contains all the current information that an inquirer wishes to know. The Journal is, in effect, the *Minute Book* of every committee,—the Welfare Committee, for example.

It is not always wise to publish every detail of a discussion in a committee meeting. The activities of the committees of the Society may be divided into three classes:

1. *Those still in process of development.* Every activity is started by a field investigation and study of conditions in order to determine the needs of a community. To report the de-

ANALYSIS OF PAGES OF THE JOURNAL OF 1937

	Editorials	Original Articles	Scientific Exhibits	State Society Activities	Contacts and Comments	County Society Reports	Woman's Auxiliary	Total Reading	Advertising
January	6	36	5	5	3	15	2	72	36
February	6	32	4	13	3	12	6	76	40
March	6	30	2	16	3	11	4	72	44
April	4	59	0	8	2	11	6	90	66
May	4	27	0	11	2	10	2	56	40
June	6	17	0	17	2	17	3	62	42
July	6	24	0	12	2	4	4	52	52
August	6	24	9	14	2	3	0	58	38
September	6	25	6	11	2	2	0	52	36
October	6	29	0	15	2	3	3	58	42
November	4	26	3	12	3	11	4	62	38
December	6	24	3	20	2	9	0	64	38
Totals for 1937	66	353	32	154	27	108	34	774	+ 510=1284
Totals for 1936	72	380	..	173	..	98	25	746	+ 366=1112

tails of current findings in the beginning of an investigation—hospital relations, for example—is likely to lead the reader to suppose that isolated findings are the general conclusions of the committee. The immense amount of data that has been collected in regard to hospitals, for example, must be summarized and coördinated before the needs of the institutions can be discovered and standard remedies developed.

Inquirers who wish to obtain information regarding projects in the early stage of development may get it from the files of current reports in the Executive Offices.

2. *Current progress in new projects.* An example is that of venereal disease control in which the officers and committees are establishing centers for diagnosing and treating cases, and for instructing the members in the methods of treating the cases.

3. *Projects in general operation.* Those in maternal and child health are already in operation throughout the State according to a standard plan, and with the support of general practitioners. A large number of descriptive articles on them are continually being published, because the members generally are taking a personal interest in the projects and are including them in their daily practice. However, the emphasis on the practice of public health and preventive medicine, as compared with other projects, is more apparent than real. The Journal will devote an equally large amount of space to other projects as soon as they reach a stage in which the findings can be applied by all physicians in general practice.

PROPORTION OF SCIENTIFIC ARTICLES

An effort has been made to maintain an equality in the number of pages in the scientific department of The Journal as compared with those of the other departments of reading matter. How well this standard has been maintained in former years is shown by the following table:—

	Total No. of Reading Pages	Pages of Scientific Articles	Per Cent of Scientific
1937	774	385	50
1936	746	380	51
1935	756	390	52
1934	728	340	45
1933	878	466	53

In the last three months of 1937, the Pennsylvania Journal devoted 30 per cent of its reading pages to scientific articles.

In the first two months of 1938, the A.M.A. Journal devoted 44 per cent of its reading matter to scientific subjects.

READING AND ADVERTISING PAGES

The appropriation allocated to The Journal is the principal factor governing the number of pages which are printed during the year. At the same time, the Journal management accepts as many pages of advertisements as possible, in order to obtain the revenue from them. The ratio of the total number of pages to the advertising is shown in the following table:

	Total Pages	Reading	Advertising
1937	1284	774	510 (40%)
1936	1112	746	366 (33%)
1935	1126	756	370 (33%)
1934	1068	728	340 (32%)

This is about the ratio of reading to advertising pages shown by other successful medical journals. In the Journal of the A. M. A. during January and February, 1938, 62 per cent of its pages were filled with reading matter and 38 per cent of its pages were filled with advertising. In the Pennsylvania Journal for October-December, 1937, 30 per cent of the pages were devoted to advertising.

NEW JERSEY AUTHORS

The members of The Medical Society of New Jersey maintain The Journal for two major purposes:—

1. As a source from which they may obtain information and inspiration in all phases of the practice of medicine.

2. As a means through which they may express their individual views on medical subjects.

Since New Jersey borders on the two great medical centers of New York and Philadelphia, the Journal of its Medical Society is peculiarly subject to the influences of three groups of physicians who are leaders and writers and lecturers in their own specialties:—

1. City physicians with residences or offices in New Jersey.
2. Consultants on hospital staffs.
3. Guest speakers at meetings of medical societies whose officers send the papers to the Journal with the request that they be published.

The State citizenship of the authors of scientific articles published in the New Jersey Journal during the year 1937 is shown in the following table:

CONTRIBUTED SCIENTIFIC ARTICLES IN 1937

Author's State	No. of Articles	No. of Pages
New Jersey	50	245
New York	6	25
Pennsylvania	8	23
Other States	2	10
Totals	66	303

In both the Ohio and the Pennsylvania Journals during the last six months of 1937, one-seventh of the pages of scientific articles had been written by authors who lived in other States.

The Publication Committee is now finding it necessary to make a choice from among the many excellent articles which are offered to it. In making a choice, the following principles will be considered:

1. A timely article bearing directly upon the activity of a committee of the State Society, and vouched for by its chairman, will be accepted and published at the earliest opportunity. (Most of these articles will naturally be published in the section of State Society Activities.)

2. A paper read before a medical society will be given preference over those which have not been so read. The endorsement of a medical society will be given consideration in determining its acceptance.

The medical organizations whose requests will be given special consideration include:

a. The State Society.
b. County Societies.
c. Academies of Medicine, or similar organizations.
d. Hospital staff meetings.
e. Meetings held under the auspices of the State Department of Health, or the State Hospital Association.

3. Papers by New Jersey physicians will be given preference over those written by physicians living in other states.

SHORT ARTICLES

The Publication Committee solicits short articles of one or two pages. It frequently occurs that in making up the pages of a Journal, one or two blank pages are left and there are no articles that can be fitted into them. Printing necessities require that the pages shall be made up in multiples of four. Short articles can be used where longer ones cannot be fitted into the Journal without great delay and inconvenience.

In reading the Journals of previous years, the statement is often found that an article omitted for want of space "will appear in our next issue"; and then the same condition recurs and the article is never published. A fundamental standard of the Publication Committee is that timely articles, shall be published at once whenever possible. A supply of short scientific articles will be of great aid in conforming to this standard.

SEASONAL ARTICLES

The nature of medical society activities compels the contents of the Journal to be *seasonal*. There are few or no reports of county society meetings or woman's auxiliaries during the summer, because no meetings are held in those months. There are few reports of activities of State Society committees during the summer, because the new committees have not yet outlined their projects; and so there will be room for an unusually large number of scientific articles during the summer months.

HISTORICAL NOTES

Requests for information on the development of the organized activities of the State Society have led to the preparation and publication of brief articles on the medical history of the State Society and biographies of its leaders. The printed records of the Society are clear and concise, and a searcher may readily trace practically all the existing projects and forms of organization from their beginnings, as for example, was done in writing the article on the Welfare Committee in the Journal of November, 1937, page 687.

To trace the lives of the leaders of the Society has been more difficult owning to the omission of many obituaries from the official records. It is therefore necessary to rely on the county societies and other local sources for much of the historical and biographical data.

The Publication Committee suggests that steps be taken to promote historical research by the medical societies of both the State and the counties.

ILLUSTRATIONS

Modern standards of journalism demand the free use of illustrations, especially those which have a historic or scientific value. Suggestions that this demand be met have frequently been made by medical leaders.

Authors of scientific articles often submit illustrations which are not entirely informative. It has been the custom of the Editor to offer his services to authors, in order to explain the method of making the plates; and then to consult the engraver regarding the proper method of bringing out the desired details of the illustrations. Drawing or photographing and labelling the illustrations, and making the plates are technical matters which often require even more personal attention by the Editor than editing the form and language of the text.

COUNTY SOCIETY BULLETINS

The growth of County Society Bulletins is evidence of the increasing interest of the members in the public relationships of medicine, especially in those essential projects which are planned and conducted by medical societies.

PRESERVING THE JOURNALS

Physicians are realizing more and more the essential value of their journal in the modern practice of medicine. The call for the boxes which were authorized by the Trustees in 1934 (Jour. Jan. 1935, p. 3), has not been so great as was expected; and so the Publication Committee has arranged that the journals shall be perforated by the printer for the insertion of brass fasteners which can be easily opened for the insertion of a new journal as soon as it is received. Six Journals bound in this way make a volume which will stand the hard usage of the editorial desk. (Jour. March 1938, p. 129 and 181.)

TRANSACTIONS OF THE ANNUAL MEETING

The Transactions of the Annual Meeting are issued as a supplement to one of the Journals in the early summer—as soon as they can be prepared for publication. These Transactions are usually published in three sections:

1. The House of Delegates.
2. The Scientific Sessions.
3. The Woman's Auxiliary.

The following table shows the number of the pages of the Transactions of the Annual Meeting devoted specifically to the House of Delegates during the past ten years:—

1928—43 pages	1933—56
1929—46	1934—49
1930—38	1935—67
1931—56	1936—48
1932—57	1937—85

In 1933 and previous years the annual reports were included in the Transactions. In 1934 and succeeding years the annual reports have been printed in the Journal *before* the annual meeting.

The number of pages of the reports and of the minutes during the last four years are shown in the following table:

Year	Annual Reports Printed Before the Meeting	Minutes of the Meeting	Total
1934	49	49	98
1935	45	68	112
1936	41	48	89
1937	59	85	144

The increase in the number of pages of the transactions of the House of Delegates has been greater than the increase in the number of items of business that has been transacted. The Publication Committee therefore suggests that it be authorized to edit the Transactions with the understanding that, if any speaker wishes his remarks to be printed in full, his request shall be granted.

The editing will accomplish two purposes:

1. Increase the clearness and readability of the Transactions.
2. Reduce the number of pages, and therefore the cost.

(See also report of the Secretary, p. 272.)

The necessity for publishing a verbatim report of everything that is said in the House of Delegates is obviated by the fact that the original copy of the stenotypist's notes of the proceedings is filed in the Executive Offices where it may be examined by any member who is especially interested in them. As a matter of fact, we do not recall a single instance in which anyone has asked to see the original copy.

FINANCIAL STATEMENT

The Publication Committee submits the following financial statement:

RECEIPTS		
Gross receipts—June 1, 1937 to March 10, 1938		$10,487.84
Deductions—Local agents' commission	$1,117.00	
Deductions—Bank maintenance charges	3.37	
		1,120.37
Net receipts to Dr. Marsh plus $615.14 on hand		$ 9,367.47
Estimated receipts to May 31, 1938	3,648.00	
Estimated deductions	250.00	3,398.00
		$12,765.47
EXPENSES		
June 1, 1937, to March 10, 1938—		
Journal	$9,459.93	
Reprints	117.75	
Addressograph	44.64	
Stationery, special	4.50	
		$ 9,626.82
Estimated expenses to May 31, 1938—		
Journal	$3,683.74	
Reprints	28.75	
Addressograph	2.25	
		3,714.74
		$13,341.56

Respectfully submitted,

HENRY C. BARKHORN, *Chairman*
EDWARD J. ILL
FRANK J. MCLOUGHLIN
WILLIAM G. HERRMAN, *Ex-Officio*
ALFRED STAHL, *Ex-Officio*

REPORT OF THE COMMITTEE ON POST-GRADUATE EDUCATION

By Harry H. Satchwell, M.D., Newark, N. J.

To the House of Delegates:

The tentative plans to transfer to the Executive Offices the details of arrangements of post-graduate courses, as considered for some time and proposed by the Chairman of this committee, was hastened by the illness of the Chairman.

The post-graduate courses in the Spring of 1938 consist of *two types* and series of post-graduate lectures, arranged through the Executive Offices.

One series is given in coöperation with Professor Light, of Rutgers University, and these lectures will be given in Atlantic, Camden, Somerset, and Mercer Counties. Other counties participating in these courses are Cape May, Hunterdon, and Gloucester.

Another set of lectures on the *Preschool Child* has been arranged through the Executive Offices in coöperation with the Bureau of Maternal and Child Health of the N. J. State Department of Health and the New Jersey Fellows of the American Academy of Pediatrics. Dr. Harrold A. Murray, of Newark, is Chairman of the Program Committee. Dr. Julius Levy is the State Department of Health representative, and Dr. Harry H. Satchwell together with the Executive Officer represent The Medical Society of New Jersey. A schedule of these lectures is published in the March issue of the Journal, pp. 175 and 176.

In both these courses of lectures, the principle of having the lectures given by men of proven teaching ability, who are recognized as authorities in their respective fields, has been followed. The men who made the local arrangements in each county for the conduct of these courses have been very active and helpful to the Post-Graduate Education Committee of the State Medical Society, whose members express their appreciation to these men and to all others who are participating in making these lectures a success.

Respectfully submitted,

Harry H. Satchwell,
Chairman
Stuart Z. Hawkes
David F. Bentley, Jr.
G. Barton Barlow
Estelle E. Kleiber

HONORARY MEMBERSHIP

By Lancelot Ely, M.D., Somerville, N. J.

To the House of Delegates:

The Committee on Honorary Membership makes the following report:

No recommendations for Honorary Memberships have been referred to the committee during the past year.

Respectfully submitted,

Lancelot Ely,
Chairman
Frederic J. Quigley,
Ephraim R. Mulford

REPORT OF THE A. M. A. DELEGATES

By Walt P. Conaway, M.D.,
Atlantic City, N. J.

To the House of Delegates:

The report of the New Jersey Delegates to the meeting of the American Medical Association, held in Atlantic City, June 14-17, 1937, was printed in The Journal of August, 1937, pages 526-528.

Respectfully submitted,

Walt P. Conaway,
Chairman
Ephraim R. Mulford
Blase Cole
Hilton S. Read,
for Wells P. Eagleton.

REPORT OF THE ANNUAL MEETING COMMITTEE

By CHARLES B. KAIGHN, M.D., Atlantic City, N. J.

To the House of Delegates:

The Annual Meeting Committee has prepared a program for the 172nd Annual Meeting of The Medical Society of New Jersey which represents a definite attempt to meet the demands of the individual members, and to offer the widest opportunity for the men to obtain, from those contributing to the program, practical suggestions of immediate benefit in their practice.

Seven section programs representing three new sections in Surgery, Medicine, and Obstetrics this year will offer an opportunity for the general practitioner to obtain from specialists guidance in the practice of those specialties as they apply to the general practitioner's *needs*. Two of these sections will present their contributions daily in one-half day meetings, and the other half of these days will be occupied by meetings of the House of Delegates. The House of Delegates will as usual consider among other things the Annual Reports of officers and committees.

Problems of importance and of interest to the medical profession will be considered by the Delegates and also by the Special Reference Committees, and the policies of the Society as a whole will be recorded for future guidance of the officers and committee members in the discharge of their respective duties. The complete program will be published in the May Journal and will be printed in briefer form for use at the Annual Meeting.

Due to the fact that Haddon Hall management was unable to accommodate us at the time chosen by the Board of Trustees as most convenient for holding our meeting this year, the meeting will be held at the Ambassador Hotel, where excellent facilities for all of our meetings and exhibits are available on two floors. Rooms may be engaged on the European plan with a minimum rate of three dollars for single rooms and six dollars for double rooms.

Mr. Baggs, manager of the Ambassador Hotel, has agreed to provide meals at "coffee-shop prices", so we hope that a very large attendance will result and that the members will arrange to remain for the full three days of the meeting.

The committee has worked hard to prepare an attractive and instructive program, and believes that those in attendance will be well repaid for their attendance at this meeting.

Publicity for this meeting has been arranged to keep the time and place of the meeting constantly before the members. The very large dining room to be used for the banquet will permit every person in attendance to be seated within one large room. Wednesday evening will as usual be reserved for the dinner-dance in honor of President and Mrs. Herrman. Delegates from the New York and Connecticut Medical Societies have accepted our invitation to be present.

Features of interest to the *younger members of the Society and their wives* have been arranged by the Program Committee and a good time can be insured at reasonable cost to the younger members whom we greatly desire to have with us at this time.

Opportunity will be afforded the younger doctors to meet the outstanding men of the profession in New Jersey, and these men have expressed a very sincere desire to have the younger members of the profession come up and introduce themselves and their wives.

A reception committee to look after our guests and to aid in having our members get to know each other better has been provided. To get the most out of any meeting our members must contribute their share of attendance and participation.

The committee is always desirous of having constructive criticism and suggestions to aid them in the arrangement of future meetings, and it is their sincere desire to provide at all meetings the type of program and entertainment which will meet the desire of the majority of our membership.

A fine program of entertainment has been provided for the ladies with chair rides and an automobile tour to the surrounding country and places of interest, luncheon and of course the dinner dance.

The Art, Hobby and Medical History exhibit provides a meeting place as well as an instructive exhibit.

The Chairman of the arrangements for the ladies has been untiring in her efforts to see

that the whole three days offer opportunities to the doctors and their families for recreation and enjoyment as well as proving instructive to the doctors.

The real success of the Annual Meeting depends upon the *response of the members* by a large attendance, and we hope that this year will break all previous records in this direction. The committee will then feel fully repaid for their efforts in providing for you the Annual Meeting program and arrangements.

Respectfully submitted,

CHARLES B. KAIGHN,
Chairman
ROBERT S. GAMON
ASHER YAGUDA
JOHN C. CLARK
PAUL B. REISINGER

REPORT OF THE SUB-COMMITTEE ON SCIENTIFIC PROGRAM

By ROBERT S. GAMON, M.D., Camden, N. J.

To the House of Delegates:

The function of the Committee on Scientific Work is to direct the preparation of the scientific programs of the several sessions and sections of the Annual Meeting. A complete program has been provided and is published in the April Journal, pages 239-241. It consists of eight sessions, as follows:

1. A general scientific session on the evening of Tuesday, May 17, with Dr. George Crile, of Cleveland, Ohio, as the guest speaker on the subject "Clinical Results in the Surgical Treatment of Essential Hypertension".
2. A surgical section on the afternoon of Tuesday, May 17.
3. A section on general medicine on the afternoon of Thursday, May 19.
4. A section on gastro-enterology on the afternoon of Tuesday, May 17.
5. A section on pediatrics; and
6. a section on radiology; and
7. a section on obstetrics and gynecology, on the morning of Wednesday, May 18.
8. A section on the eye, ear, nose, and throat, on the afternoon of Thursday, May 19.

Altogether 58 speakers on 31 subjects are listed.

Respectfully submitted,

ROBERT S. GAMON,
Chairman
LOUIS C. LANGE
CLARENCE L. ANDREWS

REPORT OF THE COMMITTEE ON SCIENTIFIC EXHIBITS

By ASHER YAGUDA, M.D., Newark, N. J.

To the House of Delegates:

The Committee on Scientific Exhibits has received about forty applications for space in the Scientific Exhibits at the Annual Meeting to be held on May 17-20, 1938. A special feature of the exhibits this year will be a Symposium on the Kidney, including studies in the physiology of the kidney, and its pathology and surgery. Participating in this exhibit will be the Rockefeller Foundation of Medical Research, and other noted contributors in this field.

Following the custom initiated in 1936, there will be a fresh pathology exhibit, and also a motion picture theatre where scientific films will be shown daily.

The awards this year will be made on a slightly different basis than last year, with one group of awards for the most original work, and the second group of awards for the best exhibits by New Jersey exhibitors.

A complete list of the exhibitors and the titles of their exhibits will be submitted in the Supplementary Report in time for publication in the May Journal. (See page 318.)

Respectfully submitted,

ASHER YAGUDA,
Chairman
ELWOOD E. DOWNS
WILLIAM W. HERSOHN
WILLIAM J. MARQUIS
HARRISON S. MARTLAND

REPORT OF THE WELFARE COMMITTEE

By HILTON S. READ, M.D., Ventnor, N. J.

To the House of Delegates:

The Chairman submits the nineteenth annual report of the Welfare Committee, it having been established in 1919, the result of a recommendation of President T. W. Harvey in his presidential address to the House of Delegates on June 24, 1919, (Jour. July 1919, p. 224.) The recognition of his inspired proposal to establish the Welfare Committee should have been included in the citation when Dr. Harvey was made an honorary member of The Medical Society of New Jersey (Transactions 1936, p. 10.)

The first report of the Committee was made to the House of Delegates in 1920, and was concerned largely with its opposition to compulsory health insurance on the ground that the welfare of the people is identical with that of the physicians themselves. The Committee was especially concerned with legislation from the day of its formation.

The Committee has constantly expanded its sphere of action to include, first, public health and preventive medicine; next, the problems of relations of physicians to other daily problems of medical practice such as hospital relations, workmen's compensation, and the medical care of the indigent; and it finally developed the service of instructing the people regarding common problems in health in which the coöperation is essential.

GROUPS OF ACTIVITIES

The Welfare Committee, by mutual consent of its members and the House of Delegates, has gradually developed its organization to embrace the four sub-divisions of legislation, public health, medical practice, and public relations, each in charge of a sub-committee of its own members. It furthermore developed a system of 16 *advisory committees* to the sub-committees, each advisory committee to have charge of a particular phase of medical relationships. This system of organization was incorporated in the Constitution and By-Laws of the Society by the House of Delegates in 1937.

As the Welfare Committee is now organized it consists of sixty-four members, 24 of whom also serve on its four sub-committees. The members of its sixteen advisory committees number over 100 members, so that the system now enrolls about 200 active members. Add to these the number who serve on similar committees in the county societies, and the active participants in the work of the Welfare Committee number well-nigh one thousand practicing physicians.

METHOD OF WORK

The Welfare Committee has developed a system of organization and action which is unique among state medical societies, and at the same time is highly efficient.

The usual procedure is that the details of each branch of medical service are first considered by an advisory committee, which reports to its sub-committee; and which in turn reports to the Welfare Committee. This method of reporting insures a coördinated balance of activities of the several committees, and insures a high degree of perfection in its final decisions. Moreover, it promotes promptness of action, for the sub-committees and the Welfare Committee can be called together whenever a situation demands attention.

These are changing times and important questions arise quickly at times. The Welfare Committee offers a *medical forum* in which the views and attitude of representative leaders in our profession can be quickly determined.

MEETINGS

The Welfare Committee has held five meetings since the adjournment of the House of Delegates on April 29, 1937.

The first meeting was held on June 27, in Asbury Park and was attended by fifty members. The agenda was principally a consideration of the programs of the sub-committees, who in turn presented the programs of the advisory committees. (Jour. July, p. 462.)

The second meeting was held in Asbury Park on August 8. It was attended by 26 members, and was devoted principally to the subject of a *National Health Policy*, which had been considered by the House of Delegates of the American Medical Association, as described in the New Jersey Journal of July, pages 460, 462, and 464. Acting on the recommendations of the Welfare Committee, the Trustees of the State Society sent a communication to the A. M. A. clarifying the attitude of the New Jersey physicians toward the action taken by the A. M. A. on June 6.

The third meeting was held in Trenton on October 3, and was attended by 57 members. The principal subjects considered were the system of Field Physicians, the program of popular publicity of the Sub-Committee on Public Relations, and the report of the Committee on Nursing and Nursing Education (Jour. Nov., p. 685.)

The fourth meeting was held in Trenton on January 16, 1938, and was attended by 51 representatives. Its subject was the *Medical Practice Act* which was discussed in detail.

The fifth meeting was held on January 30 to continue the discussion of the proposed act. (Jour. Feb., p. 100.) A brief history of the proposed Act was given by the Chairman, and included references to it in The Journal. (For the references see Journal Feb., p. 100).

The details of the subjects that were considered by the Welfare Committee are contained in the annual reports of the sub-committees and the advisory committees.

It has been the aim and endeavor of the Chairman to start each meeting promptly at the appointed time, and to terminate the meeting as soon as its announced purposes have been achieved, yet at no time has any individual been knowingly unduly hampered by lack of opportunity to express his opinion fully and freely at the proper time. For the loyal cooperation of each and every member in conserving the available minutes and hours at each meeting and at the same time making the meetings productive and informative, the chairman here expresses his thanks and appreciation.

The Welfare Committee members have responded to the many calls this year as often as possible, but the unavoidable absences indicate the advantages of having a large membership in this Committee so that every important question is considered by a representative cross-section of our membership, and is endorsed by them before being carried to the Trustees or to the House of Delegates.

Respectfully submitted,

HILTON S. READ,
Chairman.

REPORT OF THE SUB-COMMITTEE ON PUBLIC HEALTH

By STANLEY NICHOLS, M.D., Asbury Park, N. J.

To the Welfare Committee:

It is no longer necessary or possible to give a detached report of the activities of the Sub-Committee on Public Health of the Welfore Committee, and its nine Advisory Committees, for each chairman will render his own report. The reports of the minutes and numerous activities of the Public Health Committee and its Advisory Committees will be found in the State Medical Journal, during the past year.

At the end of seven years of service on this committee, it will suffice to simply state that the original objective of this committee when organized, has been attained, namely:

The time has come for the State and County Medical Societies to assume leadership and responsibility for the general health of the citizens of New Jersey, and thereby to preserve the personal and private relationship between physician and patient, which is most desirable for the health needs of the patient.

Our permanent objective of helping preserve private practice by making *every physician's office in New Jersey a health center for the practice of preventive medicine* has been faithfully adhered to, during the past year. Hundreds of our member physicians of the State and County Society Committees have been working vigorously this past year toward the realization of this permanent objective, with great success.

TWO OBJECTIVES

At the beginning of the year, two general objectives were again re-stated for the Public Health Sub-Committee and its Advisory Committees.

First: That each member physician, as an individual, should be aided in improving the practice of preventive medicine in his own office and private practice.

Second: That each member physician should coöperate, as a loyal member of his County Society, in its objective of assuming the Public Health needs of its own county and provide medical service, where needed, for indigent and low-wage groups.

We are pleased that the American Medical Association has, at last, taken cognizance of the responsibility of the County Societies, and provided some help toward having County Societies survey their counties as to their public health needs, and recommend methods by which the medical profession may meet these needs.

All of our committees have made great progress during the past year, as will be observed by their reports, along many of these lines.

We are anxious that the State Society and County Societies and individual physicians continue to make rapid advances by providing for individual member physicians three specific fields of assistance:

1. *Printed material.* Concise printed ma-

terial by outstanding authorities, summarizing the subject in each of the fields of Preventive Medicine.

2. *Post-Graduate Courses,* both didactic and practical, including clinical demonstration of the subject matter at centers, hospitals, conferences, institutes, etc.

3. *Practical Experience* in actual training centers where any member physician can secure (as a trainee or assistant) personal practical training in each of these fields of preventive medicine (such as pre-natal clinics; assistant in obstetrics (Margaret Hague Memorial Hospital); rotation as attending physician in baby health station; assistant in venereal disease clinics; tuberculosis clinic, cancer clinic, etc., etc.

In other words, by the joint effort of our member physicians, and the County and State Societies through their post-graduate committees, to provide opportunity for all member physicians to constantly improve their *preventive* medical *knowledge* and *experience.*

RECORDS OF PERSONAL EXAMINATIONS

In this connection, our committee has developed a series of five printed forms each 5x8 inches, covering the entire span of life, in order that our physicians may gradually develop the health supervision of as many of their patients as possible. These forms are as follows:

1. Maternal Health Supervision, covering pre-natal, obstetric and post-natal data prepared by Dr. Bingham and committee.

2. Infant Health Supervision, prepared by Dr. Julius Levy (Director of the Bureau of Maternal and Child Health, State Department of Health) and committee.

3. Pre-School Health Supervision, already being used, prepared by Dr. LeRoy A. Wilkes.

4. School-Age Health Supervision, prepared by Dr. Allen Ireland, Director of Health and Physical Education, State Department of Institutions, and committee.

5. Adult Health Supervision, prepared by Dr. Dewis and committee.

These simplified forms can be obtained from the State Medical Society office and County Society secretaries after being on exhibition at our Annual Meeting.

FEDERAL STANDARDS

We of the Medical Society of New Jersey take pride in the fact that the public health program of the Medical Society of New Jersey is one of the three or four most advanced programs to meet public health needs in the United States; and that the challenges thrown out in the last few years by public groups have been and are being met in the State of New Jersey.

To show how fully we are meeting these needs, we quote from the February report of President Roosevelt's *Inter-Departmental Committee to Coördinate Health and Welfare Activities* (prepared by the Technical Committee on Medical Care, Miss Josephine Roche, chairman) who describes her recommendations as the most important results of this committee's three years of work in Washington.

It is stated in this February report that this study represents eight months of intensive work by the Technical Committee, including representatives of the United States Public Health Service, the Children's Bureau, and the Social Security Board.

We of New Jersey wish to quote from this report, and show that these recommendations for the *future* are *now* actually being met by combined efforts of the Medical Society of New Jersey, working with the New Jersey State Department of Health and many other State and local health agencies.

The government report on *Maternal Health* reads:

> The death of women in childbirth presents a special challenge. With adequate care, from one-half to two-thirds of these deaths could be prevented.

Our Committee on Maternal Welfare, under Dr. Bingham's splendid leadership and program, is doing a remarkable piece of work in meeting this need.

The government report on *Child Health* reads:

> The mortality of infants during the second to the twelfth month of life might be further reduced by as much as one-half. The death rates from the acute communicable diseases of childhood have been greatly reduced; further reduction can be brought about by the application of known measures of prevention and care.

The complete child health program of the Child Health Committee, coöperating with the Bureau of Maternal and Child Health of the State Department of Health and other agencies, is making rapid strides in one of the most comprehensive plans for child health, including school child health, that exists in this country.

The government report on *Crippled Children* reads:

> Early treatment of children with infantile paralysis is well known to prevent much crippling.

For New Jersey Medical Society's answer to this problem, see the report of the activities of our Crippled Children's Committee, cooperating with the New Jersey Crippled Children's Commission.

The government report on *Pneumonia control* reads:

The development of rapid methods of determining the type of pneumonia and the production of serums for many types of the disease has revolutionized treatment; the benefits of modern therapy must be made generally available.

New Jersey's answer is the comprehensive recent activities of our pneumonia control committee, working with the State Department of Health and other agencies to solve this difficult problem.

The government report on *Tuberculosis Control* reads:

Deaths from tuberculosis can be reduced fifty per cent by health supervision of industrial workers in occupations predisposing to the disease; by detection of incipient cases; and by provision of adequate medical and industrial care in the early stages of the disease.

The Medical Society of New Jersey's Committee on Tuberculosis Control activities is cooperating with other groups working toward these ends.

The government report on *Venereal Disease Control* reads:

Each year 518,000 new cases of syphilis go to doctors. More than 500,000 resort to self-medication or quack treatment. The diagnosis and treatment of syphilis are highly perfected, and it has been demonstrated that a program of control could reduce this toll by more than ninety-five per cent.

New Jersey's answer: Observe the details o the program of our Venereal Disease Control Committee, coöperating with the State Department of Health and many other agencies.

The government report on *Cancer, Heart Diseases, Kidney Diseases, Diabetes* reads:

There is urgent need for a concerted attack on the cardio-vascular-renal diseases, cancer and diabetes, which are increasing in importance as the causes of death and disability in the older age groups.

New Jersey's answer can be found in our far-flung cancer control committee's program, and our adult health supervision committee's work.

Mental Hygiene. The government report fails to mention mental hygiene, which is one of the largest problems of all, and which is being attacked by our Mental Hygiene Committee, inasmuch as a great share of the state tax money is spent on mental hospitals.

Economic Phases. The government report further mentions medical care, hospital care, etc. This, the Medical Society of New Jersey is effectively answering by the programs of Dr. Lewis's Committee on Medical Practice and the modified E.R.A. program for medical care.

Thus we are proud to point out to New Jersey and to the United States and its governmental agencies that our State Society, our County Societies and our individual member physicians are *already* many years along this important coöperative public health road, which this report recommends as an urgent, growing need of the present and future.

RECOMMENDATIONS

We cannot, however, rest on the accomplishments of the past, but must press forward toward the *Better Medical Service of the Future.* We therefore wish to make some recommendations.

Recommendation No. 1. That the Medical Society of New Jersey send resolutions of thanks and appreciation to the State Department of Health of New Jersey, and all of the many other State public and private health and welfare agencies who have coöperated with our Society in our many Public Health projects, during the past year.

Recommendation No. 2. That the incoming officers be requested to give consideration to appointing an Advisory Committee on Occupational Disease Control, and integrate, by whatever means seem wisest, provisions in the public health program for committees on eye problems and prevention of blindness; prevention of deafness; and the control of cardio-vascular-renal diseases and diabetes.

Recommendation No. 3. That the county societies annually *survey their counties* as to their public health needs, and show the ways by which they can lead in providing for these needs, in conjunction with the local health department and official and non-official health and welfare agencies,—this leadership by the County Society to be an important continuing function in every county society.

RECOGNITIONS

We wsh to offer the thanks of The Medical Society of New Jersey and our Committee to all of the physicians and laymen who have aided us in the heavy tasks we have carried on during the past year; and particularly to the members of the committee itself, and to the chairmen and members of the Advisory Committees; the Committee on Cancer Control, Dr. Henry B. Orton, Chairman; the Committee on Maternal Welfare, Dr. Arthur W. Bingham, Chairman; the Committee on Venereal Disease Control, Dr. C. Byron Blaisdell, Chairman; the Committee on Mental Hygiene, Dr. James S. Plant, Chairman; the Committee on Tuberculosis Control, Dr. B. S. Pollak, Chairman; the members of the Committee on Child Health; the Committee on Crippled Children, Dr. Barclay W. Moffat,

Chairman; and the Committee on Adult Health Supervision, Dr. E. C. Dewis, Chairman.

We also appreciate the coöperation of the State Board of Health and its personnel, particularly Dr. Irving Deibert, President of the Board; Director Dr. J. Lynn Mahaffey, Assistant Director Mr. Edmund R. Outcalt, Mr. William H. MacDonald, Chief of the Bureau of Local Health Administration; Dr. Julius P. Levy, Chief of the Bureau of Maternal and Child Health; Dr. Karl M. Scott, Acting-Chief of the Bureau of Venereal Disease Control; and many other bureau officials of the State Department of Health; the officers and committees of the New Jersey Parent-Teacher Association, the Health Officers' Association; the New Jersey Health and Sanitary Association; the Public Health chairmen and members of the County Public Health Committees of the County Medical Societies; the advisory members from the State Department of Education, and the State Department of Institutions and Agencies; the State Tuberculosis League; the State Crippled Children's Commission (Mr. J. Buch, President); and the many official and non-official health agencies who have materially assisted our county and State societies in solving these health problems; and the many other physician members and lay persons who have participated in a most helpful way in the efforts of our committee to carry the heavy load placed on us continuously during the past year.

Finally, we would like to express our pleasure in the fact that, in spite of the topsy-turvy world we see all about us, the public health progress of the Medical Society of New Jersey has been brought about by hard work, study of the problem, mutual plans, and deliveries of medical service by our medical professional groups and indivdual members after many conferences with coöperating groups.

Quoting a recent newspaper editorial on Social Planning, it was stated:

"The idea of planning is an *ideal* which calls up a picture of a conclave of philosophers and saints, administering the affairs of a nation in perfect wisdom and selflessness, in a spirit of moderation and compromise. Only too often, the actual picture is one of ferocious rival planners, engaged in exterminating or murdering each other."

Let us be thankful that, in New Jersey at least, our medical profession has been privileged to make Public Health progress in a sane, sensible coöperative way, without the arbitrary actions that seem to have invaded so many groups in high places, all over the world.

We still, therefore, wish to assert that our efforts are aimed at the preservation of *private practice,* to the end that *Better Medical Service* be rendered to all citizens in New Jersey by making *every physician's office in New Jersey a Health Center for the practice of preventive medicine,* and *every county society's office a place of Health Leadership to which any group in our counties may turn with confidence for coöperative assistance in the solution of any and all public health problems.*

Stanley Nichols,
Chairman
Theodor Teimer
Julius Levy
Allen G. Ireland
Ernest G. Hummel
J. Warner Knight
A. E. Jaffin
F. W. Lathrop

The report of the *Advisory Committee on Child Health* is contained in that of the Sub-Committee on Public Health.

Stanley Nichols, *Chairman.*

REPORT OF THE ADVISORY COMMITTEE ON MENTAL HYGIENE

By James S. Plant, M.D., Chairman

To the House of Delegates:

The Committee on Mental Hygiene will hold an important conference on April 27, and will submit a supplementary report after that date.

Respectfully submitted,
James S. Plant, *Chairman.*

REPORT OF THE ADVISORY COMMITTEE ON CRIPPLED CHILDREN

By Barclay W. Moffat, M.D., Red Bank, N. J.

To the Welfare Committee:

The work of the Committee on Crippled Children started in a joint meeting with the Crippled Children's Commission on June 15, 1937. At this meeting, the qualifications necessary for both doctors and hospitals doing work for the Commission were set up. For the professional care, the orthopaedic surgeon must be either a fellow of the College of Surgeons in orthopaedic surgery, or a member either of the Academy of Orthopaedic Surgeons, or of the American Orthopaedic Association, or a diplomat of the American Board of Orthopaedic Surgery. Work done for the Commission must be in hospitals approved by the American College of Surgeons. A tentative set of blanks for a survey of the crippled children and their needs throughout the State was gone over and changes recommended which were adopted

The second meeting of the committee was held on September 28th at the Babbitt Hospital in Vineland, at which were present several members of the Commission. Dr. Phelps put on a clinic for us showing what has been done and what he hopes to do in the care of the spastics and athetoids.

The third meeting was held on October 18th in conjunction with the meeting of the Commission at Atlantic City. At this meeting plans were made for a survey of the physiotherapy personnel doing work for the Commission. There was also an inspection of the physiotherapeutic pool and department in the Betty Bacharach Home.

The fourth meeting of the committee was held on November 13th at the Academy of Medicine in Newark. This meeting was called to take up with Dr. Snedecor the qualifications of a hospital in Bergen County doing work for the Crippled Children's Commission which had not yet qualified under the requirements of the Commission. There are several hospitals in this category which had been doing work for the Commission in the past; and in June at the organization meeting, it was thought only fair to accept these hospitals tentatively, provided they had made applications for approval by the College of Surgeons. Mr. Buch, Chairman of the State Crippled Children's Commission, also attended this meeting at my invitation, and was able to clarify the details of the hook-up between the Crippled Children's Committee of the State Medical Society, acting as Advisory Committee to the Commission.

The fifth meeting of the committee was held on December 14th at the Academy of Medicine in Newark, when the details of the approval of hospitals and their staffs were discussed, with excellent prospects that satisfactory arrangements will be made. Following this meeting, your committee has been engaged in collecting bills from orthopaedic surgeons doing work for the Crippled Children's Commission and these were gone over at a meeting held at the Academy of Medicine on March 8th, resulting in the following statistics:

Number of surgeons submitting bills—5
Total amount of these bills—$7,878.00
Number of patients seen—138

Your committee has also written to the surgeons asking their opinion as to the desirability of obtaining the diploma of the American Board of Orthopaedic Surgery and sending a résumé of the requirements to those who signified their willingness to apply for this examination. The chiefs of staff of the various hospitals doing work for the Crippled Children's Commission which had not yet received approval by the College of Surgeons were asked to make every effort to obtain this approval before May 1st, at which time the temporary acceptance by the Commission of these hospitals will terminate.

Your committee, acting in an advisory capacity to the Commission, is still engaged in the survey of the physiotherapy facilities available and of the visiting nurse qualifications. In short, the work of the committee has been that of bringing to fruition the set-up for the work as outlined by the personnel of last year's Crippled Children's Committee.

Respectfully submitted,

Barclay W. Moffat,
Chairman
David B. Allman
Frederick G. Dilger
Elmer P. Weigel
Frank H. Pinckney
Ernest G. Hummel
Philip S. Avery

THE ADVISORY COMMITTEE ON MATERNAL WELFARE

By Arthur W. Bingham, M.D., East Orange, N. J.

To the Welfare Committee:

The Committee on Maternal Welfare reports more intensive work throughout the state than ever before. Twenty-two field physicians have been appointed; one for each county, and one for special work among the colored physicians.

Meetings are held with the field physicians each month. Dr. Julius Levy of the State Department of Health and the chairman of the Committee on Maternal Welfare, conduct these meetings.

No lectures have been given on obstetrics this year, but conferences have been held in most of the counties. The chairman has attended conferences in Burlington, Passaic, Morris, Gloucester, Hunterdon, Bergen, and Cape May Counties. Other conferences have been held for which the chairman has supplied statistics on the maternal deaths in that county, as requested for study.

The study of maternal deaths has been a valuable aid in bringing out facts regarding maternity care. Every maternal death in 1937 has been investigated by the field physicians, and the reports examined by the chairman. Some time in March, the whole committee will meet for further study of these deaths as well as of hospital reports, in order to outline further methods of prevention.

While the maternal death rate for 1936 was 3.7 per thousand live births, the rate for 1937 is 3.2. On account of a difference in classification of births and deaths as to residence of patients, the statistics as given by the State Department of Health differ from those given by the Children's Bureau at Washington. For 1936, Washington credits New Jersey with only 53,833 live births as against 54,145; and 213 deaths instead of 202. This gives the rate as published by Washington as 4 per thousand,—the same as Rhode Island, the lowest in the United States. According to the State Department of Health, the rate is 3.7 for 1936, and 3.2 for 1937, based on 55,176 live births and 182 maternal deaths. The Washington rate for 1937 is not published yet.

The chairman has read papers on Maternal Welfare before the Federated Women's Clubs of New Jersey at Atlantic City, the American Hospital Association, the Woman's Club of Orange, and the Orange Medical Society. He also attended the Maternal and Child Conference in Washington in January and gave a report on the work in New Jersey.

A number of obstetricians of the state have agreed to lead the discussion in Maternal Welfare Conferences when requested, and it is hoped that more of the local groups will avail themselves of this opportunity.

The Committee recommends printing the name of the field physician on each County Bulletin so that the members will know who he is. This has been done in many of the counties. It also requested the editor of the State Journal to publish all the names each month on the pages with the officers and committees. This was promptly done, and the committee appreciates the coöperation.

An excellent refresher course in obstetrics is given at Margaret Hague Maternity Hospital but recently very few have enrolled. The course is free for one week for practitioners in New Jersey, and only a small fee is charged for more than one week. A letter of introduction must first be obtained from the chairman.

A meeting of the State Maternity Welfare Committee with the Field Physicians and members of the County Maternal Welfare Committees was held in Atlantic City, April 29, 1937. Eight charts on maternal mortality were exhibited, showing how each county and the state as a whole stood in regard to deaths from different causes. These charts were published in the State Medical Journal in September 1937.

Hospital reports were also discussed. The hospital in the community should be a part of the maternal welfare system.

A free discussion was held on field physicians, their duties, etc. It was decided to have a field physician for each county, and that he should do child health work as well as maternal welfare. Each county was to recommend from three to five physicians for the position. A committee consisting of the President Elect of the State Medical Society, the Chairman of the Welfare Committee, the Chairman of the Public Health Committee, the Director of Maternal and Child Health, and the Chairman of the Advisory Committee on Maternal Welfare then chose one physician from each county for field physician. His name was then sent to the State Department of Health for appointment. The new field physicians began their work October 1, 1937.

A meeting of the Advisory Committee on Maternal Welfare was held on June 24, 1937. Minutes of the Atlantic City meeting were read and approved. The Chairman reported on a survey he had made of the Newark Commun-

ity Hospital (colored), and read a copy of the letter that he personally sent urging them to increase their facilities for taking care of obstetrical patients. The Committee then endorsed the Community Hospital's aim in getting a larger hospital.

The Committee then looked over the very complete list of consultations that the Chairman had prepared. It also looked over the copies of all the death certificates from throughout the state which had to do with maternal deaths.

There was a lengthy discussion as to what form of educational work should be done this coming year. The Refresher Courses at the Margaret Hague Maternity Hospital are to be continued. It was the concensus of opinion that no lectures be given this year; but that we should urge all hospitals doing obstetrics to have monthly conferences. It is recommended that a letter be written to each hospital doing obstetrics that the physicians have a monthly conference; and that if they want a physician to sit in with them from the outside, we will furnish one.

The meeting then was adjourned to the Chairman's home where President Herrman joined the group at dinner.

A meeting of the Advisory Committee on Maternal Welfare with the field physicians and members of the County Maternal Welfare Committees was held in Newark on January 20, 1938. Over sixty were present. Details of this meeting were published in the February Journal, p. 101. One subject discussed was who should pay the doctor for caring for the indigent. Some communities pay the doctor and others do not. It was decided to have a committee appointed to study the problem, and bring in recommendations for the care of the indigent at a future meeting. Drs. Mount, Levy, and Underwood have been appointed by the Chairman.

Another question discussed was: Should hospitals taking obstetrical cases refuse to accept patients with positive Wassermann or positive gonococci? It was decided that all such hospitals should admit these cases.

In some states, consultations are held only with members of a group selected for that purpose. In New Jersey, it was thought wise to allow a physician to call any competent physician in consultation. This was discussed and the vote was unanimously in favor of free selection of a consultant. There have been 108 consultations during the year. Each one has been checked by the chairman, and he has seen no evidence of any misuse of the privilege. He believes good advice was given in every case. There were two deaths in this group. The physicians consulting were of high standard in their community, and conditions about the patient were such that nothing further could have been done.

There were 1074 cases in which nurses were used for delivery care. These cases were supervised by the Supervisor of Delivery Service of the State Department of Health.

The question of having a Section on Obstetrics and Gynecology at the Annual Meeting of the State Medical Society was considered. The majority present were in favor of it. A request was sent to the Trustees and their consent was obtained. The Section has been organized, and will hold its first meeting on Wednesday, May 18th, at Atlantic City. Following the meeting, there will be a maternal welfare luncheon.

Since many physicians do not go to the Maternal Welfare Conferences, it is suggested that some of the outstanding maternal deaths be published each month, without using any names, and with comments by the Chairman, the object being to carry to those who do not attend the meetings suggestions for preventing complications and deaths. This suggestion will be carried out in the near future.

The question of whether the rules suggested by the Committee on Maternal Welfare were posted in hospitals was discussed. It would appear that the majority of the hospitals have posted the rules but in a number they are not enforced. Recently the Department of Institutions and Agencies sent these rules to every hospital in New Jersey. We were not aware of this until we saw the rules posted in a hospital, but we appreciate their coöperation.

In comparing mortality statistics, it was found that in 1927 there were 75,000 live births, and 453 maternal deaths; while in 1937 there were 55,176 live births, and 183 maternal deaths. Live births decreased 26 per cent while maternal deaths decreased 60 per cent.

Compared with 1936, in 1937 the maternal death rate for:

Puer. Septicemia increased	0.07
Puer. Hemorrhage increased	0.10
Puer. Alb. & Eclampsia increased	0.07
Ectopic gestation increased	0.02
Septic Abortions decreased	0.07
Other Tox. of Preg. decreased	0.13
Other Accid. of Childbirth decreased	0.33

The improvement this year was largely due

to fewer maternal deaths from *Other Accidents of Childbirth.*

The Chairman has corresponded with fifteen different states in reply to questions regarding our work. Many have requested reprints of Maternal Welfare articles printed in The Journal.

In closing, we wish to express our appreciation of the hearty coöperation and loyal support of the physicians of New Jersey, without which very little could have been accomplished.

Respectfully submitted,
A. W. Bingham,
Chairman
J. Carlisle Brown
Samuel A. Cosgrove
Carl H. Ill
Theodore F. Thompson
Robert A. Mackenzie
Walter B. Mount
Harrison B. Wilson
J. Harris Underwood
Julius Levy.

REPORT OF ADVISORY COMMITTEE ON VENEREAL DISEASE CONTROL

By C. Byron Blaisdell, M.D., Long Branch N. J.

To the Welfare Committee:

This Committee had four points offered on June 27th by the Welfare Committee for its consideration, as follows:

1. Question of Clinic Extension.
2. Problem of free drug distribution.
3. Procedure of appointing doctors for new clinics.
4. Method of reporting venereal disease cases,—whether by name, or number.

1. CLINIC EXTENSION

Those of us present at the first meeting felt that Clinic Extension was a matter for individual counties to work out. Some counties want clinics, a few do not; and to those who do, advice and help in the formation of these clinics have been given by this Committee, with the practical set-up given by the State Bureau of Venereal Disease Control. If clinics prove more and more successful, they will spread.

2. FREE DRUGS

Regarding free drugs, it was felt that if the policy of the State Bureau of Venereal Disease Control was to furnish drugs free to all patients regardless of their ability to pay, the members of the Society should feel free to use them. But just as we should feel obligated to send blood tests to the private laboratories of pathologists in our membership when patients can afford it, so should we remember the druggists in buying our drugs for these patients.

3. APPOINTMENT OF CLINIC DOCTORS

Appointments for doctors for clinics has gone ahead as laid down in last year's plan.—namely, that doctors working in venereal disease clinics shall be named by the county society through its venereal disease committee, approved by the State Society, and then recommended to the State Bureau of Venereal Disease Control, which shall make the appointment. This Committee has not set up standards of qualifications of a doctor to be appointed, although urged to do so by the Public Health Officers' Association. It may be necessary as clinics develop, or are insisted upon in certain clinics set up by Boards of Health who feel entitled to a specially qualified man. We should coöperate completely with the Public Health men in their insistence on standards, but we do not now feel willing to disqualify most of our members by listing qualifications that would tend to create a body of new specialists. Syphilis for the indigent can be treated by any doctor who does physical examinations, studies the technique of drug administration, and adheres to an approved method of treatment, calling for help from a State Department consultant when in doubt. This point will need further consideration in the light of continued experience.

4. REPORTING CASES

Reporting by name or number has been left as required by the State Department of Health, which feels its purposes better served statistically by the giving of name, address, and source of infection where known.

THE NEW BRUNSWICK CONFERENCE

Within three weeks after being appointed, this Committee helped the New Jersey Health and Sanitary Association stage a demonstration of a model clinic in a doctor's office on

May 18, 1937, coöperating with the State Department of Health, and local auxiliary agencies (nurse and social worker). This was held in New Brunswick, and was visited by many people. Fifteen hundred people saw a venereal disease film in the afternoon and seven hundred attended the evening session. In the Middlesex General Hospital there was also run a demonstration clinic for doctors only, which plan is recommended for other hospital clinics upon request from this Committee or the State Department of Health. The Newark Venereal Disease Clinic has been offered for this instruction through Doctors Exner and Sellers, and it is hoped that other well organized clinics will come forward with similar help when requested.

PROJECTS

In addition to the foregoing, this Advisory Committee undertook three main projects:

1. To have each county appoint its own County *Venereal Disease Committee,* as suggested in last year's report, but not widely carried out. Although it is not yet complete, the list is fast approaching the objective of twenty-one such committees. Composed of men named by their own society because of special interest and qualifications, both in training and experience in syphilis treatment, they can better direct the local work, decide which appointees are best qualified locally in this field, and coördinate the county activities with the State Committee's work.

2. To aid in the *education of all our members* by coöperating with the State Department of Health in providing moving pictures, the preparation of pamphlets and tabulations suitable for conveying information, and stimulating demonstration clinics. County societies have been asked, with gratifying results, to include "Syphilis" as a subject of one meeting in the year; and members urged to study the subject, and where possible take postgraduate work in it. Our Journal has aided us greatly by its articles on syphilis through the year, as well as by its reporting of activities of the Committee.

3. To coöperate with the State Department of Health and the Public Health Officers' Association in considering and deciding mutual problems. In this respect, our action has perforce been advisory, because of the nature of our Committee. Also the situation in the reorganization in the State Department of Health has affected the tempo of achievement. With Dr. Karl M. Scott, one of our members from Atlantic County, acting as new Chief of the Division of Venereal Disease Control, we hope to be of essential assistance in the development of increasingly progressive programs.

LEGISLATION

Finally, the Committee has offered its suggestions on various legislative bills, recommending to the Welfare Committee the Pre-Marital Medical Examination Bill; discussing and amending the provisions of the Bill to make Wassermann tests obligatory in jail cases of one week or longer; approving in principle a bill designed to make blood tests on pregnant women obligatory. (A provision of this bill, fining a doctor failing to take such a test, was rejected by the Welfare Committee); and lastly, seeking to aid the Society of Clinical Pathologists to provide a program for securing its members' services for themselves and for the State Department of Health should continued extension of laboratory services make it necessary to expand rapidly.

To further the drive against syphilis, local financial support must be provided, since Federal and State funds are limited or not set up adequately. With a considerable portion of this money going to doctors working in syphilis control, it is worth the doctors' time to see that local appropriating bodies, as well as the State, provide more funds to extend and strengthen the work already begun.

Respectfully submitted,

C. Byron Blaisdell,
Chairman
Stanley R. Woodruff
George N. J. Sommer
Robert R. Sellers
Inglis F. Frost
I. Warner Knight
Stanley McGeehan
Arthur J. Casselman,
Advisory.

REPORT OF THE PNEUMONIA ADVISORY COMMITTEE

By JOHN W. GRAY, Newark, N. J.

To the Welfare Committee:

A meeting of the Pneumonia Advisory Committee was held in Atlantic City on June 9, 1937. Considerable data was presented at that time regarding the free typing and serum distribution in this State, and also data regarding the expense of conducting such a program. Assembly Bill No. 425 introduced on March 8, 1937, by Senator Taggert for an appropriation of $25,000 was not approved. This committee felt that this amount would be inadequate and that $150,000 would be necessary for developing a satisfactory program for typing and distribution of serum. A resolution was passed as follows:

Since an adequate program would require $150,000 annual expenditure for typing stations and treatment of those unable to pay for serum, we believe that an unfavorable reaction might ensue if the program is attempted with less funds. But if a smaller amount is appropriated, ways and means should be formulated for the use of that sum.

SECOND MEETING

A meeting of the committee was held December 18, 1937, at Trenton. Resolutions from the New Jersey Health and Sanitary Association regarding the action taken by that organization on December 10 were discussed. Briefly, they had resolved that the Legislature be urged to appropriate the sum of $200,000 to the State Department of Health for furnishing and further expanding pneumococcus typing service, and for the necessary cost of free distribution of pneuminia serum. It was further resolved that the Association, coöperating with the Medical Society of New Jersey, the State Department of Health, and the New Jersey Health Officers' Association should propose a bill to this end, and have it presented at the next session of the Legislature; and further should secure the coöperation of these and other interested groups in urging its passage as a law. A motion was passed that a special committee be appointed from the Advisory Pneumonia Committee to meet special committees from the other interested groups.

A motion was also passed recommending that the State Executive Secretary be authorized to secure certain films on pneumonia to be shown to the Medical Societies.

THIRD MEETING

A meeting of the special committees above mentioned was held at the Rockefeller Institute in Princeton, January 2, 1938. Doctors Gray, Kilduffe, Ten Broeck and Kain represented the Advisory Committee of the Medical Society; Dr. Nichols, Dr. Smillie and Mr. MacDonald represented the Department of Health; Professor Murray and Dr. Easton represented the New Jersey Health and Sanitary Association; Mr. Chandler and Mr. Pomeroy represented the Health Officers' Association; and Dr. Yaguda represented the New Jersey Association of Clinical Pathologists. Detailed reports of the pneumonia work being done in Massachusetts, New York, and Pennsylvania were made by members of the Pneumonia Advisory Committee who had been requested to study pneumonia programs of those states. Suggestions for plans applicable for control of pneumonia in this State were discussed in great detail. The underlying principles considered in these suggestions may be summarized as follows:

1. The state to be asked for an estimated appropriation for early diagnosis and serum treatment of pneumonia.

2. This sum to be allocated in specific amounts for (a) diagnostic measure; (b) purchase and distribution of serum, and (c) administration.

3. The load of "typing" to be distributed between the State Department Laboratories, and private and hospital laboratories.

4. Upon certification by the physician of the inability of the patient to pay he shall receive free diagnosis and serum.

5. The physician shall be entitled to a nominal fee for the administration of serum, and the clinical pathologist to a fee for typing.

A motion was passed to have the special committees of the five organizations above mentioned continue as a *joint pneumonia committee,* with Dr. Gray as chairman and Mr. MacDonald as secretary. A committee of five, one from each of the five organizations, was appointed to draft a legislative bill for pneumonial control.

FOURTH MEETING

At the meeting of the Joint Pneumonia Committee in Trenton, January 16, 1938, a tentative bill drafted by the committee of five was presented for discussion. In this draft it was recommended that the State Department of Health be authorized to purchase and distribute free antipneumococcus serum and such other biological products as may hereafter be

effective in the prevention and control of pneumonia; that the serum may be supplied free to a physician only if he has signed a statement regarding the patient's diagnosis and financial status; that the sum of $50,000 be appropriated for the use of the Department of Health during the fiscal year ending June 30, 1938, for purchasing and distributing serum and conducting a program to reduce the mortality from pneumonia; that the Department of Health be empowered to make regulations for administering this act; and that the New Jersey Health and Sanitary Association be requested to arrange to have the bill introduced in the Legislature and be further requested to create support to have it passed.

FIFTH MEETING

A meeting of the Pneumonia Advisory Committee March 6, 1938, was held primarily for the discussion of the passing of the Assembly Committee Substitute for Senate Bill No. 36. The New Jersey Health and Sanitary Association had found that Senator Taggert would accept our tentative bill as a Committee Substitute for his bill which was already being considered by the Senate. He stated, however, that he desired the sum be $25,000, and objected to the provision that the State Health Department might provide preventive serum if and when available. Therefore, in the Committee Substitute Bill, which had passed the Assembly and Senate the following clauses were deleted, "such other standard biological products as the said department may hereafter find effective in the prevention and control of said disease," and "conducting a program to reduce the mortality from pneumonia." The latter deletion eliminated provisions for paying for necessary administrative and typing costs, and restricted the use of the money entirely to the purchase and distribution of serum. The Advisory Committee objected to this latter deletion, and recommended that a committee be appointed to interview Senator Taggert immediately in the hope of having the deleted clause reinserted in the bill before it became law.

DISTRIBUTION OF SERUM

In view of the likelihood of pneumonia serum being available soon under the new legislation this year, and in order to facilitate matters, discussion of its distribution and the question of strength and kinds of serum to be stocked was discussed. It was agreed that types 1 and 2 of horse serum should be kept in all distributing centers, and that the rarer types available in horse serum, and also rabbit serum, should be kept in a few selected distributing stations. It was further suggested that serum be furnished in vials containing 40,000 units.

There was endorsement of the New York State Department of Health's technical films for medical audiences. These films may be obtained through the chairman of the Public Relations' Committee. Dr. Kler, chairman.

A meeting of the Joint Pneumonia Committee was held on March 6 immediately following the meeting of the Advisory Committee. The suggestions discussed at the Advisory Committee were endorsed by this body.

The committee of three interviewed Senator Taggert on the evening of March 6 and he agreed to do everything in his power to have the deleted clause reinserted in the bill before it become law. Nevertheless the Assembly Committee Substitute Bill for Senate No. 36 was signed on March 10, and is now a law known as Chapter 24, Laws of 1938.

Thus there is available an appropriation for the immediate purchase and distribution of antipneumococcus serum, which is a real accomplishment toward the development of a comprehensive pneumonia program in the State of New Jersey.

Respectfully submitted,

JOHN W. GRAY, *Chairman*
ROBERT A. KILDUFFE
HILTON S. READ
CARL TEN BROECK
THOMAS M. KAIN
FRANK ALTSCHUL

REPORT OF THE ADVISORY COMMITTEE ON TUBERCULOSIS

By B. S. Pollak, M.D., Jersey City, N. J.

To the Welfare Committee:

I am submitting herewith the annual report of the Advisory Committee on Tuberculosis, based on the consensus of opinion arrived at at the special meeting called for the purpose, and which was in part supplemented by written reports of the members of the committee who were unable to attend the meeting, as well as by some reports of several of the medical directors of the various County tuberculosis sanatoria.

Generally speaking, we desire to comment upon the increased interest manifested during the past year, both by the profession as well as the laity, in tuberculin testing and follow-up by X-raying of "teen age" students of Junior and Senior High Schools.

Bergen, Burlington, Camden, Hudson, Middlesex, Passaic, and Union Counties have reported upon a large number of tests, as well as a definitely organized effort, through medical channels, to attempt to carry on a program as routine in the high schools.

Atlantic, Essex, Morris and Monmouth Counties have likewise enthusiastically supported this movement; but their figures are not available at this time to make accurate deductions.

Dr. Douglass of Passaic, reporting on a group of 4,204 students, reports ten cases of adult tuberculosis found, whereas in a known contact group of approximately 1,500 pupils, twenty-one cases of adult tuberculosis were discovered in the schools.

In Hudson County of 12,542 pupils tested in the high schools of Jersey City, which represents 84 per cent of the number attending high schools, but sixteen cases of adult tuberculosis were found, in addition to 255 cases of childhood type, and seventeen cases of pleurisy.

Dr. Runnells of Union County has developed an excellent plan, which has been approved and is being heartily supported by the Union County authorities.

Naturally the Counties which have sanatoria and their facilities available are making a splendid contribution to this effort. The staff of the New Jersey State Sanatorium for Tuberculous Diseases, through its Medical Director, Dr. Samuel B. English, are giving valuable aid and assistance in the smaller Counties of the State. Their statistics are in the course of preparation, and will be submitted as a supplemental report at the time of the Annual Meeting.

The increasing frequency with which we are encountering cases of well-advanced tuberculosis in the high school students leads us to suspect that there are many more instances in these schools which are unrecognized. We realize also that these cases represent a source of infection at home, and a menace to their classmates. It has also definitely raised a question of the possibility of infection from teachers and other school personnel. It emphasizes to our Committee that here is an opportunity for a tremendous amount of prevention best approached by tackling the "teen-age" accessible in high schools. By tuberculin-testing this so-called "neglected age," and X-raying the reactors, we could discover not only manifest cases, but also many others in earlier stages, placing them all under protective supervision, and attempting to discover the unknown source of infection in their respective households.

While as yet the total number of cases of tuberculous disease encountered is comparatively small, emphasis must be placed on the very large number of students who were tuberculin positive—approximately 35 per cent.

It must be borne in mind, for instance, that the results shown in Bergen, Hudson, Middlesex, Passaic, and Union Counties of open cases of tuberculosis in high school children offer a source of infection to others that can be multiplied many times, to say nothing of the hopelessness of the future of each of these individuals if not discovered in time. As far as possible, it is recommended that these observations be carried out by the pupils' own family physicians.

The wholesome effect of such surveys on the part of the public and the medical profession is quite obvious. A greater health consciousness has arisen in the people, and a new incentive for tuberculosis prevention is given to the physician. The combined effect is bound to create ultimately an accomplishment of great economic value.

It was the opinion of our committee, however, that as a public health measure examination en masse ought to be encouraged and stimulated by organized medicine. This applies to the tuberculin testing per se, as well as the X-ray follow-up.

Case finding surveys among apparently healthy persons have shown that while no age is immune to tuberculosis, the peak of development is between adolescence and the late twen-

ties. Fellows, in a study of annual examinations of a clerical force of about 10,000 women and 2,000 men, found that in a five year period clinical pulmonary tuberculosis developed in 142 previously healthy people, of whom 83 per cent were between the ages of 18 and 27.

In summarizing, we desire to emphaize the necessity of frequent X-raying of tuberculous infected children, in order that the very earliest manifestations of actual disease may be recognized, and further to retest those children who on previous occasions had proven negative to the tuberculin test. It is obvious that students who have entered schools during the subsequent scholastic year must likewise be tested.

With a conscientious and consistent policy of this sort, we feel confident that within a comparatively short period we may be able to eradicate tuberculous disease from the students of our high schools.

Respectfully submitted,

B. S. POLLAK,
Chairman
SAMUEL BERG
JAMES G. BOYES
CLYDE M. FISH
J. F. PESSEL
J. E. RUNNELS
THOMAS J. WALSH

REPORT OF THE ADVISORY COMMITTEE ON ADULT HEALTH SUPERVISION

By EDWIN G. DEWIS, M.D., Interlaken, N. J.

To the Welfare Committee:

The Advisory Committee on Adult Health Supervision, in keeping with the general theme of the parent committee to make "Every physician's office a health center", selected the further development and popularization of periodic health examinations as one of its principal objectives for the year.

The first problem confronting the committee was to develop a suitable periodic health examination blank which would fulfill the following criteria:

1. Permit a careful survey of the patient's physical condition within a reasonable period of time.
2. Enable the examining physician to transcribe the results of his examination in a logical scientific order.
3. Place in the hands of the patient examined an attractive, comprehensive record of his physical condition.
4. Create the desire on the part of the patient to undergo further examinations at stated intervals for comparative purposes.
5. Stimulate a more wide-spread interest in preventive medicine.

Numerous blanks in use by various societies, clinics, and industrial organizations were reviewed, with these features in mind; and the completed forms, which have received the approval of the Public Health Committee, will no doubt soon be available to the members of the medical society.

In the meantime your Advisory Committee will proceed with further plans to stimulate a greater interest on the part of both the profession and laity in the value of periodic health examinations.

Respectfully submitted,

EDWIN G. DEWIS,
Chairman
EDWARD C. KLEIN, JR.
W. BLAKE GIBB
WILLIAM VARNEY
ROBERT BUERMANN
H. BURTON WALKER
FREDERIC W. LATHROP
H. S. WILLARD

REPORT OF THE SUB-COMMITTEE ON MEDICAL PRACTICE

By Thomas K. Lewis, M.D., Camden, N. J.

To the Welfare Committee:

The five years during which your Sub-Committee on Medical Practice has been in existence have been turbulent and marked by social and political unrest both at home and abroad. Clamor for some form of socialization of medicine goes on unabated, fostered by a number of powerful groups and factions. The fact that, up to date, all such offensives aimed at the practice of medicine have been checked should not blind our eyes to the further fact that there is something radically wrong with present methods of distribution of medical care. It is urgently necessary that the rank and file of the Medical Profession, individually and collectively, take cognizance of the need for changes on the business side of the pursuit of our profession.

Scientific development has advanced by tremendous strides, but the price of these advances has been such an enormous increase in the cost of treatment in serious illness that the *paying clientele* has been shrinking at an extremely alarming rate. While we complain of dispensary and free ward abuses, and while we worry over the evils of contract practice and the injustices of compensation laws, let us not blind ourselves to the fact that the great increase in the cost of medical care is driving hordes of otherwise self-supporting citizens into the ranks of the medically indigent.

That *socialization of medicine* is not the cure is the nearly unanimous opinion of the medical profession; but it is also evident that, in the days to come, it will be necessary for organized medicine to coöperate with government for the solution of some of the existing difficulties.

ANALYSIS OF THE SITUATION

Studies by the Committee on the Costs of Medical Care yield certain interesting data.

1. The annual medical bill paid by the American people is not excessive on the *per capita basis,* in that it falls far below that paid for cosmetics, toilet articles, tobacco, etc.; but this bill is *not spread out,* too great a portion being carried by a very few.

2. One-third of the total cost of medical care is paid by, or for, those seriously ill; and the bulk of this cost centers around the hospitals.

3. The *seriously ill* constitute 0.1 per cent (or one in every thousand) of the population at a given time. This is the group by whom or for whom one-third of the total bill is paid.

4. Enormous numbers *moderately ill* who are in need of special investigation or expert opinion are being given the required attention by way of free wards and clinics. There is no estimated value of these professional services on record. As a result of our recent Hospital Survey in New Jersey, computed on a moderate fee basis, physicians in the forty-eight hospitals reporting are contributing, annually, somewhere in the neighborhood of seven million dollars worth of medical service, or an average of nearly $2000 per physician.

Perusal of the above facts makes it apparent that some means must be found whereby the cost of catastrophic illness may be secured for all classes of society, and at a rate economically possible in such a way that the physician may receive compensation, and the hospital be covered at least on a cost basis.

Only the *upper* five to ten per cent of the population, economically speaking, can meet all costs at any price.

The *lower* ten to twenty per cent of the population will never be able to meet such cost at any time, or at any price.

Our chief concern should be the great *middle class,*—the backbone of the nation,—which at the present time, even when employed, is forced at varying levels to seek medical assistance as a charity. For this class medical service must be provided at a "price possible" level.

The equation for which a solution must be found consists of the following factors:

1. The *middle class patient,* and even the moderately well-fixed patient, demands medical service at a price which will not place too great a strain upon his bank account, or force him into the ranks of the medical indigents.

2. The *hospitals* must be so supported that they may operated in the black. It is the acute problem of finance that has forced some of our hospitals into certain practices about which the medical profession is up in arms.

3. The *private practitioner* requires a readily available means, or modus operandi, whereby he may obtain for his middle and low-wage patients the benefits of laboratory service, special instrumentation, x-ray examinations, and opinions from specialists, at a price compatible with

their pocket-books. Lack of any readily available set-up for procuring such service causes the general practitioner to refer many of his patients to dispensaries who could pay for such services on a modified scale. The Medical-Dental Bureau takes care of only a small proportion of this type of adjustment, and is a luxury only possible in the larger metropolitan areas.

THE SOLUTION

Intensive study of these various problems of medical economics very quickly leads to the conclusion that there is no one formula that can produce the solution. It becomes apparent that readjustments must come in the form of evolutionary processes involving not only the creation of new services and larger activities of component County Medical Societies, but also a revision of some of our time-honored philosophy. As time goes on we begin to see some of the answers to our problem.

Certain elements toward the erection of this new structure seem to be practicable, a number of which are in the process of experimental trial within the State of New Jersey.

1. Properly managed non-profit *hospitalization insurance* will lift a large number of patients out of the wards into semi-private rooms, and will bring some income to the attending physician or surgeon. These various plans are being enthusiastically supported by the laity throughout the country, and with minor adjustments can be rendered thoroughly ethical and satisfactory to the profession.

2. Creation in hospitals of larger facilities for *semi-private and pay-ward* patients. In those hospitals where such facilities are available at generous rates, the percentage of the dollar receipt derived from patients is higher than in those institutions where the private service rate is high.

3. Rapid *standardization of drugs* and more ethical (or professional) prescription writing through the United States Pharmacopeia, the National Formulary, and the New Jersey Formulary. If the doctors of the State will cooperate more actively with the pharmacists along this line, the drug bills of our patients can be materially reduced.

4. The development of an improved type of *practical nurse*. The Committee on Nursing and Nursing Education, in conjunction with Vocational Training Schools and Social Security, has established several courses for the training of nursing assistants within the State.

5. Modification of fees in an organized way to fit the financial capability of the individual patient through:

a. *Medical-Dental Bureaus* in the large communities, particularly for cases requiring hospitalization.

b. *Coördination* of County Medical Societies with Boards of Health, Welfare Departments, Municipal Governments, and Hospitals, in an effort to obtain suitable medical care for all classes of citizens.

6. Support of the medical care of the indigent by the tax-paying public along the lines of the late Emergency Relief Administration, whereby:

a. Private hospitals shall be remunerated on the cost-day bed basis for the care of the completely indigent; and,

b. The general practitioner shall be remunerated on a modified scale of pay for the treatment of indigents in homes.

RECOMMENDATIONS

In order to enter effectively into these various activities, the Medical Profession and the hospitals must have better support in caring for the indigents. It is, therefore, the major recommendation of this committee that The Medical Society of New Jersey:

a. Enter actively upon a campaign aimed at a State-wide plan for care of the indigents, along the lines of the late E. R. A.

b. Contact and enlist the active support of all institutions, agencies, and organizations throughout the State interested in the common welfare for the fulfillment of this project.

Respectfully submitted,

THOMAS K. LEWIS,
Chairman
J. IRVING FORT
CHESTER I. ULMER
D. LEO HAGGERTY
HENRY HAYWOOD

REPORT OF THE ADVISORY COMMITTEE ON HOSPITAL RELATIONSHIPS

By Raymond J. Mullin, M.D., Newark, N. J.

To the Welfare Committee:

The following statement of principles with specific recommendations in the form of resolutions, constitutes the report of the advisory Committee on Hospital Relationships of the State Medical Society of New Jersey:

PREAMBLE

Food, clothing, shelter and health constitute the material essentials of human welfare.

In the past thirty years, hospitals have become important links in the chain of health. Also, during the same time the relations between the public, the medical profession, and hospital administrations have become increasingly complex.

Failure to *understand each other* and to see each other's viewpoints has raised barriers between Boards of Trustees and Medical Staffs of hospitals. Physicians have complained that hospitals have exploited the medical profession for the financial interest of hospitals; and hospital administrations have judged that medical staffs have thought only of their own selfish interests. There thus exists an aloofness between trustees and medical staffs. This should not be so. Both Boards of Trustees and Medical Staffs are philanthropic and public-spirited. Both give services. The welfare of hospitals, of the public, and of the medical profession requires that there be harmony and understanding and coöperation between trustees and medical staffs, each desirous of making its contribution, and each understanding and approving the other.

In addition to the lack of cordial coöperation between trustees and medical staffs, there is also a lack of uniformity of *hospital policies* in New Jersey. So far as is possible, these should be standardized.

PRINCIPLES

The Medical Society of New Jersey undertakes to be of service to hospitals and to the medical profession. To that end it presents principles which should underlie and control the relations between hospitals and their medical staffs, namely:

(1) Hospitals exist solely for the purpose of treating the sick, which treatment must be given by or under the direction of physicians.

(2) Physicians by training and by experience are best fitted to understand and to solve the medical problems of hospitals; Boards of Trustees are best fitted to solve financial and administrative problems. It therefore follows that hospitals can be administered best when Boards of Trustees and Medical Staffs coöperate in their administration.

(3) Anyone who gives to the poor has the right to decide what he shall give, and to whom he shall give. No one has the right to decide what or to whom someone else shall give. Physicians, therefore, have the sole right to decide to whom they shall give their services.

(4) Physicians have always been and always will be glad to give their services when such services can be paid for neither by public, nor by private funds, but they should not be expected to treat without compensation those who can pay.

With these four propositions no one should disagree. They seem to be self-evident, and are fundamental. They form the basis for the following recommendations made by the *Advisory Committee on Hospital Relationships* in the form of resolutions regularly moved and carried by a majority of the members of the committee, as follows:

RESOLUTION NUMBER ONE

Whereas, The welfare of the hospitalized patient and the community at large, as well as the best interests of the medical profession and the hospitals throughout the State, will be benefited by a better mutual understanding between Medical Staffs and lay Boards of Managers or Trustees; and

Whereas, diffidence on the part of physicians and laymen, misunderstanding, and unfortunate lack of coöperation between Medical Staffs and lay Boards, have resulted in retardation of proper development of institutions solely concerned with the care of the sick; and

Whereas, this deplorable situation has resulted in unnecessary expense to the communities concerned and has interferred with the best interests and welfare of the patient, therefore be it

Resolved, that this committee recommend to The Medical Society of New Jersey through its trustees, that the Medical Staffs of all hospitals throughout the State be represented by one or more of its members on the Board of Trustees or Managers, with power to vote; and be it further.

Resolved, that this committee recommend to the Medical Society of New Jersey, through its trustees, that all hospitals in the State be urged to elect a committee from the Staff, as

well as a committee from the Board of Trustees or Managers, and that these two committees should meet at stated intervals for the discussion of policies and settlement of problems.

RESOLUTION NUMBER TWO

WHEREAS, many hospitals throughout the state have, in recent years and in increasing numbers, begun to accept flat rate maternity and tonsil cases, and to maintain clinics and dispensaries where fees are charged, without proper consideration of the physician and without adequate investigation of the economic status of the patient, therefore be it

RESOLVED, that this committee recommend to the Medical Society of New Jersey, through its trustees, the establishment of agencies throughout the state for the purpose of determining the financial status of patients applying for free or part pay hospital service, these agencies to have representatives of the medical profession on their administrative boards.

This committee further recommends to the Trustees of The Medical Society of New Jersey that they seek the coöperation and support of the New Jersey State Hospital Association in furthering the adoption of the above program by the hospitals of the State; and that the chairman of the Board of Trustees, the president of the Staff and the superintendents of all hospitals in the state be furnished with a copy of this committee's report.

RAYMOND J. MULLIN,
Chairman
EDWARD W. SPRAGUE
RUSSEL K. TETHER
FLORENTINE M. HOFFMAN
CHARLES B. KELLEY
THOMAS K. LEWIS
E. W. LANCE
HENRY B. DECKER
WILLIAM H. WARNER
JOSEPH F. LONDRIGAN
CHARLES HYMAN
GEORGE N. J. SOMMER
GEORGE O'HANLON

REPORT OF THE ADVISORY COMMITTEE ON NURSING AND NURSING EDUCATION

By A. CHARLES ZEHNDER, M.D., Newark, N. J.

To the Welfare Committee:

Last year the Advisory Committee on Nursing and Nursing Education prepared a program for this committee which will take several years to accomplish. Realizing that all the proposals could not be put into effect immediately, due to economic and other conditions, we have selected the one which we thought was the most urgent and which could be put into effect this year. We, therefore, selected as our objective for this year the *"Training of Nursing Attendants"*.

At the beginning of the year we sent out a questionnaire to five hundred doctors asking them whether they agreed with this committee that there was a need for this training. Ninety per cent of the doctors answered, stating emphatically that there was. We also asked them whether they would employ, in suitable cases, a Nursing Attendant for home nursing. Ninety per cent answered in the affirmative.

Early in the year we contacted several groups to ascertain where this training could be best given, and then selected the Girls' Vocational Schools in the various counties as the best available. From the County Educational Departments we received hearty coöperation in instituting this type of training; and fortunately there was money available from the Federal Government to help finance this project. We now have a course of studies for the training of Nursing Attendants in the Essex County Girls' Vocational School in Newark, the Union County Girls' Vocational School in Elizabeth, and the Middlesex County Girls' Vocational School at South River. We hope later to institute this in more of the Girls' Vocational Schools.

The Public Relations Committee of The Medical Society of New Jersey has been very helpful and coöperative in obtaining newspaper publicity for this course, thereby helping in getting girls to take the training.

Respectfully submitted,

A. CHARLES ZEHNDER,
Chairman
GEORGE M. KNOWLES
H. WESLEY JACK
BYRON G. SHERMAN
EDGAR A. ILL
E. J. CHAPMAN
HARRY SUBIN
THOMAS J. WALSH
VICTOR KNAPP
LOUIS PYLE

REPORT OF THE ADVISORY COMMITTEE ON THE MEDICAL CARE OF THE INDIGENT

By Charles H. Schlichter, M.D., Elizabeth, N. J.

To the House of Delegates:

The Committee on Medical Care of the Indigent, which is an Advisory Committee to the Committee on Medical Practice, begs to report that, after considerable deliberation, and conferences with the State Institutions and Agencies and with the Director of the Finance Assistance Commission of the State of New Jersey, the committee submitted to the Trustees of the State Medical Society a draft of an agreement between the State Finance Assistance Commission and The Medical Society of New Jersey, said agreement setting forth the manner in which the indigent were to be cared for medically, and the manner in which the physicians were to be paid.

Broadly, the agreement was drawn on the lines of the old agreement between the Emergency Relief Administration and the State Medical Society. (Jour., Aug., 1933, p. 593.) It provides for the free choice of physicians by the patient, and the payment of the physician by the municipality, county, or State; and it further arranges for the supervision of the work by a committee of the County Society. The fees are based on the old fee table of the Emergency Relief Administration Agreement. The Trustees of The Medical Society of New Jersey approved of it. Your committee, in October, 1937, delivered it to the Finance Assistance Commission, who had previously approved of the agreement, and who still have it under advisement. The delay in action by the Finance Assistance Commission is not due to any lack of interest on the part of that Commission; but is due to the condition in which the whole relief question finds itself in our State.

In other words, if the Legislature furnishes the Finance Assistance Commission with the funds, your committee has been assured that the Finance Assistance Commission will put the agreement into effect. A copy of the agreement follows immediately after this report.

Respectfully submitted,

Charles H. Schlichter,
Chairman
Fred Vosburgh
J. Howard Hornberger
George W. Fithian
D. Leo Haggerty
A. P. Hasking

MEDICAL RELIEF AGREEMENT BETWEEN THE STATE FINANCE ASSISTANCE COMMISSION AND THE MEDICAL SOCIETY OF NEW JERSEY

1. The preservation of the personal relationship between the doctor and patient shall be held paramount.

2. Medical relief shall be supplied by the individual physicians, preferably by the patient's own or previous physician, which shall insure free choice of physician by clients. Free choice of hospitalization in any accredited hospital shall be permitted.

The State Finance Assistance Commission shall not suggest the name of any one physician. It may provide a roster of physicians furnished by the County Medical Society from which the patient may make choice.

3. No medical service will be paid for unless authorized by the Local Relief Authority.

Telephone authorizations must be immediately followed by a written authorization.

All authorizations for medical care shall be issued in writing on the Regular Relief Order Blank in triplicate, one copy to be kept by physician.

4. Authorizations will be issued on an individual case basis, to cover not more than three visits. Not later that immediately following the third visit the doctor shall report to the Local Relief Authority office the probable duration of the illness, and shall himself keep a written diagnosis of the case. Where the illness is sufficiently serious, a written authorization for further visits will be issued.

In no case shall an order provide medical care for a period of more than two weeks, or involving more than ten visits. Any additional medical service may be authorized in writing only after a reinvestigation of the case in the home by the Local Relief Authority.

5. If, on an order for medical care, the physician finds more than one member of the family ill, all patients shall be cared for and only one call charged for by the physician, except where special authorization is granted by the Local Relief Authority.

6. Authorization for emergency service rendered by a family physician may be provided, if the physician reports to the Local Relief Authority within forty-eight hours the name and address of the sick indigent person, and the occasion for the emergency visit. Such cases are to be considered as exceptional, and the approval, if given, shall be conditioned upon the acceptance by the Local Relief Authority of the indigency of the patient to whom such emergency service is given.

7. Medical care for prolonged illnesses, such as

arthritis (chronic), and chronic heart disease, shall be authorized on an individual basis, and in general shall be limited to not more than one visit per week, over a period not exceeding three months. In the instances where more frequent visits seem to be indicated for a short period, additional authorization for such service shall be required.

8. The physician shall decide whether the patient requires hospitalization; but except in serious emergency the Local Relief Authority shall be notified sufficiently in advance of admission to permit it to establish the propriety of accepting public responsibility for hospital charges. When a patient enters a hospital, all fees to a physician cease so far as that particular patient is concerned.

No deliveries in obstetrical cases shall be undertaken in homes where conditions and surroundings are not consistent with good obstetrical practice.

9. Operations shall only be certified to for medical or surgical emergency conditions, when in the opinion of the Attending Physician such operation is necessary for the saving of life or the relieving of a jeopardy to the patient's life.

A. The so-called elective operations shall not be performed on relief clients unable to meet their hospital and doctor bills.

10. Only regularly licensed doctors of medicine shall be authorized to treat clients. This clause shall not, however, interfere with necessary treatment which may be performed by registered visiting nurses, under medical direction and supervision. It shall not be the policy of the Local Relief Authority to substitute midwives for physicians in obstetric cases.

11. The agreed-upon fees to physicians, based upon one-half to two-thirds of the average fees throughout the county, are as follows:

Office visits	$ 1.00 each
Home visits	2.00 each
Obstetrical cases	25.00 each

This fee for obstetrical cases shall include all charges for delivery, the necessary pre-natal visits,—in no case less than three,—and the necessary post-natal care. Details of these services shall be submitted with the bill.

The office visit for eye, ear, nose, and throat patients shall be $2.00 for the reason that the vast majority of these patients are office visitors. The house visit for eye, ear, nose and throat cases shall also be $2.00.

12. Any medical services other than the foregoing will not be paid for by the Local Relief Authority except by prearranged agreement or on special authorization.

13. Monthly bills shall be rendered by the doctors to each municipality from which authorization to provide medical attention at public expense has been received. Inasmuch as bills are to be charged against the calendar month in which the medical care was *authorized,* two bills are to be furnished:

A. One to cover charges for care rendered to patients whose total course of treatment was completed during one calendar month.

B. The other to cover charges for care of patients whose course of treatment started in the previous calendar month and ended in the current month.

Each bill shall list the number of patients and the number of visits made to each of those patients and the total charges. Authorizations for the treatment of each of these cases shall support each bill and these authorizations shall cover all charges on the bill for which payment is sought. Since the charges for each patient must be accompanied by the authorization for these charges, bills will not be submitted for any case until the course of treatment is completed or the extent of the authorization as shown in paragraph is exhausted.

14. Doctors must procure the signature of the patient or the head of the patient's family on all authorizations, as auditors will not pass bills unless the signature of the client or the head of his family is so affixed.

15. The County Medical Society shall appoint a Medical Advisory Committee to advise the Local Relief Authority concerning medical problems, to consider jointly with the Local Relief Authority any matters of dispute, to supply an approved list of licensed physicians to the director, to consider all cases referred to them by the Local Relief Authority and take such action, disciplinary or otherwise, as may be necessary.

16. The Medical Society of ——— County and the ——— (local administrative agency) in ——— County, enter into this plan for one year from the date of approval by the Medical Advisory Committee of the State Medical Society and the Finance Assistance Commission.

17. For the Medical Society of ——— County,

——— ———, *Chairman,*
County Medical Advisory Committee.

REPORT OF THE ADVISORY COMMITTEE ON PHARMACEUTICAL PROBLEMS

By CHESTER I. ULMER, M.D., Gibbstown, N. J.

To the Welfare Committee:

This committee has had an active year, cooperating with the Pharmaceutical Association of the State in many phases of our work.

Several joint meetings of physicians and pharmacists have been held, at which times subjects of mutual interest were discussed. Such meetings help in a great way to promote fellowship and better understanding between the two professions.

PROGRAMS INCLUDE PHARMACY

This committee recommends that, when the various County Medical Societies arrange their programs for next year, they plan to have all or at least part of one meeting devoted to a joint discussion of pharmacal and medical problems. A pharmacist could be invited to address the meeting and would be able to give considerable, valuable information concerning U. S. P., the N. F., and the N. J. F. preparations.

NEW JERSEY FORMULARY

The committee is pleased to report that a third edition of the New Jersey Formulary is now being prepared for publication. This work is a joint contribution of this committee and a committee from the Pharmaceutical Association. Heretofore, the distribution of the Formulary has been unsatisfactory and quite incomplete. Only a small number of physicians received a copy. It is now arranged that our State Society will mail a copy of the Formulary to each member. This will be the most practical and effective way to bring the formulas to the attention of the individual physician.

It is the hope and also the recommendation of the Committee on Pharmaceutical Problems that more physicians will prescribe official formulas in preference to certain pharmaceutical and proprietary products. It should be remembered that the proprietary *prescribed* by the physician today is the patent-medicine *advertised* to the public tomorrow.

APPENDICITIS MORTALITY

This committee, at the request of Dr. Herrman, President of our State Society, coöperated with a committee from the New Jersey Pharmaceutical Association in a campaign to reduce the mortality in cases of appendicitis in our State. Our Society prepared and published a suitable placard which advises the public never to give a laxative or physic in the presence of abdominal pain. The Pharmaceutical Association mailed the card to every registered pharmacy in New Jersey, with a request that it be given a permanent and prominent location in the store. A joint movement, such as this, on the part of our two professions should be a splendid indication to the public of our allied coöperation for the public health. Both professions are bound to gain in the good opinion of the people by such altruistic actions.

We are grateful to the Public Relations Committee for splendid help in preparing and publishing the appendicitis placard. We also wish to thank the Publication Committee for the generous amount of space granted for our use in The Journal.

Respectfully submitted,

CHESTER I. ULMER,
Chairman
REEVE L. BALLINGER
MERWIN L. HUMMEL
SIGURD W. JOHNSEN
JACOB J. MANN
DANIEL W. TELLER, JR.

ADVISORY COMMITTEE ON AUXILIARY MEDICAL SERVICES

By W. W. MAYER, M.D., Jersey City, N. J.

To the Welfare Committee:

The Auxiliary Medical Services Committee was appointed in 1937, and consists of representatives of four specialties in medicine, namely, Anesthesia, Physical Therapy, Pathology, and Roentgenology. A total of eight meetings have been held since the committee was appointed.

This committee is advisory to the Sub-committee on Medical Practice, and has been appointed to make a study of:

1. Hospital Insurance Plans.

2. Contractual relationships between the hospital and these specialities, to ascertain the status of the men directing such departments from the economic, as well as the professional standpoint.

3. The requirements of the personnel composing these departments in hospital practice.

A questionnaire directed to such a study has been sent to seventy-five hospitals of the State, and a tabulation of the information so obtained will be made in a subsequent report.

An intensive study of the Hospital Insurance Plans has been undertaken with the object of developing a contract for the Medical Society of New Jersey that will exclude medical services. This is probably the most important work that the Committee is at this time undertaking, and we are hopeful that a satisfactory contract will be ready for presenation in our supplementary report on May 10, 1938.

The Committee feels that many of the problems of this Committee would be solved by a revision of the Medical Practice Act to include diagnostic procedure as a part of the Medical Practice Act. It is the opinion of Mr. Grover Richmond, Counsel of the Revision Committee, that there is no legal obstacle to this revision, and that it would not in any way interfere with the passage of the revised Medical Practice Act. Our Committee has made recommendation to this effect to the Medical Practice Committee, of which this is a sub-committee.

FUTURE PROGRAM

The proposed work of this Committee for the ensuing year is as follows:

1. Recommendations for more adequate State control and supervision of lay laboratories, working toward improvement in personal supervision by physicians competent to operate such laboratories—e.g., diplomates of their respective qualifying boards.

2. An educational campaign directed to physicians in general practice and to the public, discouraging the patronage of lay laboratories that are not supervised by medical directors having certified professional qualifications in their respective specialty.

3. A more complete enrollment of technicians in their respective boards of registration.

A supplementary report dealing specifically with the Hospital Insurance Plan, will be presented on or before May 10 next.

W. W. MAVER,
Chairman
ASHER YAGUDA
SAMUEL BARBASH
ROBERT A. KILDUFFE
JOHN O. TIDABACK
JEROME H. SAMUEL
ARTURO R. CASILLI
ORD L. SANDS
ABRAHAM L. REICH
WALTER A. TAYLOR

REPORT OF THE ADVISORY COMMITTEE ON WORKMEN'S COMPENSATION

By J. IRVING FORT, M.D., Newark, N. J.

To the Welfare Committee:

Following our report to the House of Delegates at the Annual Meeting of April, 1937, we made further study and investigation of the conditions obtaining under the present New Jersey Compensation Act.

The New York Act was also fully studied from the standpoint of its provisions and its administration. During this investigaton, personal contacts were made both with the Medical Profession of New York, and with the employers and insurance carriers. Valuable data was obtained and used to aid us in drawing our proposed amendments to the New Jersey Act.

Our idea, as expressed in the report of 1937, to hold conferences with employers, casualty underwriters, the legal profession, and the Department of Labor, was considered not to be feasible, and at the request of the Welfare Committee a bill was drawn and presented to the Welfare Committee on March 6th, 1938.

At this meeting the bill was discussed paragraph by paragraph, and amendments were made. After the complete reading, the bill with its amendments was accepted by the Welfare Committee, ordered drawn in legal form, and codified by our legal adviser, and referred to the Board of Trustees.

The committee recommends:

1. Further study of the bill by the entire membership of the State Medical Society.

2. Discussion in open forum of the mem-

bership of the State Society, that all provisions of the bill be acceptable to the Society as a whole.

3. After the bill is fully acceptable to the State Medical Society, conferences shall be held with the employers, casualty underwriters, the legal profession, and the Department of Labor.

4. Introduction into the Legislature, not as a bill of the Medical Profession, but as a bill from the Department of Labor.

J. Irving Fort, *Chairman*
George W. Finke
V. Earl Johnson
John F. McGovern
Daniel F. Featherston
Herschel Murphy
Henry N. Comando

REPORT OF THE ADVISORY COMMITTEE ON CONTRACT PRACTICE

By Reuben L. Sharp, M.D., Camden, N. J.

To the Welfare Committee:

The Advisory Committee on Contract Practice, in presenting its report, realized that it has not furnished any concrete plan for dealing with Contract Practice in New Jersey. This is due to several factors. First, the wide divergence in custom and in what is considered ethical, county by county. Second, the proposed changing of the Compensation Law, which would eliminate some of the chief objections to Contract Practice (advanced by, perhaps, an aggressive minority), but more or less approved by all. Third, the indecision as to how to meet the many ramifications.

Let us mention a few of the existing forms of Contract Practice in New Jersey:

1. Industrial Contracts:

a. Physicians employed on full or part-time basis or case basis.

b. Employed as consultant by either the insurance carrier or employer, at a given rate.

2. School physicians. The general custom being part-time (salary basis yearly).

3. State employment. Full or part time on compensation work, hospital work, public health, etc.

4. U. S. Government employment. Venereal control, mental, hygiene, etc. (Full-time salary basis, usually.)

5. Lodge, beneficial and corporation practice, health insurance plans, etc.

6. X-ray and pathologists with hospital contracts.

We quote from the code of ethics as laid down by the A. M. A. as related to contract practice:

"Chapter III, Article VI, Section 2.— It is unprofessional for a physician to dispose of his services under conditions that make it impossible to render adequate service to his patient or which interfere with reasonable competition among the physicians of a community. To do this is detrimental to the public and to the individual physician, and lowers the dignity of the profession.

"By the term 'contract practice' as applied to medicine is meant the carrying out of an agreement between a physician or a group of physicians, as principals or agents, and a corporation, organization or individual, to furnish partial or full medical services to a group or class of individuals for a definite sum or a fixed rate per capita.

"Contract practice is not unethical. However, certain features or conditions if present make a contract unethical, among which are: 1. When there is solicitation of patients, directly or indirectly. 2. When there is underbidding to secure the contract. 3. When the compensation is inadequate to assure good medical service. 4. When there is interference with reasonable competition in a community. 5. When free choice of a physician is prevented. 6. When the conditions of employment make it impossible to render adequate service to the patients. 7. When the contract because of any of its provisions or practical results is contrary to sound public policy.

"Each contract should be considered on its own merits and in the light of surrounding conditions. Judgment should not be obscured by immediate, temporary or local results. The decision as to its ethical or unethical nature must be based on the ultimate effect for good or ill on the people as a whole."

With the present compensation law in New Jersey it is obvious that all industrial contracts in the strict sense of the word would be unethical in that the employer or carrier, not the patient, selects the physician. We might also question (in the light of compensation received, compared with other professions) whether some of the state contracts were ethical, i. e. ("When the compensation is inadequate".).

The Advisory Committee on Workmen's Compensation has already a preliminary bill drafted to revise the compensation law, which would attempt to correct many of these objections. Let us look at some of the local conditions in the State:

North Jersey—industrial, thickly populated, especially Middlesex, is far ahead in organization and in handling this problem. A strong society with an active committee which tried to regulate all contracts entered upon by the members.

Mercer—also an industrial center, yet where the very name "Contract" is frowned upon.

Camden—largely industrial with a fair percentage of men engaged in some form of contract work. The chief objection of its members being the lack of freedom of choice of physician.

These sections, widely divergent as to what is customary and considered ethical locally.

The committee feels that it can offer no general code, but recommends the following:

First—That each county establish its own committee and control the practice within its borders.

Second—That as nearly as possible, the code of ethics as set forward by the A. M. A., be the guide, bearing in mind especially the last paragraph:

"Each contract should be considered on its own merits and in the light of surrounding conditions. Judgment should not be obscured by immediate, temporary or local results. The decision as to its ethical or unethical nature must be based on the ultimate effect for good or ill on the people as a whole."

Respectfully submitted,

REUBEN L. SHARP, *Chairman*
EDWARD F. KLEIN
L. SAMUEL SICA
JOSEPH A. VISCONTI
L. A. MARKLEY
HARVEY T. HEROLD
JOHN N. CONNELL
HENRY HAYWOOD
JOHN DECKER

REPORT OF THE SUB-COMMITTEE ON PUBLIC RELATIONS

By JOSEPH H. KLER, M.D., New Brunswick, N. J.

To the Welfare Committee:

The Committee on Public Relations submits its annual report for 1938, as follows:

I. PUBLIC RESPONSIBILITY FOR HEALTH

We all realize that the world is changing. Call it progress or what we may, it is a metamorphosis. Since the days of Hippocrates medicine has always followed social changes by adjusting its practice to them. Medicine is adapting itself to our social structure more rapidly today than ever before. Statistics substantiate our contention that medicine is steadily increasing its effectiveness. With the basic sciences giving us new knowledge, the practicing physicians have discovered new ways of applying this knowledge, and new ways of improving old technics. This is the contribution of the art of medicine to human progress. The span of life has steadily increased, while morbidity and mortality have decreased. But although its record is good, the medical profession has never expressed complete satisfaction with its accomplishments, but is bending every effort to produce still better results.

RESPONSIBILITIES

Responsibility for the health of the people rests upon two groups of persons:

1. *Physicians,*—who are constantly striving toward an improvement in medical knowledge and in its application to the needs of the people.

2. *The people themselves,*—who are in need of more knowledge regarding their responsibility to accept and apply the services which the physicians offer to them.

Every person has a dual responsibility toward the acceptance and application of medical services:

1. To accept and apply the services of scientific medicine to himself and his dependents.

2. To join with his fellow citizens in providing the means for making medical service available to those who are unable to provide it for themselves.

THE PUBLIC RELATIONS COMMITTEE

Two years ago The Medical Society of New Jersey perfected the organization of its *Committee on Public Relations* for two purposes:

1. To carry medical instruction to the people in simple terms which they can understand.

2. To inspire them to support and apply the public health measures which are proposed by the medical societies of the State and the counties.

The program of The Medical Society of New Jersey and its component County Societies is broad in its scope. It defines the responsibility of the people, as well as that of

the government—local, State and Federal. This is the program which the Committee on Public Relations has tried to publicize. We have noted that people are showing an increasing comprehension of medical problems. They have confidence in their physicians and are giving them an increasing support.

The Sub-Committee on Public Relations has conducted the following program to inform the public and legislators with the work, ideals, and aspirations of organized medicine in New Jersey. No part of this program can be termed selfish propaganda in the interests of physicians, for it is directed toward the improvement of the health of the people.

II. OUTLINE OF ACTIVITIES

The plan of the Committee on Public Relations is shown in the following outline:

OUTLINE OF ACTIVITIES

The plan of our activity is:

1. Speakers' Bureau.
   a. State Speakers' Bureau.
   b. County Speakers' Bureau.

   Both organized in a similar manner. To have a speaker on every phase of health care. The State Bureau to be available for statewide audiences. The speakers to furnish a short synopsis of their talks to permit better publicity and to aid the Auxiliary in its work. The activities of all County Speakers' Bureaus have been coördinated and correlated. Addresses to P.-T. A. groups are on the various problems of child health. Addresses to Service Clubs and other fraternal organizations are on problems of health in general. Addresses to Women's Clubs are on health problems peculiar to women. There are no talks specifically on Medical Economics unless requested. However, there is an indirect but definite reference to this subject in every address by emphasizing the fact that all accomplishments in the reduction of mortality have been due to the unhampered activity of the profession. Each address points out, in a few words, the unselfish philosophy of the profession.
2. The Package Library on any health problem.
   a. There is a collection of material on all recommended topics for addresses. This material is available to all speakers in the preparation of their addresses. Prepared addresses are also available for speakers who do not have time to prepare their addresses.
   b. Information on medical economics available to responsible lay organizations.
   c. A. M. A. to supplement material.
3. Newspaper Publicity.
   a. "Health" articles, similar to New York Academy of Medicine releases, to all newspapers.
   b. Articles in Health Progress, the official publication of the New Jersey Health and Sanitary Association.
   c. Articles in the Bulletins of the P.-T. A., Federation of Women's Clubs, and Association of University of Women.
4. Improved Relationship with the Press.
   a. Supply information on health to all editors in form of editorials. Also in communities that have acute health situations, supply authoritative information to permit the editor to write intelligently and authoritatively.
   b. At Annual Meeting of the Society provide a Press Room and assist reporters. When expedient, write news release ahead of time.
5. Request each County Medical Society to appoint a committee to advise libraries on "health books and magazines".
6. Contact lay organizations for their coöperation.
   a. Such contacts with the following women's organizations have been made and active cooperation has been secured:

      New Jersey Federation of Women's Clubs
      New Jersey Congress of Parents and Teachers
      American Association of University Women (New Jersey)
      New Jersey Association of Public Health Nursing
      New Jersey League of Women Voters
      The New Jersey Business and Professional Women's Clubs

      The membership of these organizations represents the intelligent and active leaders of our communities. They will carry our messages to every home.
   b. Similar contacts with various professional groups have also been made.
7. Contact all State and Federal Legislators and inform them that we shall send them from time to time information on health from various sources in the hope that it may assist them in solving the problems of general welfare of the people of New Jersey.

   Then send them selected articles by physicians and others that have a favorable bearing on the philosophy and ideals of organized medicine,—such as speeches by the President of the A. M. A., etc.
8. State-wide Health Day, to be sponsored by each County Medical Society in coöperation with all voluntary health agencies, official agencies, and pharmacists, possibly in connection with May Day. Have Governor issue an appropriate proclamation.

III. ACCOMPLISHMENTS

1. Speakers' Aids for Physicians.
   a. Speakers' Bulletins—Numbers 1 to 15 inclusive (described in the Journal of The Medical Society of New Jersey, January, 1938, p. 49).
   b. Hygeia Loan Collection—60 packages (described in the Journal of The Medical Society, January, 1938, p. 49).
   c. Classified Radio Talk Loan Collection—47 packages.

d. Nucleus of a library on purely technical subjects.

2. Newspaper Publicity.
   a. Weekly Health Feature, "The M.D. Says". Inaugurated November, 1937. At the beginning these features reached 220,000 readers each week. They are now reaching 350,000 readers, the number of papers using them having increased. Papers in thirteen counties are using them.
   b. State-wide Releases to Newspapers.
      1. On heat prostration—August, 1937.
      2. Cancer of the skin—August, 1937.
      3. Tularemia warning—November, 1937.
      4. Summary of Welfare Committee meeting endorsing premarital syphilis test legislation, pneumonia serum legislation, etc.—December, 1937.
      5. Feature article on non-medical affiliations of physicians—February, 1938.
      6. Press release on Society's appendicitis program—February, 1938.
      7. Statement of Dr. William G. Herrman on pneumonia—February, 1938.
      8. Society's survey of opportunities to practice—March, 1938.
      9. Short fillers on medical news and events —March, 1938.
      10. Feature articles on the heart disease problem in New Jersey on the basis of statistics prepared by the Department of Institutions and Agencies from the records of the State Department of Health.
   c. Local Press Releases. Our press clipping service reveals that community papers use the press releases prepared for Speakers' Bulletins when they receive them. The bulletins themselves have been used as a basis for several feature articles in Ocean County papers, prepared by the Ocean County Medical Society.
   d. Feature article with pictures on preparation of nursing attendants at Middlesex County Girls' Vocational School. New Brunswick Sunday Times, December 13, 1937.

3. Open letter to newspapers and numerous organizations explaining the Society's stand on government participation in the delivery of medical services. (Journal, November, 1937, p. 686.)
4. Publicity in special publications.
   a. Articles on health prepared by the committee have appeared in the Contemporary Magazine, which is the publication of the Contemporary Club, a woman's organization.
   b. Our article on tularemia appeared in the January, 1938, issue of Hunting and Fishing, a sporting magazine of 500,000 circulation.
5. Pamphlets presenting the advantages of the private practice of medicine over those of state medicine were sent to every newspaper in the State and to Governors Hoffman and Moore, every State legislator, every legislator representing New Jersey at Washington, D. C., and all Grange organizations.
6. Information to Legislators. A copy of every press release has been sent to legislators to keep them informed of the work of the Society in improving medical service.
7. A comprehensive program has been prepared by the committee for publicizing the Summer Round-up Campaign. This was done at the request of the State Chairman of the Summer Round-up (P.-T. A.). The publicity has been prepared in a manner to reveal the contribution of the medical profession in this important health topic.
8. Material in our Speakers' Service Bulletins has been used in the Essex County Medical Society Radio program.
9. Our mailing list includes all newspapers in New Jersey, legislators, Congress of Parents and Teachers, Federation of Women's Clubs, and Grange.
10. The committee is now preparing a lay health exhibit to be shown at the annual convention in May, 1938.
11. The committee has secured the enthusiastic endorsement of the Society's proposals relative to government participation in the delivery of medical services by the Allied Medical Profession.
12. The committee secured the assistance of the Statistics Division of the Department of Institutions and Agencies in compiling the mortality of heart disease in New Jersey since 1920. The statistics were compiled from the State Health Department records and analyzed by the committee.
13. Purchase of sound film on "The Technical Aspects of Serum Treatment of Pneumonia" prepared by the New York State Department of Health. This film was secured for the Pneumonia Committee to be used by this committee in its program for the profession.
14. Speakers for regional and state-wide meetings of various lay and professional groups were secured.
15. Material from the "Speakers' Library" was sent to physicians throughout the State.
16. Through the coöperation of school physicians, school authorities, the New Jersey Pharmaceutical Association, and the Press, a very effective program to reduce the mortality of appendicitis was initiated. The Speakers' Service Bulletin on Appen-

dicitis was sent to every school physician in New Jersey with the request that he address the pupils on the subject. Sixty thousand warning stickers were also distributed to junior and senior high school pupils to caution them against the indiscriminate use of cathartics. The New Jersey Pharmaceutical Society distributed large placards containing the same information found on the warning sticker to all druggists in New Jersey. The enthusiastic coöperation of school physicians, pharmacists, and the press made this program a success.

IV. CONCLUSIONS AND AIMS

The work of the committee has been most interesting, but extremely exacting. It is never quite fair to judge the worth of any project on the basis of accomplishment during the first year. However, the results obtained even in the first year are our best evidence of the worth of this program. During recent months, we have noted a more friendly attitude toward the aims of the profession. We really believe that the people in New Jersey have a better understanding of the work and aims of the profession. However, we cannot relax now, for our work is not finished. It is only fair to say that the friendly attitude of the officers of the Society, the wise counsel of the Welfare Committee, and the support by the physicians in general have been directly responsible for the success of our undertakings.

The plans for the future are self-evident. Our program, outlined last year, has proven its worth this year. In principle, it should be continued. With time, modifications and additions will be indicated, but in general it is recommended that the program be continued, and its scope enlarged as circumstances indicate.

Respectfully submitted,

Joseph H. Kler,
Chairman
S. Emlen Stokes
J. Berkeley Gordon
Edgar P. Cardwell
Wright MacMillan
E. LeRoy Wood

REPORT OF SUB-COMMITTEE ON LEGISLATION

By William H. Areson, M.D., Upper Montclair, N. J.

To the Welfare Committee:

The Sub-Committee on Legislation, with the valuable assistance of our Executive Secretary, Dr. Wilkes, is the State Society's watch dog in protecting not only our profession, but more the public, from the passage of laws which may be harmful. Our plan of action was as outlined a few years ago, but will bear recapitulation.

The Committee on Legislation does its work during the session of the Legislature. Our Executive Secretary is the Executive Officer of the Committee, and he watches the course of each bill, ascertaining the position taken by each Legislature toward a bill in any way pertaining to medical and health problems.

A key man is selected in each County Society, who, with the aid of the Welfare or Legislative Committee, contacts the Senator and each Assemblyman, and reports back to the State Legislative Committee the attitude of the legislator on each bill.

All bills of interest to our profession that were introduced were analyzed, salient points were selected, and copies were sent to the County Societies. The Executive Office promptly issued bulletins containing the number of the bill, its interest to physicians, and other information as soon as such bills were introduced.

This Committee wishes to acknowledge the prompt action and effective work of our Executive Secretary and the Key Men of the different County Societies; it was because of such persistent educational work with the Legislators that the work of this Legislative Committee has been made possible.

STATUS OF BILLS MARCH 15, 1938

The most important bill sponsored this year by this Society was A-511, known as our Uniform Medical Practice Act. This bill has been in preparation for the past four years; it has been studied and revised, and has received the support of every one of our component County Societies. According to a digest prepared by our attorneys, the Act is designed to include the practice of osteopathy, chiropractic, chiropody, and optometry within the practice of medicine and surgery, requiring any applicant for a license to practice the healing art in any of its branches to meet the

same requirements as are presently imposed upon the applicant for a license to practice medicine and surgery. Nothing in the Act will affect in any manner the rights of those individuals who are now licensed to practice osteopathy, chiropractic, chiropody, or optometry, but it will eventually result in all practitioners of the healing art as it pertains to the human body being uniformly qualified inso-far as uniformity of educational and professional training may render the result possible. This is probably the first time that this Society has gotten off the defensive and assumed the offensive in legislative matters relating to public health.

This Act has been carefully considered, and we solicit the aid and support of every member of the medical profession to secure its adoption.

S-36 Taggert (Atlantic)—January 24 — Appropriates $25,000 to the State Health Department during 1937-38 for pneumonia serum for indigent patients. Approved.

S-36 Taggert (Atlantic)—January 31 — Includes marihuana in Act regulating sale and distribution of narcotic drugs. Approved.

A-30 Osmers (Bergen)—January 17 — Requires health certificates from persons applying for marriage licenses. Approved.

A-61 Kerner (Union)—January 24—Authorizes blood tests in paternity cases. Has passed the Assembly, is now in the Senate. Approved.

A-80 Pierson (Morris)—January 24 — Governs granting of workmen's compensation for hernia. No action was taken by Welfare Committee, which leaves it up to the Legislators to use their own judgment.

A-94 Ward (Mercer)—January 24—Defines pneumoconiosis as compensable under the Workmen's Compensation Act. Approved.

A-135 Wilensky (Passaic)—February 9—Creates State Board of Chiropractic Examiners to examine and license chiropractors. This bill is now in the Public Health Committee of the Assembly, and we have received good promises that it will not be reported out. It is another cult bill, which our Uniform Medical Practice Act will probably control in the future.

S-98 Hendrickson (Gloucester)—February 14—Permits household remedies, vermin exterminators, and disinfectants to be sold by stores other than pharmacies. This bill would permit grocery stores and department stores to sell household remedies containing harmful drugs. Therefore it is not approved.

S-140, A-132—To provide for the establishment of a Bureau of Narcotic Control. Opposed. We feel that present Federal Narcotic Control is the ideal set-up, the problem being Federal, not State.

S-168—To compel physicians, *pharmacists,* and hospitals to report where they have knowledge that any person is infected with any venereal disease. Opposed, because we do not recognize the ability of a pharmacist to properly diagnose venereal disease, or any other disease.

S-183 Kelley (Morris)—To regulate production, processing, collection, storage, transportation, importation, and sale of goats' milk. Approved.

S-201—To provide tenure of office for County physicians who are war veterans, after twelve years' service. We felt that special legislative measures are not good measures, and this Committee referred the bill to the Welfare Committee for advice, with the result that it was not endorsed.

A-178—To permit Boards of Health to cooperate in public health services. This is a good bill, allowing small towns to group together for better health services, dividing the expenses for such work.

A-223—To provide that an osteopathic physician may be employed as a member of the State Board of Health. Approved, provided such physician be a licentiate.

A-224—To provide that an osteopathic physician be employed as a Medical Examiner. Approved, provided such physician be a licentiate.

A-233—To give either public or private hospital bills preference in payment of estates. Opposed to this bill, because of its possible effect in interfering with the physician in collecting his own bill.

A-235—To provide for eye and ear tests to pupils in public schools. Opposed, because school teachers and lay people are not competent to test eyes and ears.

A-266—To provide for tests for syphilis in pregnant women. Approved in principle, but the penalty on the physician for neglect is disapproved. The Welfare Committee insists that the Wassermann test should be given during the first three months of pregnancy.

A-320 and A-321—Are drugless cult bills. Therefore opposed.

A-405—Sterilization of idiots and feebleminded. No action taken—too controversial.

A-506—Is a bill introduced three years ago to take care of a man who has been unable to get an M.D. degree, although considered very competent. This legislation would per-

mit this man to practice. We are opposed to it because it establishes a bad precedent.

Our Committee has completed this preliminary work with good team work functioning all the time. The Legislature is still in session, so that a supplemental report from this Committee may be necessary.

We do wish to emphasize the fact that medical men must assume and maintain an active interest in politics, particularly where health measures are at stake.

Respectfully submitted,

WILLIAM H. ARESON, *Chairman*
EDWARD F. KLEIN
SAMUEL ALEXANDER
B. S. POLLAK
CHARLES H. MITCHELL

REPORT OF THE COMMITTEE ON MEDICAL DEFENSE AND INSURANCE—1937-1938

By CHRISTOPHER C. BELING, M.D., Newark, N. J.

To the House of Delegates:

Last year Medical Defense and Insurance were placed under one committee. This is the first annual report of the new committee:

SECTION A—MEDICAL DEFENSE

Seventeen years ago The Medical Society of New Jersey gave up its Medical Defense Act and adopted a more adequate insurance plan for the protection of its members. The history of the organization and the work of the committee was set forth in the addenda to the last annual report published on page 281 of The Journal for April, 1937 (Vol. XXXIV, No. 4), and needs no repetition.

Approximately ninety per cent of the members are now insured under this plan. This result was accomplished by the committee through the official broker, who called on the members personally and presented the plan of the Medical Society.

Within the past year the committee was informed that certain representatives or agents of the insurance company had solicited members of the Society to place their professional liability contracts with them, affirming that they could obtain for them the same policy which was issued through the official broker of the Society without any jeopardy to their interests. There is no doubt that this activity on the part of agents was responsible for the questions asked by the members regarding the propriety and advantage of having their professional liability insurance contracts negotiated through the official broker of the Society. This matter was also presented to the Society in the addenda already referred to in this report.

Upon representation, the committee was authorized by the Board of Trustees to take up the matter directly with the insurance company. On discussion and negotiation the company took the position that it could not interfere with the activities of any agent who brought business, and that the members of the Society had the right to place their business as they saw fit. As your committee views the situation, the crux of the matter simply resolves itself into the question of whether or not the membership desires to go along with the Society in its present plan; or to abandon it and let each individual member take care of his own protection.

It will be claimed, no doubt, that if the members placed their contracts through a host of individual agents, the company would, nevertheless, protect their interests and supply the Society and the Committee on Medical Defense with the necessary facilities for carrying on the work. This is precisely what the Society should not want and should not accept.

To safeguard its interests the Society should have its own broker to represent it, and to be responsible and responsive to it solely, in order to aid in maintaining an independent and efficient organization. Medical defense presents a complex problem with many ramifications. It needs the concerted action of the profession,—and no one will gainsay it,—in order to combat successfully the onslaughts of those who care little or nothing for the doctor and the damage done to his reputation as long as their own selfish interests are served. No committee can give the necessary time and energy to do this work without assistance or remuneration. Our present system with an official representative acting as a liaison officer, watchful of our interests, has been working smoothly for seventeen years, increasing in efficiency

year by year, and producing satisfactory results.

Do we want to continue it? If it is bad, can someone offer us anything better?

The decision lies with the Society.

SECTION B—ACCIDENT AND HEALTH INSURANCE

The Accident and Health Committee was under the chairmanship of Dr. Frank W. Pinneo ever since its inception in 1926. Here the new committee desires to pay a tribute to the late Dr. Pinneo for his excellent work in the field of Accident and Health Insurance. He was the originator of the idea of Group Accident and Health Insurance.

The Medical Society of New Jersey pioneered Group Accident and Health Insurance for a Medical Society, with the result that the movement has spread to other Medical Societies in the metropolitan and other sections of the country. Among the societies which have adopted similar plans of insurance are: the Medical Society of Westchester County, New York; the Bronx County Medical Society; and the New Jersey State Dental Society.

When the new committee took over this work, it found that there was considerable opposition to the Medical Society sponsoring forms of insurance other than medical defense. Your committee has very carefully studied this subject and has assured itself that Group Accident Insurance has a definite interest for a Medical Society and that it is also legal. During the pioneering years the former committee encountered many difficulties. These matters have been already thoroughly ventilated in the previous reports of that committee, and need not be gone into again at this time.

Your committee has studied several plans of insurance with the view of improving the coverage. It now offers to the Society a plan which is the fruit of the past ten years of statistical knowledge of Medical Society Group Disability Insurance, and which actually gives ten per cent more coverage per dollar of premium than the old plan. The committee had to surmount the problem of continuing protection for the old policy-holders over sixty-five years of age. This has been overcome as the result of coöperation of the National Casualty Company, the underwriters, by granting present policy-holders the option of selecting either form of policy. The new plan now offered by the committee for adoption at the Annual Meeting has already been accepted by the New Jersey State Dental Society, and the Bronx and Westchester County Medical Societies in New York. As an added feature, a new optional hospitalization provision has been included in the plan.

Some County Societies have gone on record opposing the endorsement of Accident and Health and Automobile Insurance. There are misconceptions regarding Accident and Health Insurance. Our investigation shows that the company now insuring the members has met all its obligations promptly. As the matter stands, three death claims of $5000 each have been paid promptly during the past year, in addition to many disability claims. In fulfilling its obligations the company has taken a big loss on our business, and it behooves us to give it the opportunity to build up the volume of business.

A description of the new Group Disability Insurance Policy showing the coverage and rates for the various age groups follows:

ACCIDENT DISABILITY

a. If as the result of bodily injuries sustained by accidental means the insured is disabled and prevented from performing all duties of his occupation or profession, full monthly benefits are paid for continuous total disability *from the first day* of disability for a limit of twenty-four months.

b. If such injuries partially disable the insured and prevent him from performing one or more important daily duties, 50 per cent of the total disability benefit is paid for a limit of six months.

The limit of time for total and partial disability combined is twenty-four months.

SICKNESS DISABILITY

c. If the insured is wholly and continuously disabled from performing all duties as result of sickness (house confinement not required), full monthly benefit will be paid for the number of consecutive days of continuous total disability, *after the first week,* but not exceeding twelve months.

DISMEMBERMENT, LOSS OF LIMBS OR SIGHT BY ACCIDENTAL MEANS

d. Benefits payable, in addition to monthly accident disability benefit to date of loss, if loss occurs within ninety days of date of accident:

For loss of—	
Both hands, by severance at or above the wrist joint	$5,000.00
Both feet, by severance at or above the ankle joint	5,000.00
One hand and one foot, by severance at or above the wrist or ankle joint	5,000.00
Entire sight of both eyes, if irrecoverably lost	5,000.00

Entire hand, by severance at or above the wrist joint	2,500.00
Entire foot, by severance at or above the ankle joint	2,500.00
Entire sight of one eye, if irrecoverably lost	2,500.00

AIR TRAVEL

e. If insured sustains bodily injuries while riding as farepaying passenger on established airlines, as provided in the certificate of insurance, full benefits are paid.

f. Grace period of ten days for *payment of premium.*

g. *Arbitration Clause*: "In the event of failure of agreement between the company and any certificate holder or his legal representative with regard to any benefit claimed to be due under said certificate, it is hereby understood and agreed that both the company and said certificate holder, or his legal representative, shall submit such disagreement to a committee selected by the Society for that purpose and be bound by its decision."

tal, for a limit of ten consecutive weeks. This additional benefit shall be paid from *the first day of hospitalization* in both sickness and accident.

Additional premiums are as follows:

	Annual	Semi-annual	Quarterly
For policy of—			
$200.00 monthly	14.00	$7.30	$3.70
$150.00 monthly	10.60	5.45	2.80
$100.00 monthly	7.00	3.65	1.85

AUTOMOBILE INSURANCE

The committee has also considered the matter of Automobile Group Insurance and found that it was not permissible under the Insurance Laws of the State of New Jersey. It is the opinion of the committee that The Medical Society of New Jersey, having postponed action last year on the subject of Automobile Insurance, should, at this Annual Meeting, take some definite action.

During the past year many complaints have been brought to the attention of the committee that a certain organization had been advertising automobile insurance under the pretension that it had the endorsement of the Medical Society. This was caused, no doubt, by the fact that this agency had previously had an endorsement from the Society. The committee recommends that this insurance be discontinued.

PREMIUM RATES

(Applicable to ages at entry and attained at annual renewal of insurance certificate.)

	Monthly Benefits*	Annually	Semi-annually	Quarterly
Ages up to 50, next birthday	$200.00	$ 61.00	$31.75	$16.15
	150.00	46.50	24.20	12.35
	100.00	32.00	16.65	8.50
Ages 51 to 60, next birthday	200.00	73.00	38.00	19.35
	150.00	55.50	28.85	14.70
	100.00	38.00	19.75	10.10
Ages 61 to 65, next birthday	200.00	127.00	66.05	33.65
	150.00	96.00	49.95	25.45
	100.00	65.00	33.80	17.25

*All the above rates include the same dismemberment benefit as set forth in No. d.

Accidental death benefit is not included in the above premium rates. It may be secured, however, in units of $1,000 up to a limit of $5,000 for the additional premiums per $1,000:

Ages	Annually	Semi-annually	Quarterly
Up to 50	$2.50	$1.30	$ .65
51 to 60	3.00	1.60	.80
61 to 65	5.20	2.75	1.40

HOSPITAL COVERAGE EXTENSION RIDER

For an additional premium, as stated below, the monthly indemnities payable for accident and illness, as hereinbefore set forth, will be increased by one hundred per cent for such period of time that the insured shall be confined and under treatment in a licensed hospi-

Respectfully submitted,

Christopher C. Beling,
Chairman
William J. Arlitz
Charles F. Baker
E. Z. Hawkes, *Ex-Officio*
J. Wallace Hurff
John C. McCoy

REPORT OF STATE BOARD OF MEDICAL EXAMINERS OF NEW JERSEY

By James J. McGuire, M.D., F.A.C.P., Secretary

To the House of Delegates:

During the period of March 15th, 1937, to March 15th, 1938, the State Board of Medical Examiners of New Jersey issued 447 certificates of license, as follows:

By examination—		
Medicine and Surgery	250	
Osteopathic	52	
Chiropractic	3	
Chiropody	11	
		316
By endorsement—		
Medicine and Surgery	131	
		447

Of the 250 candidates licensed to practice medicine and surgery by examination, 198 were graduates of medical schools or colleges, and 52 were licensed osteopaths who qualified for a full license to practice medicine and surgery under the provisions of Chapter 9, Article 1, Section 45:9-14.1, of the Revised Statutes of New Jersey.

Sixty-four of the medical licentiates were graduates of foreign medical schools. Thirty-two were born in foreign countries, and thirty-two in the United States. The following list shows that about 26 per cent of these licentiates were graduates of medical schools in Canada and Great Britain; 23 per cent, of medical schools in Germany; 26 per cent, of medical schools in Italy; and the other 25 per cent, of medical schools in other foreign countries:

Dalhousie University	4
University of Edinburgh	3
Laval University	2
McGill University	1
Anderson College of Medicine	1
University of Erlangen	1
University of Basel	1
University of Zurich	2
University of Rome	8
University of Naples	4
University of Pavia	1
University of Bologna	1
University of Geneva	3
Royal Hungarian University	1
St. Mungo's College	2
University of Bari	1
University of Padua	1
University of Milan	1
University of Alberta	1
University of Berlin	2
University of Koenigsburg	2
University of Geneva	4
University of Dublin	1
University of Leipzig	2
University of Dusseldorf	1
University of Toronto	3
University of Frankfurt	1
University of Lausanne	1
University of Glasgow	1
University of Heidelberg	2
University of Munich	1
University of Breslau	1
University of Freiburg	2
University of Rostock	1

The following list shows the number of physicians and surgeons, and osteopaths, endorsed to other states, the number of licentiates of whose death the Board received, and a record and the number of licenses revoked:

Physicians—Endorsed to Other States	65
Osteopaths—Endorsed to Other States	10
Deceased Physicians	115
Deceased Osteopaths	2
Deceased Chiropractors	1
Deceased Chiropodists	2
Deceased Midwives	1
	196

On November 1st, 1937, 373 of the 602 chiropodists who are licensed in the State, registered, and 310 of the 1,152 midwives who are licensed, registered.

REVOCATIONS

The license of one physician and surgeon was revoked for conviction of a crime involving moral turpitude and two medical licenses became invalid and were automatically revoked through failure of the licensees to present evidence of citizenship. The license to practice chiropractic of one licentiate was revoked for the practice of criminal abortion.

Two hearings were granted on petitions for reinstatement of licenses to practice medicine and surgery and decision reserved in each case. Hearings were granted two candidates for the chiropractic examination who were refused a license after being examined. After considering the testimony produced, the Board again refused to grant these candidates a license to practice chiropractic.

ENFORCEMENT

Court Cases—Violation of Medical Practice Act:		
Convicted, pleaded guilty or settled	24	
Tried, Decision Reserved	1	
Lost, No Appeal	1	
Pending	31	
	—	57
Midwives—Failure to Register:		
Tried or Settled—Midwives		1
Decisions of Higher Courts:		
Lost—Writ of Certiorari Obtained, Trial Court Sustained		1
Hearings Before Board:		
Medical—		
Licenses Revoked	1	
Licenses Invalid	2	
Petitions for Reinstatement	2	
Chiropractic—		
Licenses Revoked	1	
Refusal to Grant Licenses	2	
	—	8
		67

TYPE OF CASES INVESTIGATED

	No. Investigated	No. Visits
Druggists Practicing Medicine	41	287
Prescribing Herbs, Drugs and Appliances	29	164
Medical Doctors	6	22
Unlicensed Chiropractors	12	96
Chiropractors Exceeding License	5	44
Osteopaths, Licensed and Exceeding License	16	160
Chiropodists, Unlicensed and Exceeding License	7	38
Masseurs and Massage Treatments	2	8
Naturopaths	7	73
Midwives, Unlicensed, Not Registered and Exceeding License	3	7
Optometrists Exceeding License	2	20
Miscellaneous	48	75
Medical Revocation	4	10
Physiotherapists	4	25
Osteopath—Revocation	1	8
Chiropractor—Revocation and Refusal to Grant License	3	14
Bondsman	2	3
	192	1054

Average Number of Visits per Investigation ... 5.4

ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY

By Samuel L. Salasin, M.D., Atlantic City, N. J.

To the House of Delegates:

The Advisory Committee to the Woman's Auxiliary of The Medical Society of New Jersey submits its report for the year 1937-1938.

Due to the fact that its Chairman was not appointed until July, the participation of the committee in the activities of the Woman's Auxiliary did not begin until the Fall.

The major objectives of the Woman's Auxiliary were the program of Health and Public Relations, and the contact with lay organizations.

Conferences with Mrs. Salasin, the President of the Auxiliary, and with Dr. Herrman, Dr. Kler and Dr. Wilkes were held on various occasions.

The committee desires to extend its congratulations to the Woman's Auxiliary for the manner in which it executed the approved program which was extensive and educational and furthered every ethical purpose of organized medicine. To facilitate the coöperation between the Auxiliary and the Society this committee would suggest that the Auxiliary program be submitted to this committee immediately after the A. M. A. convention.

It would also suggest that the various members of this committee, including its Chairman, be acquainted with their duties and limitations of their offices.

The committee desires to express its appreciation to all the members of the State Auxiliary for their untiring efforts in behalf of The Medical Society of New Jersey.

Respectfully submitted.

Samuel L. Salasin,
Chairman
H. Roy VanNess
William K. Campbell
Lawrence Beisler
Abraham E. Jaffin

REPORT OF THE JUDICIAL COUNCIL—1937-1938

By Christopher C. Beling, M.D., Newark, N. J.

To the House of Delegates:

No matters of importance were brought to the attention of the Judicial Council during the past year.

At the last Annual Meeting, The Medical Society of New Jersey passed a resolution discontinuing the Annual District Meetings.

Respectfully submitted,

Christopher C. Beling,
Chairman of the Judicial Council.

REPORTS OF COUNCILORS

FIRST COUNCILOR DISTRICT
WARREN, UNION, MORRIS AND ESSEX COUNTIES

To the House of Delegates:

The component Societies of this district have held regular meetings, and maintained high standards of scientific work. Their activities have been already published in the Journal.

No matters of an ethical or judicial character were brought to the attention of the Councilor.

Respectfully submitted,
Christopher C. Beling.

SECOND COUNCILOR DISTRICT
SUSSEX, BERGEN, HUDSON AND PASSAIC COUNTIES

To the House of Delegates:

It would appear that whatever may have been the previous relations of the County Societies comprising the Second Judicial District, they are now cordial and harmonious.

Nothing of a judicial nature has been referred to the Second Judicial Councilor.

Vincent P. Butler,
Councilor.

THIRD COUNCILOR DISTRICT
HUNTERDON, SOMERSET, MIDDLESEX, AND MERCER COUNTIES

To the House of Delegates:

The work of the Councilor in the Third Councilor District during the past year has been very light. There have been no calls made upon the Councilor for advice or assistance, and I believe Component Societies are in a healthy condition. The societies meet regularly, and the meetings are most interesting both from a scientific as well as an economic standpoint.

Barclay S. Fuhrmann,
Councilor.

FOURTH COUNCILOR DISTRICT
CAMDEN, BURLINGTON, OCEAN, AND MONMOUTH COUNTIES

To the House of Delegates:

In reporting for the Fourth Judicial District, no matters of any controversy, or malpractice suits have come to the attention of the Councilor during the past year.

James A. Fisher,
Councilor.

FIFTH COUNCILOR DISTRICT
ATLANTIC, CAPE MAY, CUMBERLAND, GLOUCESTER, AND SALEM COUNTIES

To the House of Delegates:

No serious medical-legal problems have been brought to my attention this year.

However, the Councilor has received several letters from physicians in the Fifth District who state that they are having difficulty in obtaining membership in the Medical Society of their counties.

The objections made to these applicants are generally of a minor, ethical nature; and sometimes personal dislikes probably help to disqualify them. Every eligible physician should be a member of the County Medical Society, and ought to be urged to join it.

Salem and Gloucester Counties have reported particular activity in their efforts to secure new members into their societies.

Respectfully submitted,

Chester I. Ulmer,
Councilor.

REPORT OF THE COMMITTEE ON THE CONTROL OF CANCER

By HENRY B. ORTON, M.D., Newark, N. J.

To the House of Delegates:

The "Coöperative State Program of Cancer Control" inaugurated by the committee three years ago, a copy of which is herewith enclosed, has been complied with. (Annual Report, 1935, in the Journal, April, 1935, page 219.)

Under "Medical Approach", items a, b, c, d, e, f, and g are all in operation.

Under "Clinical Facilities", sections a, b, c, d, and e are also in operation. Sections f and g under Clinical Facilities, namely, f—"Encourage and assist in organization of research activities"; g—"Encourage gifts of funds for research and development of clinical facilities. Assist in raising funds for employment of needed personnel and for purchase of physical equipment, radium, etc." This has been attempted with the Curie Institute and we wish to report progress.

The correspondence concerning the State Society and the Curie Institute is on file in the Executive Offices.

The committee at a meeting on April 10th endorsed the recommendations to establish contact with the Curie Institute in order to carry on close coöperation with the hope of ultimate agreement of purposes and aims.

Several conferences have been held with the Commissioner of Institutions and Agencies, also the State Association of Freeholders, with the view of increasing facilities for the care of the indigent cancer patient.

Respectfully submitted,
HENRY B. ORTON, *Chairman*
JOHN F. CONDON
ELWOOD E. DOWNS
JOSEPH H. KLER
F. C. MCCORMACK
CARL MENGE
MAX DANZIS
HARRISON S. MARTLAND
JOHN B. FAISON
THEODOR TEIMER
OTTO R. HOLTERS
GEORGE S. REITTER

THE ANNUAL REPORT OF THE COMMITTEE ON THE CONTROL OF CANCER, TO THE HOUSE OF DELEGATES IN 1935

By HENRY B. ORTON, M.D., Newark, N. J.

Reprinted from the Journal, April, 1935, page 219

To the House of Delegates:

The Committee on the Control of Cancer of The Medical Society of New Jersey submits the following outline of "A Coöperative State Program of Cancer Control", under the auspices of the committee:

OBJECTIVES

"An enlightened lay group presenting itself either periodically or early, while the lesion is local, to a well-informed family physician who is able to entertain symptoms, who appreciates his limitations and who will refer his pay and indigent cases to a competent group" or individual "for diagnosis, prognosis and outline of treatment."—Ed. Jour. A. M. A., Jan. 5, 1935.

AGENCIES

The State Medical Society.
The State Health Department.
The American Society for the Control of Cancer.

EXECUTIVES

The Chairman, Cancer Committee, State Medical Society.
The State Health Officer.
The State Chairman, American Society for the Control of Cancer.

1. THE STATE CANCER COMMITTEE

The Cancer Committee of the State Medical Society should be more or less permanent. A minority of its membership may be appointed each year for a period of three to five years in order that the efficiency of the committee be not impaired.

THE MEDICAL APPROACH

a. Organize sub-cancer committees in County Medical Societies.

b. Arrange cancer programs for County Medical Societies; at least one meeting each year.

c. Arrange cancer symposia and clinical demonstrations on district and sectional bases through the active clinical groups and otherwise.

d. Arrange cancer features for annual State Medical Society meetings, viz.: special papers and exhibits.

e. Arrange for publication of editorials and special articles on cancer in State Medical Journal; develop, if possible, a special department on cancer.

f. Encourage post-graduate work among physicians of questions on cancer in State Board Examinations, by making attendance of internes at cancer clinic sessions and conferences obligatory in institutions where clinics are in operation.

g. Assemble educational material such as lantern slide collections, film strips, moving pictures, projectors, reprints, radio broadcasts and news releases and special publications for use in carrying out the above educational activities. Much of this material is available through the American Society for the Control of Cancer.

CLINICAL FACILITIES

a. Encourage organization of cancer clinics in approved general hospitals in accordance with the program of the American College of Surgeons. Literature, film strips, etc., pertaining to clinic organizations are available through the A. S. C. C., a representative of which is available for assisting groups in organizing clinic activities. See publication "Organization of Service for the Diagnosis and Treatment of Cancer, a Minimum Standard", American College of Surgeons.

b. Study state in reference to number and location of cancer clinics necessary to meet its clinical needs. Coördinate the trend toward clinic organization in keeping with this study.

c. Encourage assignment of beds for cancer cases in general hospitals.

d. Encourage development of facilities for hospitalization of incurable cancer cases.

e. Encourage development of adequate pathological service for physicians and hospitals.

f. Encourage and assist in organization of research activities.

g. Encourage gifts of funds for research and development of clinical facilities. Assist in raising funds for employment of needed personnel and for purchase of physical equipment, radium, etc.

MISCELLANEOUS

a. Develop and correlate the interest of the following professional groups by educational work so they may become qualified to assume their proper place in the program.

1. The dental profession. Establish contact with the State Dental Association and encourage educational activities among the dental groups similar to that among the medical groups, this directed essentially at cancer of the buccal cavity.

2. The public health groups (see State Health Officer).

3. The nursing groups. Establish contact with the State Nurses' Association and other nursing groups for educational purposes. Included in the educational work for nurses may be the following:

One lecture on cancer annually at the beginning of the senior year in each training school.

Emphasis on cancer in nurses' training courses.

Questions on cancer in examinations for nursing diplomas and state license.

Distribution of Handbook for Nurses, published by the American Society for the Control of Cancer, to each senior nurse in training schools.

Publication of articles on cancer in state nursing publications.

4. The Social Service groups. Establish contact with those groups dealing with the social problems arising through disease particularly with reference to cancer in its relation to the general problem of chronic illness.

b. Organize a speakers' bureau from the various cancer committees with services of lecturers and talks before lay and professional groups and radio broadcasts.

c. Develop a continuing program of lay education in coöperation with the State Health Department and State Chairman of the American Society for the Control of Cancer.

2. STATE HEALTH OFFICER

a. Stimulate interest and activity in cancer control by conferences of health officials.

b. Organize meetings for purposes of cancer education among public health, visiting and industrial nursing groups and joint meetings of these and related social service groups.

c. Publish articles on cancer in state, county and city health bulletins which reach the professional and lay groups.

d. Organize the State Division of Vital Statistics as a clearing house for data on cancer mortality and morbidity with services to cancer committees, health officials and physicians. Broaden its statistical studies on cancer and publish data in the State Health Bulletin. Stress the importance of accurate registration of causes of death.

e. Publish bulletins and pamphlets on cancer, and include these in the list of educational material for distribution.

f. Correlate subject of cancer control in the general health program under sponsorship of State Health Associations.

g. In coöperation with the State and County Medical Society Cancer Committee and the State Chairman of the American Society for the Control of Cancer engage actively in lay education through the division of public health education and city and county or district health units by means of lectures and films, pamphlets and bulletins, news releases and radio broadcasts.

3. STATE CHAIRMAN

a. Coöperate with the Cancer Committee of the State Medical Society, and coördinate the facilities, policies and program of the National Society in the organization of the State program.

b. Participate in lay and professional educational activities through cancer meetings for the professional groups, lectures and talks to women's groups, civic clubs, industrial groups, teaching, college and high school groups and others by:

1. Supplying exhibit material, both lay and professional.

2. Supplying standard news releases and radio broadcasts.

3. Supplying film strips and moving picture films and projectors.

4. Distribution of literature and medical reprints and abstracts.

c. Make available the services of the field staff of the National Society in organizing and conducting the state program, for making special state studies, in developing meetings, in assisting in clinic organization and by acting as an information bureau through the central office and in other ways.

The Department of Institutions and Agencies of the State of New Jersey has issued "Suggestions for a Cancer Control Program in New Jersey", which lists the existing public cancer clinics and laboratories and suggests additional public measures, many of which are to be under the control of the state and are not acceptable to the Committee of the Medical Society.

Respectfully submitted,

Henry B. Orton, *Chairman*
Robert Halbach
Philip Marvel
George N. J. Sommer
Harrison B. Wilson
Harrison S. Martland
John W. Gray
Edward J. Ill

SCIENTIFIC EXHIBITS

(Continued from page 281)

BOOTH NUMBER 1

Clinical and Experimental Studies on Nephritis.
Drs. Van Slyke, Bourdillon, Farr, Page, Smadel, and Swift.
Rockefeller Institute Hospital, New York

Renal Function Tests in the Clinic
Dr. D. D. Van Slyke

Electrolyte Disturbance and Disturbance of Water Balance in Bright's Disease
Dr. J. Bourdillon

Dietary Treatment of the Nephrotic Syndrome in Children
Dr. L. E. Farr

Diagnosis of Essential and Malignant Hypertension and Studies on Experimental Hypertension
Dr. I. H. Page

The Production of Nephrotoxin Nephritis in Rats
Drs. J. E. Smadel and H. Swift

The Effect of Diet on Experimental Nephritis in Rats
Drs. L. E. Farr and J. E. Smadel

BOOTH NUMBER 2

Hyper-parathyroidism and Its Urological Complications
Dr. Fuller Albright, Massachusetts General Hospital, Boston, Mass.

BOOTH NUMBER 3

Interesting Cases
Drs. W. G. Herrman and H. R. Brindle, Asbury Park, N. J.

BOOTH NUMBER 4

Cancer of the Stomach. A Radiologic Study
Dr. Raphael Pomeranz, Newark, N. J.

BOOTH NUMBER 5

The Fate of the Living and Dead Cartilage Grafts Buried in Humans
Dr. Lyndon A. Peer, Newark Eye and Ear Infirmary, and Newark City Hospital, Newark, N. J.

BOOTH NUMBER 6

Chronic Pulmonary Diseases
Dr. M. J. Fine, Newark, N. J.

BOOTH NUMBER 7

X-Ray in Obstetrics
Dr. Harry J. Perlberg, Margaret Hague Maternity Hospital, Jersey City, N. J.

BOOTH NUMBER 8

Hematogenous Tuberculosis
Drs. B. S. Pollak and S. Cohen, Jersey City Medical Center, Jersey City, N. J.

BOOTH NUMBER 9

End Results of Pneumothorax Therapy for Pulmonary Tuberculosis. Follow-up Study of 3-5 Years after Re-expansion
Drs. B. S. Pollak and B. P. Potter, Hudson County Tuberculosis Hospital, Secaucus, N. J.

BOOTH NUMBER 10

Obstructive Uropathies, Pathology, Diagnosis and Treatment
Dr. Samuel E. Kramer, Perth Amboy, N. J.

BOOTH NUMBER 11

Obesity, Its Treatment
Drs. James J. Short and S. William Kalb, N. Y. Post-Graduate Medical School and Hospital, New York, N. Y.

BOOTH NUMBER 12

Clinical and Pathological Pictures of the Fundus Oculi in Hypertensive and Renal Diseases
Drs. B. S. Oppenheimer and David Wexler, Mt. Sinai Hospital, New York, N. Y.

BOOTH NUMBER 13

New Jersey's Care of the Epileptic
Drs. Dan S. Renner and A. W. Pigott, N. J. State Village for Epileptics, Skillman, N. J.

BOOTH NUMBER 14

The Treatment of Chronic Hypertension with a Choline Histamine-Free Extract of Animal Kidney
Dr. Benjamin Jablons, New York, N. Y.

BOOTH NUMBER 15

Medical Art
Patric Claiborne, Baltimore, Md.

BOOTH NUMBER 16

Non-Secret Medication. U. S. P., N. F., and N. J. F. Formulas
Joint Medical and Pharmaceutical Committee

BOOTH NUMBER 17

Plastic Surgery
Dr. Jacques W. Maliniak, Dept. Plastic Surgery, Sydenham Hospital, New York, N. Y.

BOOTH NUMBER 18

Bone Tumors
Dr. John W. Gray, Newark, N. J.

BOOTH NUMBER 19

Treatment of Chronic Arthritis
Drs. John W. Gray, William G. Bernhard, John E. Toye, Dan E. Kavanaugh, Jerome H. Samuels, and Elizabeth W. Byrnes, Hospital of St. Barnabas for Women and Children, Newark, N. J.

BOOTH NUMBER 20

Rehabilitation Surgery
Dr. Henry H. Kessler, N. J. Rehabilitation Clinic, Newark, N. J.

BOOTH NUMBER 21

The Endocrine Aspects of Menopause
Drs. Rita S. Finkler, Zelda Marks, Rose Bass, and Elizabeth Ward, Newark Beth Israel Hospital, Newark, N. J.

BOOTH NUMBER 22

Health Factors That Influence the Betterment of Man
Public Relations Department of The Medical Society of New Jersey

BOOTH NUMBER 23

Renal Tuberculosis
Drs. Henry K. Taylor, Arthur Greenberger, Monroe Greenberger, Sea View Hospital, New York, N. Y.

BOOTH NUMBER 24

Brain Tumors
Dr. William Ehrlich, Newark, N. J.

BOOTH NUMBER 25

Diseases of the Genito-Urinary Tract
Drs. Stanley Woodruff and Joseph S. Grewal, Bayonne Hospital, Bayonne, N. J.

BOOTH NUMBER 26

Genito-Urinary Exhibit: Urography in Children
Drs. Meredith F. Campbell and M. J. Fein, Mountainside Hospital, Montclair, N. J.

BOOTH NUMBER 27

Pathology of the Genito-Urinary Tract in the New-Born
Dr. Nicholas M. Alter, Margaret Hague Maternity Hospital, Jersey City, N. J.

BOOTH NUMBER 28

Osseous Changes in Diseases of the Reticulo-Endothelial System
Drs. N. J. Furst and Frederick Strauss, Newark, N. J.

BOOTH NUMBER 29

Tumors of the Gastro-Intestinal Tract
Dr. A. Hobson Davis, Paterson General Hospital, Paterson, N. J.

BOOTH NUMBER 30

Oro-Facial and Plastic Surgery
Dr. William J. Greenfield, Hasbrouck Heights Reconstruction Hospital, Hackensack, N. J.

BOOTH NUMBER 31

Anatomy of the Female Pelvis
Drs. Joshua W. Davies, New York, and Daniel R. Mishell, Newark, N. J.

BOOTH NUMBER 32

Lesions of the Small Intestines
Dr. S. A. Goldberg, Presbyterian Hospital, Newark, N. J.

BOOTH NUMBER 33

Female Endocrinology
Dr. Jacob Hoffman, Jefferson Medical College and Hospital, Philadelphia, Pa.

BOOTH NUMBER 34

Corpus Luteum Function (Pregnandiol Excretion) in the Menstrual Cycle and in Pregnancy
Drs. Paul C. Weil and Charles F. Geschickter, Surgical Pathological Laboratories, Johns Hopkins Hospital, Baltimore, Md.

BOOTH NUMBER 35

The Use of Testosterone in the Treatment of Dysfunctional Uterine Bleeding. The Experimental Basis and Clinical Approach
Drs. Charles Mazer, Milton Mazer, and S. Leon Israel, Mount Sinai Hospital, Philadelphia, Pa.

BOOTH NUMBER 36

The Etiology and Treatment of Sterility. Analysis of 400 Barren Marriages
Drs. Charles Mazer, S. Leon Israel, and Charles W. Charny, Mount Sinai Hospital, Philadelphia, Pa.

BOOTH NUMBER 37

Fresh Pathology Exhibit

BOOTH NUMBER 38

The Blood Sedimentation Test
Drs. J. W. Cutler, F. S. Park, B. S. Herr, and H. Rome, Henry Phipps Institute and Graduate Hospital of the University of Pennsylvania, Philadelphia, Pa.

BOOTH NUMBER 39

Control and Prevention of Transfusion Syphilis
Dr. Charles R. Rein and Clarisse E. Hazay, Skin and Cancer Unit of Post-Graduate Medical School and Hospital of Columbia University, New York, N. Y.

BOOTH NUMBER 40

Study of the Urine in Bright's Disease, with a New Renal Condition Test and Demonstration of Methods
Drs. William G. Exton and Anton Rose, Prudential Insurance Company, Longevity Service, Newark, N. J.

BOOTH NUMBER 41

Modern Concepts of Rheumatic Heart Disease
Drs. Joseph B. Wolffe, Victor A. Digilio, H. M. Goldberg, and R. Ichelson, B.S., Philadelphia, Pa.

BOOTH NUMBER 42

Chest Studies of Employees in a Large Business Organization
Drs. L. S. Ylvisaker, H. B. Kirkland, and C. E. Kiessling, Medical Department, Prudential Insurance Co., Newark, N. J.

REFERENCE COMMITTEES

President Herrman has appointed Reference Committees in accordance with the By-Laws, Chapter VIII, Sections 12 and 13. The annual reports of the officers and committees are referred to these committees as indicated in the following list:

Reference Committee "A" to consider reports of:
The President
Addresses of the President and President-Elect
The Executive Officer
The Publication Committee
The Secretary

J. Wallace Hurff, Chairman ..... Newark
George M. Knowles ..... Hackensack
Leslie E. Myatt ..... Bridgeton
E. LeRoy Wood ..... Newark
Edgar W. Lane ..... Bloomsbury

Reference Committee "B" to consider reports of:
The Finance and Budget Committee
The Treasurer

Edward W. Sprague, Chairman ..... Newark
Robert E. Watkins ..... Belmar
Inglis F. Frost ..... Morristown
D. Leo Haggerty ..... Trenton
Runkle F. Hegeman ..... Somerville

Reference Committee "C" to consider reports of:
The Judicial Councilors
The Committee on Medical Defense and Insurance
The Sub-Committee on Public Relations

Henry C. Barkhorn, Chairman ..... Newark
William L. Williamson ..... Bayonne
A. James Fessler ..... Trenton
Jacob J. Mann ..... Perth Amboy
Norman W. Burritt ..... Summit

Reference Committee "D" to consider reports of:
The Committee on Program and Arrangements
The Sub-Committee on Scientific Program
The Sub-Committee on Scientific Exhibits
The Advisory Committee to Woman's Auxiliary

Byron G. Sherman, Chairman ..... Morristown
Samuel A. Cosgrove ..... Jersey City
James P. Pregnall ..... Asbury Park
Charles J. Larkey ..... Bayonne
Eugene G. Herbener ..... Lakewood

Reference Committee "E" to consider reports of:
The Welfare Committee
The Sub-Committee on Legislation
The State Board of Medical Examiners
The Committee on Post-Graduate Education

C. Wright MacMillan, Chairman ..... Passaic
S. Emlen Stokes ..... Moorestown
Martin A. Quirk ..... Red Bank
Philip S. Avery ..... New Brunswick
A. Dunbar Hutchinson ..... Trenton

Reference Committee "F" to consider reports of:
The Sub-Committee on Public Health
The Advisory Committees to the Sub-Committee on Public Health on:
Cancer
Venereal Disease Control
Mental Hygiene
Adult Health Supervision
Tuberculosis
Child Health
Maternal Welfare
Crippled Children
Pneumonia Control

Charles H. Schlichter, Chairman ..... Elizabeth
Thomas McG. Brennock ..... Jersey City
Frank W. Ash ..... Paterson
Henry Haywood ..... New Brunswick
Elwood E. Downs ..... Woodbury

Reference Committee "G" to consider reports of:
The Sub-Committee on Medical Practice
The Advisory Committees to the Sub-Committee on Medical Practice on:
Contract Practice
Hospital Relationships
Medical Care of the Indigent
Nursing and Nursing Education
Pharmaceutical Problems
Workmen's Compensation
Auxiliary Medical Services

Joseph F. Londrigan, Chairman ..... Hoboken
Sigurd W. Johnsen ..... Passaic
Frederic W. Lathrop ..... Plainfield
John A. Connelly ..... Trenton
William H. Areson ..... Upper Montclair

Reference Committee "H" to consider reports of:
City, Hotel, and Dates of 173rd Annual Meeting
Study of Policy in Reference to Annual Meeting
The Delegates to the A. M. A.
The Committee on Honorary Membership

David B. Allman, Chairman ..... Atlantic City
David W. Green ..... Salem
O. R. Holters ..... Asbury Park
A. Charles Zehnder ..... Newark
J. Allen Yager ..... Paterson

SPECIAL REFERENCE COMMITTEES

I. Credentials

Thomas B. Lee, Chairman ..... Camden
Elias J. Marsh, Ex-Officio ..... Paterson
Alfred Stahl, Ex-Officio ..... Newark

II. Resolutions and Memorials

Henry B. Kessler, Chairman ..... Newark
H. B. Wilson ..... Hackensack
Herschel Pettit ..... Ocean City
Joseph E. Roberts, Jr. ..... Camden
Walter J. Farr ..... Teaneck

III. Constitution and By-Laws

Samuel Alexander, Chairman ..... Park Ridge
C. Wright MacMillan ..... Passaic
Thomas B. Lee ..... Camden
E. LeRoy Wood ..... Newark
Lancelot Ely ..... Somerville

IV. Miscellaneous Business

Herschel S. Murphy, Chairman ..... Roselle
James G. Boyes ..... Plainfield
Harry J. Perlberg ..... Jersey City
Fred Vosburgh ..... Passaic
Adolph Towbin ..... Lakewood

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STATE SOCIETY ACTIVITIES

MATERNAL AND CHILD WELFARE IN NEW JERSEY

Three addresses before a dinner meeting of the Cape May Medical Society in Somers Point, April 6, 1938.
(See page 334.)

1. MATERNAL WELFARE

By Arthur W. Bingham, M.D., Chairman, Committee on Maternal Welfare, Medical Society of New Jersey.

I am deeply grateful to the Cape May County Medical Society for arranging this splendid meeting in recognition of Maternal Welfare and Child Health. It shows that the medical profession and all serious-minded citizens are really interested in better maternity care. This, I believe, is the foundation of maternal welfare. Regardless of their great importance, no amount of education, lectures, nor refresher courses will go far towards improving conditions if the physician and patients are not interested in getting better results.

INVESTIGATION OF MATERNAL DEATHS

The obstetric conscience must be developed, and this is just what is happening. How else could such a record as a maternal mortality rate of 3.3 per thousand live births be attained? While the statistics for the various states have not yet been published, judging from past years, New Jersey will probably show the lowest maternal mortality in the United States, and will compare favorably with any of the foreign countries.

Every maternal death in New Jersey is investigated, not for criticism, but to gain knowledge and to spread that knowledge so that such a death will be less likely to occur again. Not a single physician has been criticized. The method of procedure has been criticized in discussing some of these deaths, but the physician has not been criticized for his lack of judgment nor his faulty technic. We all make mistakes. The result is, every physician who has been interviewed by the field physician has willingly given all the facts regarding his unfortunate case. Yet the physician in many cases knows that someone probably made a mistake which should be avoided in another similar case.

Sometimes it is the patient's fault in not seeing her physician early enough, and often she does not follow his instructions. The patient must also be educated. This is largely a responsibility of the physician and he must assume it. He must be prepared to give adequate prenatal care to prevent toxemia and other complications, and must insist on his patients following his instructions. He must tell a patient with beginning toxemia in no uncertain terms that, if she does not follow his instructions, she may die. To illustrate, a patient last year developed a mild toxemia and was told distinctly by her physician what to do. She became angry and left him. As the condition became worse she consulted another physician who also was very emphatic in his orders. She left him also. Finally, she had a convulsion and a third pyhsician was called, but by this time nothing could be done and she died.

ABORTIONS

The physician must let it be known among his patients that one-fourth of the maternal deaths are due to *abortions*. It will then become generally known that it is dangerous to have an abortion. He must tell his patient with beginning signs of hemorrhage that she must be carefully watched until he can decide whether a serious condition is present or not. He must take every precaution to prevent infection.

THE NURSE

The nurse can be of great service in educating the patient and helping her to carry out the physician's orders; but the real responsibility belongs to the physician, and he should not pass it on to a nurse nor social worker. After he takes charge of the case, he assumes responsibility.

STATE DEPARTMENT OF HEALTH

The coöperation of the State Department of Health has been most valuable. Having a nurse for home delivery service in the low-wage group, or a consultant on an abnormal case in the same group, is of real assistance to the physician and patient. Home delivery service was used on 1,047 cases in 1937 and there were 108 consultations.

FIELD PHYSICIANS

The work of the field physicians constitutes one of the main features of maternal welfare. The advice and assistance of Dr. Levy and Dr. Wilkes have been most helpful. The Journal of the State Medical Society publishes an article on maternal welfare each month. We also wish to thank Dr. Cosgrove for providing valuable refresher courses at the Margaret Hague Maternity Hospital. All of these aids are greatly appreciated.

Maternal welfare is a responsibility of the physician, the medical school, the nurse, the hospital, the community, and the patient. The coöperation of the physicians of New Jersey in maternal welfare is especially gratifying, for without it we cannot succeed.

The hospitals have also coöperated by posting rules suggested by the Maternal Welfare Committee and by sending an annual report of their obstetrical work.

CAUSES OF MATERNAL DEATHS

In 1937, puerperal sepsis and septic abortions tied for first place as the cause of maternal deaths; toxemia came second, other accidents of childbirth came third, puerperal hemorrhage was fourth, etc. But see how the statistics have improved in ten years. In 1927, there were 72,386 live births and 450 maternal deaths, 6.1 per thousand or 61 per 10,000. In 1937, there were 55,197 live births and 182 maternal deaths, 3.3 per thousand or 33 per 10,000. Live births decreased 23 per cent, maternal deaths decreased 60 per cent.

In four years, 1927 to 1931, the maternal mortality was reduced only 2 per 10,000 (61-59). In the next six years (1931 to 1937) during maternal welfare, it was reduced 26 per 10,000 (59-33). There is a reason.

A comparison of statistics in urban and rural districts may be of interest. During the past three years, urban districts show more sepsis, septic abortions, and hemorrhage. Rural districts show more toxemia.

Toxemia can be reduced by better prenatal care. Sepsis and hemorrhage can be reduced by better technic and better judgment. Septic abortions should be reduced by educating the public.

We believe in "more care in handling normal cases—more and earlier consultations in abnormal cases". Maternity care has improved but maternal welfare work has only begun and we will not be satisfied until we have reached our goal, "Adequate supervision and care for every expectant mother in New Jersey."

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2. CO-OPERATION OF PHYSICIANS WITH DEPARTMENTS OF HEALTH

By Julius Levy, M.D., Newark, N. J.
Consultant in Charge, Bureau of Maternal and Child Health, N. J. State Department of Health

The Cape May County Medical Society is a shining example of coöperation of physicians in private practice with officials of departments of health and welfare, as is well evidenced by this meeting. Both departments depend on the family doctor.

We who have been interested in preventive medicine have long recognized that this is a field initiated by physicians and should become increasingly the province of private physicians. It must be admitted, however, that the family physician was primarily trained to recognize

disease and to treat the sick. His interest in and familiarity with practices of preventive medicine must be stimulated and developed. This is one of the tasks that the State Bureau of Maternal and Child Health has given itself, particularly in reference to maternal welfare and child health.

For this purpose *Field Physicians* have been appointed, one for each county, who by personal visits will bring to the attention of physicians standard procedures which have been approved and developed by the Maternal Welfare Committee and the Public Health Committee of the Medical Society.

For the same purpose physicians are being appointed to *Baby Keep-Well Stations*. Since the experience of many physicians with well babies and with the many problems which interest young mothers is rather limited, it seems desirable to give physicians an opportunity to increase both their interest and their knowledge in this field. For this reason, too, it would appear worth while to allow physicians to rotate at the Baby Keep-Well Stations, so that as many as possible may acquire this knowledge and experience.

In order to further assist the doctor in his maternal welfare work, there has been made available through Federal Social Security Funds nurse delivery service and obstetrical consultants for low-wage group families.

I am glad to be able to report to you that a great deal of the old suspiciousness of the private physician towards the doctor in public health and towards the nurse in public health activities is disappearing. The enlightened health department, as well as the enlightened medical profession, recognizes that while the activities may be different, their interests are the same, and that the best and most effective type of public health can be developed only by the fullest interest of the practicing physician. The fact that at this table are represented officers of the Medical Society and the public health representatives of the maternal and child health activities is a clear indication that in New Jersey we are marching forward together. The best evidence that the New Jersey method of dealing with this phase of public health is effective is the infant mortality rate and the maternal mortality rate for 1937. New Jersey, although an industrial State with many economic and social problems, presents for 1937 the lowest infant mortality rate in the United States, and one of the lowest maternal mortality rates in the country. This is an accomplishment in which we may all take great pride.

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3. ADMINISTRATION OF MATERNAL AND CHILD WELFARE FUNDS

By LeRoy A. Wilkes, M.D., Executive Officer, The Medical Society of New Jersey

When the Federal Social Security Act became a law, certain provisions for the care of special groups of the population became compulsory. The responsibility for carrying out some of the provisions in this act was placed upon the State Department of Health. The Federal Government provides funds for approved programs, and these funds are dispensed through official state agencies.

Two of the groups specially provided under the Social Security Act are *mothers and children*. The programs are prepared and conducted by New Jersey authorities, after approval by the Social Security Commission and the Children's Bureau in the Department of Labor in Washington. In the Act there is a provision that the Federal Government may approve the use of another private or public agency endorsed by the State Department of Health, provided the funds and the final supervision remain in the official agency. Because of the close coöperation and mutual confidence existing between The Medical Society of New Jersey and the State Department of Health, the program of the Public Health Committee of The Medical Society of New Jersey was formulated and submitted to the State Department of Health, and approved by it; and was

subsequently forwarded to Washington, where, after an extended period of discussion and conferences, the work was finally approved; not, however, with great enthusiasm on the part of the Children's Bureau, whose directors had their own very definite ideas to to the needs of New Jersey and the ways and means through which those needs could be most efficiently, economically, and adequately met. Those representing The Medical Society of New Jersey and the State Health Department informed the Federal Government, after much debate, that New Jersey problems could best be met by those who, through residence in the State, were most familiar with the needs and the conditions in New Jersey, and who therefore were best fitted to develop the ways and means through which these needs could best be met. This view was finally accepted by the Federal group.

The New Jersey program departs quite radically from the preconceived theoretical programs offered to us; but it meets successfully the needs of New Jersey as determined by the doctors in New Jersey, and by the health officers most familiar with these needs. The State of New Jersey has three features most essential in making possible a coöperative plan. It is a small State with good transportation facilities. This in turn makes possible frequent personal contact and friendship to be maintained; and this in turn produces a mutual confidence, agreement, and coördination of effort which underlies the successful operation of any program.

The plans of The Medical Society of New Jersey are essentially based on the programs of the existing agencies; and efforts are always made to utilize these agencies to the greatest extent possible, and to add to them only what is lacking and desirable. We are anxious to preserve the traditions and procedures built up through trial and error in New Jersey over a long period of time. We refuse to scrap these and substitute untried theoretical ideas. We want to experiment slowly and safely. The funds supplied in New Jersey by the Social Security Fund are really New Jersey funds in that, while a greater percentage of the money collected from New Jersey goes out of the State, the funds we receive are only part of those contributed by the State to the Federal Government. If instead of taking these funds from New Jersey and returning only a small portion, the full amount were utilized here, we could go still further in the development of adequate medical service to all people in need thereof, at a cost they can afford to pay.

Since the strength of any nation depends upon its people, and its people are furnished to the State by the mothers, I can imagine no more worthy cause to which Government funds can be supplied than to aid in promoting the health and welfare of the mothers and children of this country.

ASSISTANT TO THE EXECUTIVE OFFICER

An appropriation for an assistant to the Executive Officer was provided in the budget adopted by the House of Delegates on April 27, 1937 (Transactions, p. 11). The nature of the assistant's duties and his qualifications are set forth in the following letter which Executive Officer Wilkes has sent to each county society:

Dear Doctor:

As you know, the House of Delegates authorized the appointment of an assistant to the Executive Officer. The Board of Trustees has decided that this man should be a physician, though his duties will be largely those of an executive nature.

He should be between twenty-five and forty years of age. He should have executive ability; statistical understanding; the ability to express himself in writing, and to talk to public groups with conviction; and he should be able to tactfully handle personnel in a way that will win loyalty and voluntary coöperation. He should have some training and experience in formulating programs; in developing plans and schedules; and he should know the fundamentals of bookkeeping, preparation of graphs and charts, arrangement of exhibit material, preparation of reports, abstracts of articles, and spot maps,—all under the direction and supervision of the Executive Officer to whom he will be an immediate assistant.

We fully realize that physicians with this peculiar type of training are the exception.

The beginning salary will be consistent with the

ability and experience of the man selected. This is a full-time job, and the appointee will not be permitted to engage in private practice. This position will only appeal to a man who is interested in and capable of carrying on executive work.

It is desirable that the man be a New Jersey doctor, and preference will be given to a member of The Medical Society of New Jersey. An applicant who is seriously interested in making this type of work his life work, rather than private practice, should send his qualifications immediately to the Executive Offices in writing; and if appointed he must be ready to live in or near Trenton, which will be his headquarters. He should be able to begin work very soon after his appointment. He will, of course, have the assistance of the Executive Officer in furthering his training, but should be able to carry a full load of work reasonably soon. He must be willing to work long hours, including Sundays and holidays when necessary, in carrying on the work. Applicants should have the endorsement of their County Medical Society.

TREASURERS OF THE MEDICAL SOCIETY OF NEW JERSEY

The Medical Society of New Jersey has been served by sixteen Treasurers since its founding on July 26, 1766, of whom the last seven served a total of 122 years.

The list is as follows:

Dates of Election

July 23, 1766—Christopher Manlove.

May 5, 1767—John Cochran, New Brunswick, 3rd President, 1768.

November 1, 1768—Nathaniel Scudder, Freehold, 4th President, 1770.

November 7, 1769—Hezekiah Stites, Cranbury, 9th President, 1781.

November 12, 1771—Thomas Wiggins, Princeton, 8th President, 1774.

November 10, 1772—Isaac Harris, Pittsgrove, 21st President, 1792.

November 9, 1773—Thomas Wiggins.

There is no further record of the election of a Treasurer until November 2, 1790, when Dr. Wiggins was chosen Treasurer, and was reëlected each year up to January 3, 1795.

No meetings were held from 1795-1807.

June 23, 1807—Moses Scott, New Brunswick, 18th President, 1789.

June 14, 1808—Jacob Dunham, New Brunswick.

June 13, 1815—James Elmirdorf.

May 1, 1816—E. FitzRandolph Smith, New Brunswick, 47th President, 1832.

May 11, 1830—Ferdinand S. Schenck, Six Mile Run, 56th President, 1841.

May, 1833—J. S. English, Manalapan, served 33 years.

January 23, 1866—H. R. Baldwin, New Brunswick, served 8 years.

May 26, 1874—W. L. Phillips, Trenton, served 17 years.

June 23, 1891—Archibald Mercer, Newark, served 31 years, 139th President, 1924.

June 22, 1922—Elias J. Marsh, Paterson.

OBITUARIES

THOMAS W. HARVEY

Dr. Thomas William Harvey, aged 84, of 59 Main Street, Orange, died April 8th at his home after an illness of one month.

Dr. Harvey retired in 1936 after fifty-eight years of practice. He started practice in 1878 as assistant to the late Dr. William Pierson, later becoming Dr. Pierson's partner. Dr. William Pierson was the fourth physician by the name of Pierson by lineal descent in the immediate neighborhood. Dr. Harvey was in practice on the corner of Main and Hillyer Streets ever since he first started. The office had been used by Dr. William Pierson, Sr., dating from 1830. Of late years it also has been used by his son and partner, Dr. Thomas W. Harvey, Jr. Dr. Harvey's fiftieth anniversary of active practice was celebrated in March, 1928, when he was given a dinner by his fellow physicians of the Oranges. He and Dr. John Hammond Bradshaw, of Orange, also were honored by the Orange Mountain Medical Society as two of the three surviving original members at the time of the society's fiftieth anniversary celebration in 1933. The other charter member was Dr. William B. Graves, of South Port, Conn.

Dr. Harvey was born September 10, 1853, in New York City, and was the son of Hayward Augustus Harvey, inventor of Harveyized steel. His grandfather, the late General Thomas W. Harvey, also was an inventor, his chief achievement having been the perfecting of automatic machinery for the manufacture of screws.

Dr. Harvey attended Mr. Prescott's Preparatory School in Orange and Edwards Place School in Stockbridge, Mass., before entering Princeton, where he graduated in 1875. He was always very active in college affairs and was permanent secretary of his class until his death. He attended the College of Physicians and Surgeons in New York while living in Orange and serving a medical apprenticeship under Dr. Pierson. He was married October 3, 1882, to Miss Katherine Green, of East Orange. The couple celebrated their golden wedding in 1932 with a reception at their home.

In the early days of his practice Dr. Harvey was actively interested in sanitary improvements of the Oranges, and was made Secretary of the Orange Board of Health. In 1885 the doctor was appointed by the City of Orange as chairman of a committee to investigate drainage and sewerage problems, and to suggest means for obtaining a proper water supply. He was then elected a member of the New Jersey Sanitary Association, and was an active member until his death.

He was instrumental with Miss Margaret Pierson, daughter of Dr. Pierson, in the establishment in 1882 of the Nurses' Training School at Orange Memorial Hospital, one of the first schools of its type. He was a member of the staff of the Orange Memorial Hospital from 1878 to his death, and was attending surgeon from 1882-1920, and for many years president of the Hospital Staff. He was made a consulting surgeon in 1920. He was for many years a member of the Board of Governors of the hospital. He was an attendant and later a consultant physician at the Orange Orphan Home, and a consulting surgeon of the Orthopaedic Hospital of New Jersey. In 1900 he was elected President of the Essex County Medical Society. In 1918 he took office as the 133rd President of the New Jersey State Medical Society. In 1936 he was made an honorary member of The Medical Society of New Jersey. He was the originator and first chairman of the Welfare Committee of the State Society. He started the Orange Anti-tuberculosis Society and two years later the New Jersey State Anti-tuberculosis Association. He was the first doctor to use x-ray in the Oranges. He was also President of the William Pierson Medical Association, New England Society, and Orange Camera Club. He was a Fellow of the American College of Surgeons and a member of the New York Academy of Medicine, the New Jersey Surgical Society and the American Climatological Society. He was the author of numerous medical papers.

He leaves his wife, a daughter, Miss Alice Harvey, and two sons—Dr. Harvey, Jr., and Spencer G. Harvey.

DR. WILLIAM H. JACOB, Paterson
1879—1938

Dr. William Henry Jacob, of Paterson, died on March 2, 1938, from the effects of inhaling the fumes of a gas heater in his bathroom. He was born in Paterson on May 25, 1879, and graduated from the College of Physicians and Surgeons in 1902. He was a Fellow of the American College of Surgeons and of the Staff of St. Joseph's Hospital, and an active member of the Paterson Avenue Methodist Episcopal Church.

On March 10, the Passaic County Medical Society adopted the following memorial to his memory:

"An all-wise Providence has seen fit to again visit our Society and remove from our midst one of our beloved and esteemed members, Dr. William H. Jacob, who had endeared himself to all who were privileged to know him; one who was especially gifted as a physician and surgeon, and who practiced in our community for thirty-six years, rendering distinguished service as a physician to all who sought his services. He was likewise outstanding in the community where he rendered valuable service.

"We who survive him pledge ourselves anew to carry on the wonderful traditions of our profession as a token to his memory."

MEMORIAL TO DR. J. N. RYAN
1876—1938

On March 10, the Passaic County Medical Society passed the following memorial of Dr. John Nicholas Ryan, whose obituary appears in The Journal of March, p. 179:

"Whereas, an all-knowing Providence has removed from our midst our colleague and friend, John N. Ryan, the Passaic County Medical Society wishes to record this testimonial of the esteem in which his fellow members held him.

"Dr. Ryan served the Society for many years as member, committeeman, officer, and eventually as President. He upheld the cause of public health as Health Officer of Passaic for more than a quarter century. He was an early and ardent crusader against disease as shown by his work for the Tuberculosis and Health Association, and his pioneer effort for child welfare. He was a stalwart supporter of both St. Mary's and the Passaic Isolation Hospitals, and a life-long partisan of the highest standards of medical conduct and ethics." Obituary, March Jour., p. 179.

DECEASED PHYSICIANS OF NEW JERSEY IN MARCH

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Thomas E. Hughes	55	March 6	Camden	Same	Coronary thrombosis.
William H. Jacob	58	March 2	Paterson	Preakness	Illuminating gas poisoning.
John N. Teeter	67	March 5	Englewood	Same	Coronary occlusion.

THE ANNUAL MEETING PROGRAM

Preparations are nearly completed for the 172nd Annual Meeting of The Medical Society of New Jersey in the Hotel Ambassador, Atlantic City, May 17-19, 1938.

The Scientific Program was printed in the April Journal, page 239.

The Annual Reports of the officers, and the personnel of the Reference Committees, are printed on pages 263-321 of this issue of The Journal.

The program of the Woman's Auxiliary is printed on page 340.

The chronological schedule of the principal events is as follows:

CHRONOLOGICAL SCHEDULE

Monday, May 16th, 1938

8:00 p. m.—Board of Trustees Meeting
Room 104, First Floor

8:30 p. m.—Judicial Council Meeting
Room 106, First Floor

REGISTRATION

12:00 noon—Registration opens.

All officers, delegates, members of component County Societies, guests, and exhibitors are requested to register at the Registration Desk in the Exhibit Hall on the Lobby Floor immediately upon arrival.

EXHIBITS

Scientific—Venetian Room, Lobby Floor
Technical—Sun Porch, Lobby Floor
Art, Hobby, and Medical History—Room 125, First Floor.

Tuesday, May 17th, 1938

10:00 a. m.—House of Delegates
Renaissance Room, Lobby Floor

1:00 p. m.—Woman's Auxiliary Luncheon
Surf Room, Lobby Floor

2:00 p. m.—Section on General Surgery
Renaissance Room, Lobby Floor

2:00 p. m.—Section on Gastro-Enterology
Room 118, First Floor

6:00 p. m.—Dinner Meeting of Advisory Committee on Pharmaceutical Problems of The Medical Society of New Jersey and the Professional Relations Committee of the New Jersey Pharmaceutical Association
Room 110, First Floor

8:30 p. m.—General Scientific Session
Renaissance Room, Lobby Floor

9:30 p. m.—Nominating Committee Meeting
Room 111, First Floor

Wednesday, May 18th, 1938

10:00 a. m.—Section on Radiology
Renaissance Room, Lobby Floor

10:00 a. m.—Section on Pediatrics
Room 118, First Floor

10:00 a. m.—Section on Obstetrics and Gynecology
Room 111, First Floor

12:30 noon—House of Delegates
Renaissance Room, Lobby Floor

1:00 p. m.—Maternal Welfare Luncheon
Room 122, First Floor

1:00 p. m.—New Jersey Woman's Medical Association Luncheon
Room 110, First Floor

2:30 p. m.—House of Delegates
Renaissance Room, Lobby Floor

7:30 p. m.—Reception
Lobby Floor

8:00 p. m.—Dinner Dance and Banquet in honor of the President
Renaissance Room, Lobby Floor

Thursday, May 19th, 1938

10:00 a. m.—House of Delegates
Renaissance Room, Lobby Floor

2:00 p. m.—Section on General Medicine
Renaissance Room, Lobby Floor

2:00 p. m.—Section on Eye, Ear, Nose and Throat
Room 122, First Floor

Friday, May 20th, 1938

1:30 p. m.—New Jersey Association of School Physicians Meeting
Renaissance Room, Lobby Floor

SPEAKERS AT THE DINNER DANCE

Herrman, William G., President
Carrington, William J., President-Elect
Clothier, Robert L., President, Rutgers University

DELEGATES FROM OTHER STATE SOCIETIES

Miller, J. R., Connecticut
Stringfellow, Oliver L., Connecticut
Elliott, Frederic E., New York
Groat, William A., New York

SPEAKER TO HOUSE OF DELEGATES

Final Session, Thursday Morning, May 19th
10:00 o'clock

"Preparedness in Case of Eventual War"
Lt. Col. Albert C. Hulett, Med. Res. U. S. Army; President, New Jersey Chapter of the Association of Military Surgeons of the United States.

NOMINATING COMMITTEE OF THE STATE MEDICAL SOCIETY, 1938

Chairman, Spencer T. Snedecor, Junior Past President

County	*Delegate*	*Alternate*
ATLANTIC	D. Ward Scanlan	
BERGEN	A. Liva	S. Alexander
BURLINGTON	S. Emlen Stokes	Emlen P. Darlington
CAMDEN	Thomas B. Lee	Reuben L. Sharp
CAPE MAY	Clarence W. Way	None
CUMBERLAND	Leslie E. Myatt	E. C. Lyon
ESSEX	Alfred Stahl	A. Charles Zehnder
GLOUCESTER	Elwood E. Downs	William W. Pedrick
HUDSON	Joseph F. Londrigan	Frank J. McLoughlin
HUNTERDON	Samuel B. English	A. H. Coleman
MERCER	Harry R. North	D. Leo Haggerty
MIDDLESEX	J. H. Rowland	Henry Haywood
MONMOUTH	Robert E. Watkins	
MORRIS	Bernard C. McMahon	None
OCEAN		None
PASSAIC	Norman M. Dingman	Fred Vosburgh
SALEM	David W. Green	None
SOMERSET	Runkle F. Hegeman	None
SUSSEX	A. H. Groeschel	None
UNION	Edward S. Krans	Herschel S. Murphy
WARREN		

TECHNICAL EXHIBITS AT THE ANNUAL MEETING

Booth 3—Adlanco X-Ray Corporation of 54 Lafayette Street, New York, N. Y., will show *something entirely different* in *X-Ray and Ultra Short Wave Equipment.*

Booth 14—The Arlington Chemical Company, Yonkers, N. Y., again will display their line of pharmaceutical and biological products. It is featuring its $35.00 and $25.00 diagnostic protein outfits; also its $1.00 diagnostic pollen outfits. Representatives from the laboratories will be pleased to discuss allergic problems with physicians who visit the exhibit.

Booth 20—A. C. Barnes Co., Inc., New Brunswick, N. J. It is strange, but true, that the chemists of the world, who usually duplicate almost everything, have not yet succeeded in duplicating *Argyrol,* perfected almost thirty-eight years ago by a physician. At the A. C. Barnes exhibit the numerous chemical and clinical superiorities of *Argyrol* over all other mild silver proteins and of *Ovoferrin* over other iron preparations are visually demonstrated.

Booth 5—The Burroughs Wellcome & Co., Inc., New York City, will exhibit a wide range of professional preparations representing recent advances in scientific research in pharmacology, chemistry, vitamins and dietary adjuncts.

Booth 30—The Cameron Heartometer Company shows the new *Heartometer,* a scientific precision instrument for permanent recording of a perfect pulse count, and an accurate, systolic and diastolic blood pressure reading. It also produces a graph which records the condition of the nerves, valves, and muscle of the heart, showing many heart disorders in their earliest stages as well as the advanced form.

Booth 36—The Cameron Surgical Specialty Company demonstrates the new and inexpensive models of *Cameron Cauterodyne* (Radio Frequency), providing safe and effective cutting, coagulation, desiccating, and fulgurating with a quick-healing, bloodless field for all classes of surgery. Latest developments in electrically lighted lamps and instruments for all phases of surgery and diagnosis are also demonstrated.

Booth 13—The Coca-Cola Company, Atlanta, Ga., will serve Coca-Cola to the members with the compliments of The Coca-Cola Company.

Booth 12—The Denver Chemical Mfg. Co., New York, N. Y., will exhibit *Antiphlogistine.* It is employed by physicians the world over. There is only one way in which an ethical preparation can attain such distinction, and that is through merit. Visit the exhibit and procure a sample package.

Booth 24—Gerber Products Company, Fremont, Michigan, will display *Gerber's Strained Foods for Infant Feeding and Special Diets.* Gerber's have two types of literature, some for distribution to patients, and some for professional use only. Samples of the foods and the literature will be shown for your examination.

Booth 29—H. J. Heinz Company, Pittsburgh, Pa. In order that you may see the natural fresh color and uniform consistency of *Heinz Strained Foods,* its display presents in an attractive manner all twelve varieties. Naturally you have some questions as to their preparation and uses. We, therefore, invite you to let our representative serve you in this respect. A new *Vitamin Chart* has been included in the literature offered. We will be glad to send you a copy with the fifth edition of our Nutritional Chart upon registration at our exhibit.

Booth 2A—Horlick's Malted Milk Corporation, Racine, Wisconsin. Nourishing, digestible, appetizing—these are the three outstanding qualities for which *Horlick's* is famous, whether in powder or tablet form. Visit the exhibit in Booth No. 2A. You will be interested in the many uses from infant feeding to old age—note especially the convenience of the tablets in ulcer diets.

Booth 17—The Jones Metabolism Equipment Company will feature as its display the *Jones Motor Basal metabolism apparatus.* A special feature of this unit is that it contains no water and requires no calculation in the determination of the basal metabolic rate.

Booth 27—Lederle Laboratories will feature its *Pneumonia Products* for Diagnosis and Therapy, 1 cc. Concentrated Solution *Liver Extract,* and all Allergenic products including *Hay Fever and Poison Ivy Antigens.*

Booth 4—The Liebel-Flarsheim Co., Cincinnati, Ohio, will exhibit a complete line of *Short Wave Generators* and *Bovie Electro-Surgical Units,* also the *Quartz Mercury Therapeutic Lamp,* and the *L-F Kymograph and Kymoscope.* You are cordially invited to visit the Liebel-Flarsheim booth and inspect this apparatus. L-F equipment is now in use by discriminating hospitals, surgeons, and physicians wherever the highest calibre apparatus is preferred. Ask for a demonstration!

Booth 26—Mead Johnson & Company is distributing this year an unusually fine souvenir item. It is not only beautiful but extraordinary because it contains no advertising. Ask for your copy of *"Parergon".* The complete display of Mead Products includes two new ones.

Booth 15—The Mennen Company, Newark, N. J., will exhibit its two famous baby products—*Antiseptic Oil* and *Antiseptic Borated Powder.* Register at their exhibit and receive samples of these products, as well as the opportunity to participate in the lucky number drawing for two De Luxe Fitted Leather Travel Kits.

Booth 32—The C. V. Mosby Company, St. Louis, Missouri. Among the 145 books to be displayed are the following recent releases: The Fifth Edition of Clendening's *Methods of Treatment;* the Second Edition of Key and Conwell's *Management of Fractures, Dislocations and Sprains;* Horsley and Bigger's *Operative Surgery;* Titus' *The Management of Obstetric Difficulties;* Eagle's *The Laboratory Diagnosis of Syphilis;* Shands' *Handbook of Orthopedic Surgery;* Hollender's *Physical Therapeutic Methods in Otolaryngology;* Sutton's *Physical Diagnosis;* Koll's *Venereal Diseases;* Hertzler's *Local Anesthesia;* and Mansfield's *Materia Medica, Toxicology, and Pharmacognosy.* All are important contributions to modern medical practice.

Booth 10—The Muller Laboratories, Baltimore, Md., will exhibit *Mull-Soy,* a soy bean milk which is nutritious, well tolerated, and pleasingly palatable. The value of this preparation as a milk substitute in cases of infantile eczema as well as other manifestations of milk allergy will be demonstrated.

Booth 43 — The Physicians Underwriting Agency will display the newly developed program for members of the Medical Profession covering automobile insurance: Public Liability and Property Damage; Fire, Theft and Collision; Emergency Road Service, such as tire change, battery trouble, towing, starting wet or frozen motors, bail bond, claim collection for damages to asured's car,—anywhere in the United States or Canada.

Booths 41 and 42—The J. Beeber Company will display the latest *Mobile-Portable Boulitte Electrocardiograph.* This instrument is built for accuracy and reliability and follows the standard that has been built into every Boulitte apparatus.

The latest *Fischertherm Short Wave* apparatus in many models will also be on display, including the latest *Super Fischertherm,* Model 114-A-3. Recent A. M. A. acceptance tests have shown 108.6 F. in deep muscle application; the output of this model is 725 watts. Also will be shown the latest in *Shockproof Mattern Generators* suitable for the physician's office. *See Beeber before buying.*

Booth 23—Nestlé's Milk Products, Inc., is exhibiting an original oil painting as the main feature of their display. The painting represents a nursery scene and is the work of Stephen Csoka, who executed the canvas especially for Nestlé.

Booth 9—Philip Morris & Co. Ltd., Inc., New York City, N. Y., will demonstrate the method by which it was found that Philip Morris cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than ordinary cigarettes in which glycerine is employed.

Booths 34-35—Pet Milk Company, St. Louis, Missouri, will exhibit an actual working model of a milk condensing plant in miniature, every part constructed to scale. It will show the method by which the milk is processed from the time it is received from the farmer until it is sterilized in the can ready for use.

Booth 33—Petrolagar Laboratories, Inc., Chicago, Illinois, will be in charge of Mr. L. J. Eyskens. Petrolagar is an emulsion of pure mineral oil (65 per cent by volume) and agar-agar, accepted by the Council on Pharmacy and Chemistry of the American Medical Association for the specialized treatment of constipation. Scientific drawings and literature on the subject of constipation will be available in addition to samples of the five types of Petrolagar.

Booth 16—The Chas. H. Phillips Chemical Co., New York City, N. Y., welcomes you to its booth, and presents you with samples of its *Milk of Magnesia Products.* If there is any substance in the old saying, "It has stood the test of time and experience," then the record of *Phillips' Milk of Mag-*

nesia is a brilliant example of it, for it has had the unqualified endorsement of three generations of physicians.

Booth 19—The Professional Electro-Medical Company will exhibit a full line of *Lepel Ultra Short Wave* and *Ultra Violet* equipment, as well as x-ray. This company is the local distributor for New Jersey.

Booth 11—The Radium Emanation Corporation will exhibit a wide variety of instruments and applicators used in modern therapy, including permanent and removable leak-proof *Radon Seeds*. The advantages of these seeds will be demonstrated by magnified sections showing their construction in detail.

Booth 18—Reed & Carnrick, Jersey City, N. J., extends a cordial invitation to you to visit the new electrical exhibit of *Reed & Carnrick,* pioneers in endocrinology, which features such preparations as *Elixir Peptenzyme, Endomin, Nephritin, Protonuclein, Estrogenic Hormone, Ampacoids Ovary, Prostate and Testicle, Tonicine—Male and Female, Pancrobilin,* etc.

Booth 21—Spicer and Company, Glendale, California, will feature *Edwenil,* a polyvalent, antibacterial agent for use in the various endotoxic infections such as the respiratory diseases, boils, measles, etc. Edwenil is a stable, colloidal, protein-free (by the Biuret Test) solution for intramuscual injection, and is valuable in raising resistance to the endotoxic infections without causing detrimental reactions, either local or general. Spicer and Company of Glendale, California, also have offices in Portland, Oregon; New York, Chicago, and Dallas, Texas.

Booth 8—E. R. Squibb & Sons, New York City. Physicians attending the annual convention of The Medical Society of New Jersey are cordially invited to visit the Squibb Exhibit in Booth No. 8. The complete line of Squibb *Arsenical, Biological, Glandular,* and *Vitamin Products and Specialties,* as well as a number of interesting new items will be featured. Well informed representatives will be on hand to welcome you, and to furnish any information desired on the products displayed.

Booth 6—The Wander Company, Chicago, Ill. Whenever you feel tired or "on edge", have a refreshing cup of *Ovaltine* at The Wander Company's exhibit. Ovaltine is a protective food supplement which contains vitamins A, B, D and G, and the minerals calcium, phosphorus, copper and iron. It is used as a building food for children and adults, in convalescence, for expectant and nursing mothers, and as an aid to sleep. Feel free to visit the Ovaltine booth frequently.

Booth 37—Walker-Gordon Laboratory Company, Inc., Plainsboro, N. J. As usual, *Walker-Gordon Certified, Vitamin D,* and *Acidophilus Milks* will be available at the Walker-Gordon exhibit which will be located in Space No. 37. Representatives of the company will be very glad to give members of the Medical Society whatever information they may desire regarding new developments in high quality milk production.

Booth 22—The Bisodol Company, New Haven, Connecticut, cordially invites you to stop at exhibit space number twenty-two. We wish to supply you with samples of both *Bisodol Powder* and *Bisodol Mints* and literature regarding their composition and use for your approval.

Booth 7—Libby, McNeill & Libby, Chicago, Ill. Because *Libby's Baby Foods* have been specially homogenized—a process which renders solid foods more easily digestible than ordinary straining—they are being recommended as *baby's first solid foods.* All physicians are invited to visit the Libby booth to register for samples and literature of these products. Libby's fruit juices are being dispensed.

Booth 39—Faulhaber & Heard. Any member who desires information in connection with professional liability protection, a feature of membership, can obtain full particulars at Booth No. 39, maintained by Faulhaber & Heard, Inc., the Official Broker of The Medical Society of New Jersey. Ninety per cent of the members have taken advantage of this contract. This is evidence of the benefits derived by having their protection in the company that has served the Medical Society since 1921.

Booth 40—The National Casualty Company. The group disability policy of the members of The Medical Society of New Jersey is now in its twelfth year. The continued satisfaction of the doctors is exemplified in their many testimonial letters on file with the Insurance Committee. The underwriters are the National Casualty Company, an "A Plus" ranking company; and the official accident and health insurance brokers for the Society are E. & W. Blanksteen of Jersey City, with Mr. W. Blanksteen in personal charge of this exhibit.

Booth 28—Merck and Company, Inc. Vitamin C, an essential dietary constituent, will be the featured display at the Merck booth. Individuals who are on a restricted diet frequently require a supplemental quantity of vitamin C. To be positive that they obtain the necessary amount, and to be assured that the benefit of accurate dosage is derived, vitamin C is best prescribed in the form of *Cebione.* Cebione is the only vitamin C available that is Council-accepted. For information regarding Cebione, please register at the Merck booth, No. 28.

Booth 25—C. B. Fleet Company, Inc., Lynchburg, Va., will exhibit *Phospho-Soda* (Fleet), which is an ethical concentrated preparation of the sodium phosphates in a stable and buffer solution. It is a reliable intestinal eliminant and detoxifying agent, acting quickly without griping or causing tenesmus. Its ease of action and flexibility of dosage give it a wide range of usage. Samples will be supplied for personal and clinical trial.

CONTACTS AND COMMENTS

THE ANNUAL MEETING

The Annual Meeting of The Medical Society of New Jersey is of interest to every citizen of the State. The people look to their four thousand physicians for leadership and advice in all matters relating to health and sickness. Until recently ill health or sickness has been considered a *personal* affliction in which each patient or his family was left to its own resources in carrying out the doctor's advice. But modern diagnosis and treatment require the coöperation of nurses, hospitals, and welfare workers to supply the means of care which are beyond ability of a large proportion of the sick to provide.

The *prevention* of ill health and sickness has also been developed as a branch of scientific medicine, which, even more than the treatment of the sick, requires community coöperation.

Physicians have organized themselves into societies in order to advise the people generally regarding their duties and responsibilities in the delivery and application of the medical services of the doctor. Each county has its own County Medical Society, which is the principal coördinating agency between the physicians and the people. The county societies are federated into The Medical Society of New Jersey for the purpose of developing health measures of a State-wide application.

There is need that the people should realize that the *Community* is the patient of the Medical Society in the same way that a sick person is the patient of an individual doctor. The Medical Society advises the community in two ways:

1. Its representatives use the press, the lecture platform, and the radio, and other means of publicity for the purpose of spreading information regarding medical services and making appeals for the support of programs in public health.

2. The representatives also approach officeholders and organized groups and advise them regarding their duties and opportunities in health promotion.

The Medical Society of New Jersey maintains a Committee on Public Relations for the purpose of informing the people regarding the services which the physicians and their organizations are prepared to give. This committee will make special efforts to inform the people regarding the public health proceedings of the Annual Meeting of The Medical Society of New Jersey.

FORENSIC MEDICINE SUMMER COURSE

The annual post-graduate course in *forensic medicine* in the New York University College of Medicine will be repeated again during June of this year, according to Dean Currier McEwen.

Intended chiefly for coroners, coroners' physicians, and other physicians interested in medico-legal work, the course will consist of lectures and practical instruction in the necropsy rooms and laboratories of the Chief Medical Examiners of New York City, and of Essex County, New Jersey.

Dr. John H. Mulholland, assistant dean of the college, is in charge of registration for the course.

TOURS TO THE A. M. A. IN SAN FRANCISCO

The Annual Meeting of the American Medical Association in San Francisco, June 13-17, 1938, will doubtless be attractive to many New Jersey doctors and their friends.

This Journal has given publicity to a "Golfers' Special" which is sponsored by the American Medical Golfers' Association, of which our own Past President, Dr. Walt P. Conaway, 1723 Pacific Avenue, Atlantic City, is President. (Jour., April, p. 243.)

Our Journal has also carried the full-page advertisement of the Travel Service of the American Express Company, 896 Broad Street, Newark, N. J. (See the April issue, advertising page vii, and this issue, advertising page vii.) This service has been adopted by twenty-five State Medical Societies, and offers a choice of special trains which will be for the use of physicians, and their families and friends. This feature will appeal to physicians who wish to be assured of congenial companions throughout the entire trip, both going and returning.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

May, 1938

3	Camden	12	Passaic
3	Hudson	13	Atlantic
10	Bergen	18	Middlesex
10	Sussex	19	Gloucester
11	Mercer	19	Morris
11	Ocean	25	Monmouth
12	Burlington		Salem (Social Meeting)
12	Essex		

June, 1938

8	Mercer	16	Morris
9	Somerset	22	Monmouth
14	Bergen		Camden (Outing Meeting)
14	Cumberland		
15	Middlesex		

BERGEN COUNTY

LeRoy W. Black, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at Bergen Pines on Tuesday, April 12th, at 9:00 p. m., the President, Dr. Charles Littwin, presiding. About fifty members of the Passaic and Rockland County Medical Societies met with us.

COMMUNICATIONS

1. The Bergen County Council of Social Agencies announces a One-Day Institute on Welfare Problems to be held at the Y. M. H. A., Hackensack, on Monday, May 23rd.

2. Legislative Bulletin No. 6.

3. A letter from the Hudson County Medical Society proposing a change in the method of electing the members of the Board of Trustees of The Medical Society of New Jersey.

4. A letter from Dr. Stanley Nichols in regard to the Summer Round-up.

5. A letter from Mrs. Carl Surran, Chairman of the Entertainment Committee of the Woman's Auxiliary to The Medical Society of New Jersey, in regard to the President's Banquet and Ball in Atlantic City.

6. A letter from Dr. LeRoy A. Wilkes in regard to physicians eligible to examine children for the Board of Children's Guardians.

7. A letter from Dr. Alfred Stahl stating that Bergen County was entitled to sixteen delegates instead of eighteen. (The Secretary announced that the names of Dr. LeRoy W. Black and Dr. G. M. Knowles had been withdrawn.)

8. A letter from Dr. Wilkes announcing the opening of the position as assistant to the Executive Officer of The Medical Society of New Jersy.

NEW BUSINESS

The Secretary announced the Demonstration Week Program at the Hackensack Hospital, May 2nd to 7th; and the Health Week Program of our Society, May 7th to 14th, inclusive.

Dr. S. Alexander, for the Legislative Committee, reported that Assembly Bill A-511, "The Uniform Medical Practice Act", had passed two readings in the House, and would come up for a third and final reading next Monday. He urged all the doctors present to write to their assemblymen favoring the bill.

Dr. Charles Littwin stated that the subject of "Contract Practice" would be reviewed at a later date.

Dr. Littwin also urged the doctors to support the Pharmaceutical Society in opposing the printing of names of drug stores on prescription blanks.

NEW MEMBERS

The following physicians were elected:

Three to junior membership—

Dr. Otto S. Hensle, Hackensack
Dr. C. Donald Lord, Glen Rock
Dr. Fred F. Marx, West Englewood

The following applications to membership were received:

Two from junior to regular—

Dr. Donald A. Richter, Englewood
Dr. Edmund E. Jacobitti, Maywood

Two to regular—

Dr. John I. Olpp, Englewood (by transfer)
Dr. Ross Vilardo, Garfield

Three to junior membership—

Dr. Carl Edward Weigle, Teaneck
Dr. Jack D. Levy, Hackensack
Dr. Charles S. Ringi, Teaneck.

SCIENTIFIC

Dr. Walter Farr, Chairman of the Scientific Committee, introduced the speaker of the evening, Dr. Alexander Marble, Associate of Dr. Elliott P. Joslin, of Boston, who spoke upon the "Newer Methods in the Treatment of Diabetes".

Dr. Marble described the changing incidences of diabetes, emphasizing the fact that diabetics were living much longer than formerly. The etiology of the disease is unknown, but heredity, obesity, and endocrine disturbances are important factors. He

stated that coma is still a serious complication, and that one in eight diabetics eventually dies in coma. He stressed the importance of the occlusive vascular diseases, and other complications, and urged more thorough education of the patient and the proper use of diet and insulin. He recommended very highly the use of protamine zinc insulin.

In the discussion that followed it was Dr. Marble's opinion that at least 75 per cent of all diabetics should have insulin; that the fetal mortality in diabetic pregnancies is practically 50 per cent; and that the surgical emergency should be taken care of regardless of the diabetes, which in turn should be treated at the same time.

CAPE MAY COUNTY

Warren D. Robbins, M.D., Reporter

The regular semi-annual meeting of the *Cape May Medical Society* was a dinner meeting, held on Wednesday, May 6, 1938, at the Ocean City Golf Club in Somers Point, at 11 a.m. The subject was "Maternal Welfare and Child Health", and was in honor of Dr. Julius Levy, Consultant in Maternal and Child Health of the State Department of Health; Dr. LeRoy A. Wilkes, Executive Officer of The Medical Society of New Jersey, and Dr. Arthur W. Bingham, of East Orange, Chairman of the Advisory Committee on Maternal Welfare of The Medical Society of New Jersey.

There were present fourteen members of the Cape May County Society, and fifty-one visiting physicians from all sections of New Jersey. Members of the Woman's Auxiliary brought the attendance up to seventy-one.

The speaking program was opened with an address by Dr. H. H. Tomlin, Wildwood, President of the Cape May County Medical Society, who spoke of the interest which the members of the Society,—the next to the smallest in the number of members,—are taking in the public relations of physicians.

PRESIDENT HERRMAN'S ADDRESS

Dr. William G. Herrman, President of The Medical Society of New Jersey, was introduced by Dr. Aldrich Crowe, Ocean City, Vice-President of the Cape May County Medical Society, and a Trustee of The Medical Society of New Jersey, and a member of the State Child Health Committee. Dr. Herrman outlined the accomplishments of the State Society, whose program in public health, and especially in maternal and child health, was the only one which had been accepted by the Federal Government under the Social Security Act. Dr. Herrman spoke of the difficulties in securing publicity for this fact.

PRESIDENT-ELECT CARRINGTON

Dr. William J. Carrington, Atlantic City, President-Elect of The Medical Society of New Jersey, was introduced by Dr. John Townsend, immediate Past President of the Cape May County Medical Society. Dr. Carrington spoke of the outstanding work of the Committees on Maternal and Child Health, and said that one of his objectives during the coming year would be to bring the other committees up to their standard.

Other objectives mentioned by Dr. Carrington were:

1. A clinical meeting of the State Society in Newark next Fall.
2. Get other counties to emulate Cape May County in post-graduate courses.
3. Coöperation with the A.M.A. in surveying the medical needs of the several counties of New Jersey.
4. Promotion of the program in Arts, Hobbies, and Medical History by the Woman's Auxiliary, especially in view of the wealth of Cape May County in Medical History.

PHARMACEUTICAL RELATIONS

Dr. Chester I. Ulmer, Gibbstown, Chairman of the State Committee on Pharmaceutical Problems, spoke of relations of physicians to pharmacists, and urged the physicians to utilize the New Jersey Formulary in writing prescriptions, for it contains standard prescriptions which can be dispensed by pharmacists to their advantage as well as that of the physicians and their patients.

VENEREAL DISEASE CLINIC

Dr. A. J. Friedland, Director of the Venereal Disease Clinic of Cape May County, described the high-class work done in the clinic, and the excellent support it had received from the Freeholders of the County, especially in supporting a nurse to follow up the cases.

Dr. H. B. Diverty, of Gloucester County, and Dr. Hilton S. Read, of Atlantic County, brought greetings from their societies. Mr. Percy H. Jackson, Director of the Cape May County Chosen Freeholders, described the earnest attempts of the Board to supply needed medical services to the indigent.

Dr. Frank Overton, Editor of the State Journal, spoke on publicity of the County Societies.

WOMAN'S AUXILIARIES

The Woman's Auxiliary was represented on the speakers' list by Mrs. G. MacDonald, Second Vice-President; and Mrs. Adele Beir, Chairman of the State Committee on Arts, Hobbies, and Medical History.

ADDRESSES OF THE HONORED GUESTS

Each of the honored guests gave a brief prepared address (see page 322).

Dr. Julius Levy spoke of the efforts to make the doctors "Health Minded" as well as "Disease Minded".

Dr. Bingham spoke on the outstanding methods by which maternal mortality is being reduced in New Jersey.

Dr. Wilkes described the methods by which the Federal methods were adapted to New Jersey, rather than that the local methods were adapted to the Federal plans.

The meeting was a demonstration of what a small county society can do to merit the approval of the State leaders.

CUMBERLAND COUNTY

E. S. Corson, M.D., Reporter

The annual meeting of the *Cumberland County Medical Society* was held Tuesday afternoon, April 12, at Ivy Manor, Jericho. The beautiful day and attractive program called out a record attendance from all parts of the county and adjoining counties, the dining room of the Manor being filled to its capacity. Dr. Leslie E. Wyatt, retiring President, presided.

ELECTION OF OFFICERS

The annual election of officers resulted in the choice of Dr. Dare Woodruff, Vineland, for President; Dr. J. Franklin Reeves, Bridgeton, Vice-President; Dr. H. S. Branin, Millville, Secretary; Dr. H. H. Wilson, Bridgeton, Treasurer; Dr. E. S. Corson, Bridgeton, Reporter.

Dr. M. F. Sewall, Bridgeton, was named to the Board of Censors; delegate to the State Medical Society, Dr. Charles Butcher, Heislerville; alternate, Dr. Anthony Pino, Bridgeton; Nominating Committee, State Society, Dr. H. B. Walter, Vineland; alternate, Dr. H. G. Miller, Millville.

Executive Committee of County Society, Dr. H. E. Lore, Cedarville; Dr. G. A. Davies, Dr. Muriel Ramsey, Millville.

SCIENTIFIC

Dr. B. F. Buzby, surgeon, Camden, was the guest speaker and chose as his subject "Oddities and Complications of Fractures". He confined his remarks mainly to those injuries of the arm. The lecture was profusely illustrated by x-ray pictures. The elbow joint, because of its complexity, presents the most extensive complications. He showed several different kinds of fractures of the upper bone. The intense interest shown and questions asked indicated how well the address was received.

STERILIZATION OF MENTAL DEFECTIVES

The Society went on record as endorsing the bill presented to the State Legislature for the sterilization of mental defectives to prevent the propagation of other defectives, thus increasing the burden of society and the State.

The next meeting will be held at Ivy Manor on June 14.

ESSEX COUNTY

Earl LeRoy Wood, M.D., Reporter

President H. Roy Van Ness, presiding at the meeting of the *Essex County Medical Society* held at the Academy of Medicine, Newark, Thursday evening, April 14, 1938, introduced as the speaker of the evening his personal friend, Thomas Shallow, M.D., Professor of Surgery, Jefferson Medical College. Professor Shallow illustrated his talk on "Carcinoma of the Thyroid Gland" with projected lantern slides. After the meeting there was a reunion of many former students of Jefferson Medical College.

NEW MEMBERS

During the business portion of the meeting the following new members were elected:

Longshore, Walter E., Jr. (Regular), 216 Oakwood Avenue, Orange
Robins, David (Reinstatement), 24 Commerce Street, Newark
Siegel, Jack G. (Associate), 38 Johnson Avenue, Newark
Schneider, Francis A. (Regular), 1180 Raymond Boulevard, Newark
Willner, Philip (Associate), 469 Elizabeth Avenue, Newark

DUES IN STATE SOCIETY

The membership dues of The Medical Society of New Jersey were discussed at length by Drs. Rubinow, Kraker, Stahl, and Kraemer, expressing both dissatisfaction and approval. The assembly then passed a motion that delegates be instructed to favor a reduction of State Society dues.

ANNUAL ELECTION

President Van Ness appointed the following as election committee and tellers to serve at the annual meeting in May when officers of the county society are to be elected: Drs. Earl Snavely, Chairman; William Gauch, Charles Rich, S. Rubinow, and Kenneth Wheeler. They will regulate and supervise the balloting.

The Nominating Committee, consisting of Drs. F. C. Weber, Chairman; F. A. Bien, E. A. Flynn, A. J. Ganley, J. A. Gordon, A. S. Kirkwood, P. E. Menk, F. J. Tobey, and M. Kraemer, submitted a list of nominations to be considered at the annual meeting in May.

WORKMEN'S COMPENSATION

Dr. Comando gave a report of the Compensation Laws Committee, indicating that he would present certain ideas to the Legislative Committee of our State Society which would provide (1) free choice of physician by the injured employee; (2) the employer is to be protected in several ways: (a) that the doctor treating the case must notify the employer in writing within seventy-two hours after the first visit, and (b) the employer may have consultation by any ethical doctor; and (3) emergency cases may be referred by the employer to any physician for emergency treatment and then the injured employee may exercise his right of free choice of physician.

This report was received and a motion was carried that the Essex County Medical Society go on record for free choice of physician by the injured employee with proper safeguards for the employer, carrier, patient, and doctor.

MEDICAL PRACTICE BILL

Dr. Comando also reported the action of the Council in suggesting changes in A-511, the Medical Practice Bill, in order to make it stronger in protecting the interests of physicians in regard to the free choice of physicians, the corporate practice of

medicine, and contract practice. The Council had attended conferences with the Trustees and other officers of the State Society and urged the adoption of their views.

A. M. A. INDUSTRIAL COUNCIL

President Van Ness brought up the question of the practice of the Industrial Council of the American Medical Association sending representatives to discuss problems of the various states with groups other than those of the component bodies of the association, such as the Medical Society of N. J. or any of its county societies. It was shown that a representative of the Industrial Council of the American Medical Association had met with a group of dcotors in Newark discussing problems relative to the establishment of an Industrial Council without inviting the representatives of the Medical Society of N. J. for their opinions. It was decided that a letter over the signature of the President be sent to the Medical Society of N. J. requesting that they send a letter of inquiry to the American Medical Association concerning the Industrial Council of the American Medical Association to find out why a conference was held in Newark by a Dr. Peterson who represents the Industrial Council of the American Medical Association with a group of doctors, and not by a group of doctors who might represent The Medical Society of New Jersey or any of its component parts.

MEMBER OF BOARD OF MEDICAL EXAMINERS

The names of Drs. Condon, W. D. Crecca and J. H. Lowrey were endorsed by the Council of the Essex County Medical Society to serve on the State Board of Medical Examiners.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The regular monthly meeting of the *Gloucester County Medical Society* was held on Thursday evening, April 21, 1938, at The Homestead, Woodbury, with the President, Dr. Oran A. Wood, presiding. The dentists of Gloucester County were guests of the Society.

VENEREAL DISEASE CLINIC

Dr. I. W. Knight, Chairman of Public Health Committee, reported that the Venereal Disease Clinic recently established at the Underwood Hospital was handling more cases than had been anticipated. Although the advertised hour for the clinic is from four to five o'clock on Wednesday afternoons, both Dr. Knight and Dr. Livengood, who is in charge of the clinic, request that the doctors inform their patients to appear at 3 o'clock. This will give an opportunity to have the histories of the patients prepared before Dr. Livengood arrives.

CONTACTS WITH DENTISTS

Dr. Knight also reported having attended a recent meeting of the State Committee on Public Health at which it was recommended that there be a closer tie-up of our profession with the dentists. The dentist can frequently recognize when a patient has a nutritional disturbance, and can refer him to a physician. In turn, the physician can refer a patient who requires dental treatment to the dentist.

PARENT-TEACHERS' MEETING

Dr. Ralph K. Hollinshed, Chairman of the Public Health Committee, reported that since our last meeting a zone P.-T. A. meeting at Westville Grove had been addressed by Dr. Dorothy Rogers.

POST-GRADUATE COURSES

Dr. Henry B. Diverty, Chairman of Committee on Post-Graduate Course, reported that the lectures were now being held on Wednesday afternoons at the Cooper Hospital. He urged more of our members to attend the post-graduate course.

REPORT OF DELEGATES

Dr. Wendall J. Burkett reported attending a meeting of the Cumberland County Society; Dr. Diverty reported attending meetings of Camden County, also Cape May County; and Dr. Ulmer reported his attendance at a meeting of the Salem County Society.

COMMUNICATIONS

A letter was read from the Hudson County Medical Society requesting the interest and support of our delegates in a resolution proposing a new set-up for the Board of Trustees of our State Society. The Hudson County resolution favors the election of a Trustee from each component society instead of one Trustee from each Judicial District as now exists. Dr. Hollinshed spoke on this subject and said that he thought such an arrangement would be unwieldy and would present no great improvement over the present arrangement. Dr. Sinexon moved that the letter be received and filed. Motion was seconded and passed.

DR. LEWIS ENDORSED FOR SECOND VICE-PRESIDENT

On motion by Dr. Hollinshed, and seconded by Dr. Diverty, Dr. Thomas K. Lewis, Camden County, was endorsed by our Society for the office of Second Vice-President of the State Society.

AUDITING COMMITTEE

The President appointed the following two members to audit the books of the Treasurer for our annual meeting next month: Dr. Dorothy M. Rogers, Dr. Joseph F. Hughes.

DISCUSSION OF OSTEOPATHS

Dr. Harry G. Miller, a visiting delegate from Cumberland County, brought up the subject of osteopaths and asked for an opinion whether osteopaths are eligible for admission into the Medical Society. Dr. Sinexon stated that he thought that if the State Board of Medical Examiners has given the osteopaths the right to practice medicine, they should be allowed to enter the Medical Society. Dr. Hollinshed said that they could not qualify for membership in the Medical Society unless they were M.D.'s. (Jour., Apr., p. 237.)

SCIENTIFIC SESSION

Dr. Wendall J. Burkett introduced the speaker of the evening, Dr. John H. Gunter, of Philadelphia, who spoke on "Dental Problems of Interest to the Physician". He illustrated his talk with lantern slides. It contained many practical points for the physician.

The speaker stated that the so-called dead tooth is not the great offender that it is accused of being. The presence of pyorrhea is not primarily an infection, but rather indicates a metabolic disturbance. Seventeen per cent of patients will show positive blood culture after extraction of infected teeth.

Physicians are frequently consulted about impacted teeth; their removal is quite a serious job. When an unerupted or buried tooth is surrounded by normal bone tissue and is not pressing on a nerve nor causing any pain, it should not be extracted. When the tooth eventually comes to the surface it should be removed. An impacted tooth should not be removed in the presence of acute inflammation.

Dr. Gunter deplored the wholesale extraction of teeth, and favored constructive dentistry instead of destructive forces.

He further stated that most every mental case is improved, at least temporarily, by removal of teeth. However, he did not believe that insanity can be cured by teeth extraction as some authorities would seem to believe. When there is a systemic toxemia present, it is all right to remove the teeth.

When there is acute ulceration of the gums, the physician should think of:

1. Vincent's infection.
2. Agranulocytosis.
3. Form of severe anemia as leukemia.

The speaker said that a furrowed or grooved tongue indicates oral sepsis more often than it does a gastro-intestinal disturbance.

A rising vote of thanks was extended to Dr. Gunter at the completion of his talk.

HUDSON COUNTY

John N. Connell, M.D., Reporter

The regular monthly meeting of the *Hudson County Medical Society* was held on Tuesday, April 5, 1938, at the Carteret Club, at 9:30 p. m., with the President, Dr. W. L. Williamson, presiding.

LEGISLATION

The Executive Committee presented a report on the A-511 Bill which is now before the Legislature, and reported favorably on the bill as it is now written. The Society voted its approval of the bill.

Dr. B. S. Pollak reported on the other legislative bills which affect the practice of medicine. The attitude of the Hudson County Medical Society was practically the same as that of the State Society.

ASSISTANT TO EXECUTIVE OFFICER

A communication was read from Dr. Wilkes, Executive Officer of the State Society, in regard to candidates for the position of assistant to him,—the qualifications which he should possess and the character of the work which he will be expected to do. (See p. 325.)

Dr. Quigley announced that the Trustees are making every effort to find an acceptable candidate in one of the County Societies, and to choose a New Jersey man, if possible.

VENEREAL DISEASE CONTROL

Dr. E. J. Daly, Chairman of the Venereal Disease Control Committee, recommended the following:

1. That physicians take blood tests for syphilis on all patients.

2. That the health authorities in each municipality within the county provide for the investigation, treatment, and follow-up of cases of venereal disease within their jurisdiction.

3. That the Society declare in favor of the United States Senate Bill No. 3290, and the House of Representatives Bill No. 9047, imposing additional duties upon the United States Public Health Service in connection with the investigation and control of venereal disease, and to provide Federal subsidies to the States for the work in combating syphilis and gonorrhea.

4. That the report of the Executive Committee of the New Jersey Society of Clinical Pathologists presenting a plan for participating in the campaign against syphilis to be referred to the (County) Welfare Committee.

Dr. M. Shapiro moved that the recommendations as outlined by the committee be adopted. Seconded by Dr. B. S. Pollak, and adopted.

NOMINATING COMMITTEE

The following Nominating Committee was elected to serve in 1939:

A. J. Conty
E. J. Daly
W. T. Callery
J. A. Botti
C. J. Larkey

NEW MEMBERS

The following new members were elected:

Albert M. Betcher, 21 Highland Avenue, Jersey City
Dominick A. Matturri, 174 Clinton Avenue, Jersey City

Four proposals for membership were received.

SCIENTIFIC

Dr. Williamson introduced Dr. J. Charles Washburn, of Bellevue Hospital, whose subject was "The Differential Diagnosis of Pruritus". Discussion by Dr. Charles K. Good.

Adjournment at 11:15 p. m.

MIDDLESEX COUNTY

Louis R. Panigrosso, M.D., Reporter

Regular meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, N. J., March 16th, 1938, Dr. J. V. Smith, President, presiding.

SCIENTIFIC PROGRAM

The speaker of the evening was Dr. John Morris of the Surgical Staff of Bellevue Hospital; title, "Surgical Condition of the Abdomen". Lantern slides were shown. Discussion by Dr. Uhr and Dr. Henry, Jr.

ASSOCIATE MEMBERS

The following were admitted to associate membership: Dr. Levenson, Perth Amboy, and Dr. Jerome Uhlan.

MAY HEALTH DAY

Dr. Uhr reported on "May Health Day", that meetings are to be held at the larger towns of the county, to be addressed by a prominent member of the Medical Society. A musical program will follow.

PUBLIC RELATIONS

Dr. Kler, Chairman Public Relations Committee, reported:

1. Every doctor to report to the office about his talk.
2. Material on all subjects is available for speakers.
3. Talks are intended for lay groups.
4. Every member is urged to accept appointments to speak before lay organizations.

OLD-AGE PATIENTS

A letter was read from the Board of Freeholders suggesting that we treat old-age patients, the charge to be $2.00 for home calls, and $1.00 for office call.

Meeting adjourned at 10:45 p.m.

MONMOUTH COUNTY

O. R. Holters, M.D., F.A.C.S., Reporter

The annual meeting and dinner of the *Monmouth County Medical Society* was held at LeDeauville Inn, New Bedford, N. J., on Wednesday evening, April 20th, at 8:30 o'clock. There were about fifty members present, and the President, Dr. O. K. Parry, presiding.

ELECTION OF OFFICERS

Election of officers was as follows: Dr. Byron Blaisdell, President; Dr. Robert MacKenzie, President-Elect; Dr. D. F. Featherston, Secretary-Treasurer; Dr. J. C. Clark, Assistant Secretary-Treasurer; Dr. O. R. Holters, Reporter.

INDUCTION OF OFFICERS

An address was made by Dr. O. K. Parry reviewing the work of the previous year during time of office. Dr. C. Byron Blaisdell outlined his program for the coming year. An address was also made by Dr. W. G. Herrman, a member of the Society and President of The Medical Society of New Jersey.

CANCER CONTROL

The Cancer Control Committee of the Monmouth County Medical Society held a luncheon with the Board of Freeholders on Tuesday, April 19, at the Berkeley Carteret. Those present were Freeholders Murphy, Mayer, and Parkes, and John Montgomery of the Monmouth County Social Service. The doctors present were Drs. Holters, Herrman, Kazman, Pons, and Albright. The Freeholders expressed every desire to coöperate with the Medical Society in creating beds for the indigent inoperable cancer patients.

On Thursday, April 21st, members of the Cancer Control Committee visited the Briar Hill Welfare Home at Freehold, and met with Mrs. Cubberley and members of the Welfare Board. Inspection was made of this institution, and plans were discussed for the setting up of a number of beds to be utilized for indigent, inoperable cancer patients. The matter now goes before the Welfare Board for final action.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held Thursday evening, April 14, 1938, at the City Club in Passaic. The President, Dr. Fred Vosburgh, presided.

NEW MEMBERS

The following new members were elected to membership:

To active membership—
Dr. J. J. Ritter, Paterson

To associate membership—
Dr. J. J. Halnan, Jr., Paterson
Dr. Otto Schaefer, Pompton Plains
Dr. M. H. Stern, Clifton

POST-GRADUATE LECTURES

Dr. Irving Okin, Passaic, acting as Chairman of the post-graduate pediatric lectures at the Hackensack Hospital, urged members to attend this series now being held. He pointed out that, if these lectures did not receive enough support in this section, in future years another city might be selected to give them. Dr. Wayne Hall called attention to the last three post-graduate lectures to be given by the County Medical Society, namely:

Dr. W. Timmé, April 19, 1938, at 3:30 at Passaic
Dr. Frank, May 3, 1938, at 3:30 at Paterson
Dr. C. W. Eggers, two weeks later, at Paterson.

BY-LAWS

The following change in by-laws was read and passed on the first reading:

"Delete Chapter V., Sec. 2, and substitute the following:

" 'Chap. V., Sec. 2—At the Annual Meeting each year the Executive Council shall submit to the Society an estimate of the amount of money necessary to meet the expenses of the Society for the next fiscal year, and the Society shall then proceed to fix the membership dues for the year. The dues thus fixed shall be payable in advance before January 1st. Non-payment of dues on this date, provided notice has been sent as required by Chap. II, Sec. 7, shall automatically suspend membership and

place the member in bad standing, except that the Board of Censors shall have the right to waive the annual dues in whole or in part for a fixed or for an unlimited period of any member in the Society who may be in financial distress, retired from active practice or for any other reason deemed sufficient by them. Suspended membership may be restored to good standing by payment, before March 15th, of all dues. Members whose dues remain unpaid after March 15th shall be dropped from the roster of the Society, after which time reinstatement may be effected by a majority vote of the members present at a regular meeting, only after payment of all past indebtedness to the Society.' "

COMPENSATION COMMISSION

The name of Dr. Leon DeYoe was submitted by unanimous vote to the Secretary of Labor of New Jersey, for appointment to the Compensation Adjustment Commission.

SCIENTIFIC

The speaker of the evening, Dr. Foster Kennedy, had been suddenly called away, and he sent in his place Dr. S. B. Wortis, who read Dr. Kennedy's paper, the title of which was *"Allergy in Nervous and Mental Disease"*.

Dr. Kennedy, as early as 1926, had reported cases of paralysis, and of meningeal and brain irritation due to serum reaction. He had noted urticaria, aphasia, edema of the optic nerve and spinal fluid under pressure.

The meninges showed urticaria also, according to Dr. Kennedy's opinion. At that time this condition was thought to be rare, but since then migraine, epilepsy, temporary paralyses, headaches, and retrobulbar neuritis may be of allergic origin. The allergic headache may be caused by special foods and where there is an allergic family history. Epilepsy may be allergic.

Four cases of epilepsy were described in detail due to definite food sensitivity; and when the diet was corrected the convulsions did not recur. He advised that the physician should always be on guard where allergy is involved in these neurological cases, and he suggested that multiple sclerosis may be of allergic nature. He set forth seven criteria to prove that the neurological manifestation was due to allergy:

1. The paroxysmal onset of the attack.
2. The transient attacks last three or four days.
3. The recurrence and periodicity of these attacks.
4. The inheritance factor. (Allergy in the family.)
5. Eosinophilia during the active attacks.
6. Improvement after a severe infection.
7. The absence of the attacks during pregnancy.

The edema of the brain due to allergy may simulate brain tumor, and encephalitis may also be thought of.

The treatment was very conservative. Adrenalin was not found useful. The best response was the injection of a hypertonic solution of 50 per cent of either glucose or sucrose; take off the complete diet and place the patient on a simple diet, such as boiled milk or aciphodolphus milk; and then a new food is added each week until a full diet is reached at the end of three or four months. In the meantime, of course, if a new food is added, and an attack is caused, that food is naturally an offender. Skin tests are helpful and should be done.

The meeting then adjourned.

SALEM COUNTY

L. C. Hummel, M.D., Reporter

On Thursday, April 14th, the *Salem County Medical Society* held its annual meeting at the Gray Stone Inn at Woodstown, N. J.

ELECTION

The following officers were elected for the coming year: Dr. H. F. Suter, President; Dr. C. S. Davison, Vice-President; Dr. J. S. Dunn, Secretary and Treasurer; Dr. L. C. Hummel, Reporter. Dr. D. W. Green was elected delegate to the State Society, also to the Nominating Committee. After a short discussion it was decided to again hold our regular yearly shad dinner at the Salem Country Club in May.

SCIENTIFIC

Following the business meeting we were addressed by Dr. T. B. Lee, of Camden, N. J., on "Office Gynecology". Dr. Lee discussed the common condition the physician is called upon to treat daily, giving us a very practical and useful review of the latest advances in this field. One point he particularly stressed was the necessity for the active treatment and eradication of vaginitis in children to prevent trouble for them in later years. His talk was illustrated by lantern slides.

Following the scientific part of the meeting we had dinner served at the inn. The meetings this year have all been very well attended, and a spirit of increased interest in the Society has been manifest. This is due in a great part to the work of the entertainment committee who have gotten some very fine speakers and arranged very pleasant entertainment.

SUMMIT MEDICAL SOCIETY

By E. H. Macpherson, M.D., Secretary

The *Summit Medical Society* held its meeting on Tuesday evening, March 29th, at the Nurses' Home of Overlook Hospital with Dr. Tidaback presiding. There were thirty members and ten guests present.

Dr. M. T. Ryman, of Chatham, was elected to membership to fill the vacancy caused by the removal of Dr. Whitehouse to the West.

Dr. Edward F. Roberts of the Lederle Laboratory Medical Staff gave a very instructive lecture on pneumonia and presented the motion picture on "The Management of the Pneumonias".

Following the meeting a collation was served.

WOMAN'S AUXILIARY TO THE MEDICAL SOCIETY OF NEW JERSEY

ELEVENTH ANNUAL MEETING

OFFICERS

President .....Mrs. Samuel L. Salasin
President-Elect .....Mrs. Don A. Epler
First Vice-President .....Mrs. A. E. Jaffin
Second Vice-President .....Mrs. G. E. McDonnel
Correspondnig Secretary .....Mrs. James Mason, III
Recording Secretary .....Mrs. Dan S. Renner
Treasurer .....Mrs. Thomas P. McConaghy

PROGRAM OF EVENTS

TUESDAY, MAY 17, 1938

9:00 a. m.—Registration, Lobby Floor

10:00 a. m.—Executive Board Meeting, Mrs. Samuel L. Salasin, President, presiding.
Surf Room, Lobby Floor

11:30 a. m.—Rolling Chair Ride (no fee)
Boardwalk entrance of Hotel Ambassador
Your badge is your "ticket of admission"

1:00 p. m.—Auxiliary Luncheon honoring Mrs. Samuel L. Salasin, President (fee $2.00)
Surf Room, Lobby Floor
Toastmistress: Mrs. Carl A. Surfran
Speaking and Musical Program:
Joseph F. Lilly, pianist
Mrs. Dorothy P. Bowen, vocalist
Miss Mary Ann Cheuvrant
Mrs. Dora Davies Williams, accompanist

4:30 p. m.—Conference of Public Health and Public Relations, Dr. Joseph H. Kler, Chairman, presiding. Surf Room, Lobby Floor

WEDNESDAY, MAY 18, 1938

9:30 a. m.—Business Session, Mrs. Samuel L. Salasin, President, presiding
Surf Room, Lobby Floor
Invocation: Dr. Henry Merle Mellen
Address of Welcome: Mrs. Carl A. Surran, Margate
Response: Mrs. A. J. Casselman, Camden
Memorial Service: Mrs. James R. Hunter, Westville
Reports and Business

2:00 p. m.—Business Session, continued
Surf Room, Lobby Floor
Book Reveiw: "Shadows Over the Land" by Dr. Thomas Parran, Mrs. G. Ruffin Stamps, Pleasantville
Business

4:00 p. m.—Tea and Music
Surf Room, Lobby Floor

7:30 p. m.—Reception in honor of the President of The Medical Society of New Jersey
Rotunda, Lobby Floor
Receiving Line:
Dr. and Mrs. William G. Herrman
Dr. and Mrs. Samuel L. Salasin
Dr. and Mrs. William J. Carrington
Dr. and Mrs. Don A. Epler
Dr. and Mrs. Robert L. Clothier
Fellows of The Medical Society of New Jersey
Past Presidents of the Woman's Auxiliary

8:00 p. m.—Dinner Dance honoring Dr. and Mrs. William G. Herrman, Dr. and Mrs. Samuel L. Salasin
Renaissance Room, Lobby Floor
(Fee $3.00)
Hostesses: Members of the Woman's Auxiliary to The Medical Society of New Jersey
Toastmaster: Dr. Hilton S. Read
Addresses:
Dr. William G. Herrman, President, The Medical Society of New Jersey
Dr. William J. Carrington, President-Elect, The Medical Society of New Jersey
Mrs. Samuel L. Salasin, President, Woman's Auxiliary to The Medical Society of New Jersey
Mrs. Don A. Epler, President-Elect, Woman's Auxiliary to The Medical Society of New Jersey
Presentation of Fellowship Key and Guest Speaker
Dr. Robert L. Clothier, President, Rutgers University
Entertainment: Trio Music
Chorus Music by Members of the Band Table, Atlantic City Kiwanis Club
Bert Estlow's Orchestra
Dance Exhibition: Dr. and Mrs. Robert Cummins, of Arthur Murray School of the Dance
"Big Apple"—Talent from the Medical Society and the Auxiliary
Novelty dances
Prizes

THURSDAY, MAY 19, 1938

9:30 a. m.—New Executive Board Meeting, Mrs. Don A. Epler, President, presiding
Surf Room, Lobby Floor

11:00 a. m.—Automobile-Caravan-Trek through Atlantic County (no fee, card supplied by members of the Woman's Auxiliary)
Luncheon at the Northfield Country Club (Fee 75 cents)

3:30 p. m.—Art, Hobby, and Medical History Tea
Room 125, First Floor
Speaker—Dr. Frank Overton, Editor, Journal of The Medical Society of New Jersey

ADVISORY BOARD

Mrs. Charles F. Adams
Mrs. A. J. Casselman
Mrs. H. V. Hubbard
Mrs. Frederick A. Kinch
Mrs. George A. Rogers

PAST PRESIDENTS

Mrs. A. Haines Lippincott
Mrs. George L. Orton
Mrs. James Hunter
Mrs. John Levin
Mrs. H. Roy Van Ness
Mrs. Charles F. Adams
Mrs. H. B. Hubbard
Mrs. A. J. Casselman
Mrs. Frederick A. Kinch
Mrs. George A. Rogers

COUNTY PRESIDENTS

Atlantic ..... Mrs. L. R. Wilson
Bergen ..... Mrs. W. J. Farr
Burlington ..... Mrs. D. H. LeFavor
Camden ..... Mrs. O. R. Carlander
Essex ..... Mrs. Charles F. Rathgeber
Gloucester ..... Mrs. Don B. Weems
Hudson ..... Mrs. C. B. Kelley
Mercer ..... Mrs. C. C. Chianese
Middlesex ..... Mrs. H. L. Strandberg
Monmouth ..... Mrs. H. H. Freedman
Ocean ..... Mrs. R. Buermann
Passaic ..... Mrs. R. J. McDonald
Somerset ..... Mrs. D. S. Renner
Union ..... Mrs. Dennis R. McElhinney
Warren ..... Mrs. James Weres

DELEGATES TO THE A. M. A. AUXILIARY

Delegates	*Alternates*
Mrs. E. Mulford	Mrs. G. E. McDonnel
Mrs. A. M. Casselman	Mrs. H. D. Corbusier
Mrs. Don A. Epler	Mrs. J. H. Hornberger
Mrs. A. E. Jaffin	Mrs. D. B. Allman
Mrs. F. A. Kinch	Mrs. George A. Rogers
Mrs. H. V. Hubbard	Mrs. LeRoy A. Wilkes
Mrs. P. Joy	Mrs. James H. Mason

COMMITTEE CHAIRMEN FOR ANNUAL CONVENTION

General Chairman of Arrangements ..... Mrs. Carl A. Surran
Secretary ..... Mrs. G. Ruffin Stamps
Treasurer ..... Mrs. Lawrence Wilson.
Tickets ..... Mrs. Daniel O. Reyner
Reservations ..... Mrs. V. Earle Johnson
Flowers ..... Mrs. Allan Reick
Prizes ..... Mrs. Robert Grier
Junior Aides ..... Miss Bettie Brown
Telephone ..... Mrs. Samuel Winn
Printing ..... Mrs. Morton Major
Registration ..... Mrs. David Allman
Arts, Hobbies, Medical History ..... Mrs. Ily R. Beir
Entertainment:
Rolling Chair Ride ..... Mrs. Charles Kaighn
Auxiliary Luncheon ..... Mrs. L. M. Walker
Tea, following business meeting ..... Mrs. V. Earle Johnson
Reception ..... Mrs. Stanley McGeehan
Dinner ..... Mrs. C. B. Whims
Dance ..... Mrs. G. Ruffin Stamps
Auto-Caravan-Trek ..... Mrs. Eugene Dalton
Art, Hobby Tea ..... Mrs. Ily R. Beir

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Tea, Following Business Meeting

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Mrs. Lawrence Wilson, Vice-Chairman

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Mrs. E. H. Nickman	Mrs. Harry Subin

Dinner

Mrs. Clarence Whims, Chairman
Mrs. Eugene Dalton, Vice-Chairman

Mrs. Arthur Von Dielen	

Dance

Mrs. G. Ruffin Stamps, Chairman
Mrs. Lawrence Wilson, Vice-Chairman

Mrs. Robert Grier	Mrs. L. M. Walker
Mrs. Robert Bradley	Mrs. D. C. Reyner
Mrs. Peter Marvel	

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Camden County

Reported by Mrs. Lawrence L. Glover

The Board of the *Woman's Auxiliary to the Camden County Medical Society* met on February 7, 1938, at the home of the President, Mrs. O. R. Carlander, in Merchantville.

Plans were discussed for the regular March meeting of the Auxiliary.

The arrangements for the card party at the Walt Whitman Hotel were brought up for consideration. The proceeds from the sale of tickets are to be used mainly for the benefit of the Camden County Tuberculosis Association.

The rummage sale proved to be a very successful venture. Mrs. A. J. Casselman and Mrs. Carlander were appointed a committee to arrange for paid-up memberships in the Y. W. C. A. for student nurses of the Cooper and West Jersey Hospitals. The fund created by the rummage sale is to be dispensed at the discretion of the committee to meet the demand for the memberships. Also in response to a letter from the Needlework Guild it was decided to donate the remainder of the money from the rummage sale after a suitable fund had been created for the Y. W. C. A. memberships.

PUBLIC RELATIONS

The *Public Relations* meeting of the Woman's Auxiliary to the Camden County Medical Society was held on March 1, 1938, at the Women's Club in Camden. The President, Mrs. O. R. Carlander, welcomed the organizations who were attending as guests.

Mrs. A. J. Casselman, of Camden, Chairman of the Public Relations Committee, presented the speakers. Camilla M. Anderson, M.D., Secretary of the Pennsylvania Mental Hygiene Committee, spoke on "The Basic Principals of Mental Hygiene —The Importance of Growing Up Emotionally".

Alexander Ellis, M.D., the head of the Out-Patient Diabetic Staff at Cooper Hospital, spoke on "Diabetes". He emphasized the importance of the use of insulin. Control by diet can be maintained only in very mild cases, but insulin is nearly always necessary.

Mrs. E. T. Alden and the chorus of the Camden County Women's Club entertained with several delightful musical numbers.

Mrs. A. Haines Lippincott, who is chairman of the National Committee of Public Relations and is also the State Chairman of Public Relations, told in her inimitable way a humorous story about women chairmen. Our attention was again called to the fact that doctors' wives should be asked to serve on boards of various lay organizations. The importance of knowing where to get good medical speakers was emphasized. We must be on the alert to avoid the use of quacks and charlatans. The Speakers' Bureau has made available a list of very competent doctors. Mrs. Lippincott laid particular emphasis on the relation of the Woman's Auxiliary to the A. M. A.

The State President, Mrs. Samuel L. Salasin, brought grectings.

Announcement was made of the State Convention to be held at Atlantic City on May 17, 18, 19.

The card party on March 7 at the Walt Whitman Hotel, was announced.

The President, Mrs. Carlander, appointed the following members to the Nominating Committee: Mrs. Alfred M. Elwell, Chairman; Mrs. A. Haines Lippincott, Camden; Mrs. Edward C. Pechin, Haddonfield; Mrs. Edmund C. Hessert, Collingswood; Mrs. Henry R. Tatem, Jr., Audubon.

Tea was served. Mrs. Casselman and Mrs. E. Reed Hirst poured.

EXECUTIVE BOARD

On April 5, Mrs. O. R. Carlander, President of the Woman's Auxilidry to the Camden County Medical Society, entertained the Executive Board at luncheon in her home in Merchantville. The following members were present: Mrs. A. Haines Lippincott, Mrs. H. Wesley Jack, Mrs. E. Reed Hirst, Mrs. Harold D. Barnshaw, Mrs. Thomas P. McConaghy, Mrs. M. L. Weiman, Mrs. Thomas B. Lee, Mrs. Joseph E. Roberts, Mrs. Edmund C. Hessert, Mrs. Robert S. Gamon, Mrs. Reba G. Bushey, Mrs. Gordon F. West, Mrs. William J. Scruggs, Mrs. A. Lincoln Sherk, Mrs. O. W. Saunders, Mrs. Lester R. Wilson, Mrs. Edward C. Pechin, Mrs. Joel Fithian, Mrs. Ernest G. Hummel, Mrs. Lawrence L. Glover, Mrs. F. William Shafer.

The program of the Child Welfare Institute to be held in Camden April 26, 27 was read, and tickets were made available for those who wished to attend. An effort is being made in Camden to organize a Council to coördinate the work for Child Welfare.

Delegates and their alternates were elected to go to the State Convention in Atlantic City. The delegates are Mrs. H. Wesley Jack, Mrs. M. L. Weiman, Mrs. Joseph E. Roberts, Mrs. Kenneth B. MacAlpine and Mrs. A. Lincoln Sherk; the alternates are Mrs. Lester R. Wilson, Mrs. O. W. Saunders, Mrs. Thomas B. Lee, Mrs. Edmund C. Hessert and Mrs. Ernest G. Hummel.

We have the privilege of sending delegates to the Annual Health Institute of the Woman's Auxiliary to the Philadelphia County Medical Society on April 12. Those chosen to attend were Mrs. O. R. Carlander, Mrs. A. Haines Lippincott, Mrs. H. Wesley Jack, Mrs. O. W. Saunders and Mrs. Lawrence L. Glover. The theme of the institute will be "Recent Developments in Medicine".

It was decided to appoint Mrs. Joseph E. Roberts librarian who, with Mrs. Edward C. Pechin and Mrs. Robert S. Gamon, are to constitute a new committee to arrange the purchase, from time to time, of such books as may be selected from the list approved by the A. M. A. These books are to be presented to the Auxiliary at the May luncheon, together with a list of members in whose memory they are to be given, and are to be placed in the Camden County Library in the old Court House in Camden. Appropriate book plates have been designed and are to be used to designate the purpose of this gift.

The report on the card party was received and the President thanked Mrs. Jack and her committee for their splendid work.

Attention was called to certain bills coming up in committee in our Legislature. These bills are of a medical nature and need our consideration.

The following disbursements were made and approved: To the Camden County Tuberculosis Association, $175; to the Maternal Health Centre, $50; to the Welfare Institute, $5; to the Library Fund, $25.

SPRING LUNCHEON

The Annual Spring Luncheon of the Woman's Auxiliary to the Camden County Medical Society will be held on May 3 at Tavistock Country Club. Mrs. A. Haines Lippincott, Chairman of the Program Committee, has arranged a most interesting entertainment. Chester I. Ulmer, M.D., of Gibbstown, will speak on "How to Get Sick". Dr. Ulmer assures us that this is to disclose the humorous side of a serious business. "A Trip Around the World" by way of music will be presented by Lillian Adams, a noted vocalist, and Samuel Adams, who is now playing at the Erlanger Theatre in Philadelphia.

The election and installation of the officers for the ensuing year will take place at this time.

The Hospitality Committee, in charge of the arrangements for the luncheon, is Mrs. O. W. Saunders, chairman; Mrs. Kenneth B. MacAlpine, Mrs. A. Lincoln Sherk, Mrs. William Braun, Mrs. Penrose H. Thompson, Mrs. Alfred M. Elwell, Mrs. Kenneth L. Athey.

Invitations have been sent to the following guests: Mrs. Samuel L. Salasin, State President; Mrs. George Bachman, President of the Philadelphia County Branch; Mrs. Chester I. Ulmer; Mrs. James Hunter, Past State President; Mrs. Carlton P. Hogan, President of the Burlington County Branch; Mrs. Dean LeFavor, Past President of the Burlington County Branch; Mrs. Don Weems, President of the Gloucester County Branch; Mrs. Samuel Adams.

Essex County

Reported by Mrs. Gerald Hayes

The March meeting of the *Woman's Auxiliary to the Essex County Medical Society* was held on the twenty-eighth at the Academy of Medicine of Northern New Jersey, Newark. Eighty-eight members were present, with Mrs. Charles Rathgeber, the President, presiding.

Mrs. Richard Staehle, Chariman of the *Nominating Committee*, presented the slate for the coming year, as follows:

President-Elect, Mrs. William Minningham
Vice-President, Mrs. William Nevius
Recording Secretary, Mrs. Manfred Kraemer
Treasurer, Mrs. S. H. Baldwin
Directors: Mrs. Francis Kerns, Mrs. William Crecca

The present President-Elect, who will assume the office of the president at the May meeting, is Mrs. Gustave Braun. The social phase of the afternoon was a tea in honor of the mothers of the doctors, and in welcome to new members of the Auxiliary. Mrs. Don Epler, Chairman of the Membership Committee, presented twenty-eight new members. Mrs. Albert Harden, Sr., and Mrs. George Scheller poured.

On Tuesday, April the fifth, at L. Bamberger and Co., a *dessert bridge* was sponsored by the Auxiliary for the Benevolent Fund. One hundred forty-eight dollars was collected, and sixty-five tables were in play, making the afternoon a financial and social success. Mrs. J. W. Siegal was chairman, and her assistants were Mrs. Don Epler, Mrs. Gustave Braun, Mrs. George Hewson, Mrs. Joseph Echikson, Mrs. Anthony Ambrose, Mrs. Theodore Glazier, Mrs. Charles Rathgeber, Mrs. William Crecca, Mrs. Everett Bauman, Mrs. P. Nappi, and Mrs. Anthony Parisi.

The regular monthly meeting of the *Executive Board* of the Auxiliary was held on April twenty-fifth at the Academy of Medicine. Eighteen members were present, Mrs. Charles Rathgeber presiding. Plans were discussed for the State convention and delegates and alternates selected. The delegates are Mrs. Gustave Braun, Mrs. Charles Buvinger, Mrs. Anthony Ambrose, Mrs. Kenneth Blanchard, Mrs. Francis McCauley, Mrs. Samuel Jesserum, Mrs. Manfred Kraemer, Mrs. Joseph Swirksky, Mrs. Earl Snavely. The alternates are Mrs. Harrold Murray, Mrs. William Crecca, Mrs. Joseph Clarken, Mrs. Sidney Keller, Mrs. Frank Bien, Mrs. E. Neumann and Mrs. G. W. Hayes.

Gloucester County

Reported by Mrs. Ralph L. Moore

The regular monthly meeting of the *Woman's Auxiliary to the Gloucester County Medical Society* was held at the Homestead Coffee Shop Thursday evening, April 21st, 1938, at nine o'clock. The President, Mrs. Don B. Weems, of Wenonah, presided.

Delegates elected to attend the State Medical Convention to be held in Atlantic City on May 17th, 18th and 19th were: Mrs. Don Weems, President; Mrs. Ralph Hollinshed and Mrs. Chester Ulmer. Alternates were: Mrs. Herman Wright, Mrs. Paul Pegau and Mrs. B. A. Livengood.

Hudson County

Reported by Mrs. Nellie D. Nevin

Governor A. Harry Moore addressed a large and appreciative audience at the annual reciprocity meeting of the *Hudson County Medical Auxiliary* on April 4th, held at the Y. W. C. A.

The subject chosen was "Rehabilitation of Crippled Children", in which Governor Moore long has been interested. He told of the educational and vocational training which 19,000 crippled children are receiving throughout the State, and gave unstinted praise to the various fraternal organizations who have contributed for many years to their well-being and advancement.

Miss Eleanor Duncan, blind honor student of Demarest High School, contributed two vocal solos, accompanied on the piano by Miss Mae Rosecrans, of Hoboken. She was followed by Miss Elrita Broeschel who sang "Trees" by Joyce Kilmer; "Morning" by Oly Speaks; and "I'll See You Again".

Mrs. Don Eppler, State President-Elect, was among the guests and made a brief address.

Mrs. Charles B. Kelley was in charge of short business session which preceded the program, when plans were told of the Spring Luncheon and Bridge to be held on May 23rd at White Beeches Golf and Country Club, Haworth, N. J.

Mercer County

Reported by Mrs. L. Leonard Friedmann

The *Woman's Auxiliary to the Mercer County Medical Society* held an all-day meeting at the Municipal Colony Hospital nurses' residence on Monday, April 11th, with Mrs. C. Chester Chianese, President, presiding. About sixty members were in attendance. Surgical dressings for the institution were folded in the morning. The members were guests of the hospital for luncheon, which was served at one o'clock, with Mrs. Paul Klempner in charge of reservations.

The President introduced Dr. Alton S. Fell, public welfare director. He gave a most interesting talk on the work being done at the hospital, complimenting Dr. Lawrence H. Rogers and Dr. Paul Klempner, who is head of the T. B. building, for their splendid and hard work. Plans are in full swing for much renovation, painting and plumbing, especially the T. B. home. Dr. Rogers merited his well-earned compliment, when introduced, for he has served faithfully since 1913. He welcomed the ladies and discussed fully the function of the institution. Later we were taken on a tour of the Colony with Dr. Fell as our guide.

A business session was conducted in the afternoon; and after the usual reports, the convention was discussed. Delegates named were Mrs. Chianese, Mrs. Burroughs, Mrs. Belford, Mrs. McGuigan and Mrs. Ivins. Alternates are Mrs. McGuire, Mrs. Corio, Mrs. Cella, Mrs. Parker and Mrs. Fessler.

Our first annual Dinner Dance of the Mercer County Medical Society will be sponsored on April 28th at the Trenton Country Club. The committee in charge is working hard for its success. After much discussion, a motion was made and seconded that we start a Benevolent Fund with the proceeds.

Letters of approval from the Advisory Board, the State Auxiliary President and the State Medical Society President were read. Various projects were given consideration besides the scholarship for a nurse. We hope to decide this matter at our next meeting May 9th at the New Jersey State Hospital.

Somerset County

Reported by Mrs. Charles F. Halsted

The Annual Meeting of the *Woman's Auxiliary to the Somerset County Medical Society* was held at the Nurses' Home, Somerset Hospital, Thursday evening, April 14th, 1938. Those present were Mrs. Edgar T. Flint, Mrs. Lancelot Ely, Mrs. R. F. Hegeman, Mrs. Benjamin Barow, Mrs. A. W. Sferra and Mrs. C. F. Halsted.

The new officers of the Auxiliary are:

President, Mrs. Edgar T. Flint
President-Elect, Mrs. E. G. Brittain
Vice-President, Mrs. Josiah Meigh
Secretary, Mrs. C. F. Halsted
Treasurer, Mrs. James L. Young

Mrs. Sferra, Chairman of Public Health and Public Relations, reported that Dr. L. C. Fritts had spoken before the P.-T. A. of Finderne on venereal disease and its eradication.

After the discussion of a magazine article and news clipping, the meeting adjourned.

Refreshments were served by the nurses.

Union County

Reported by Mrs. Herschel S. Murphy

On March 9th the *Woman's Auxiliary to the Union County Medical Society* met at the home of Dr. and Mrs. G. A. Seymour, of Elizabeth. Mrs. D. R. McElhinney, President, introduced the speaker, Dr. Maurice L. Ripps, of Elizabeth, who addressed the group on the subject of "Immunization". Dr. Ripps described both active and passive types of treatment in cases of diphtheria, scarlet fever, measles, whooping cough, and poliomyelitis.

A short business meeting followed. Refreshments were served by the hostess. Mrs. C. H. Schlichter and Mrs. F. A. Kinch poured. Mrs. J. M. Hanrahan and Mrs. Victor du Buse assisted.

The *Woman's Auxiliary to the Union County Medical Society* met Wednesday evening, April 13th, at the home of Dr. and Mrs. H. H. Bowles, of Summit. Mrs. D. R. McElhinney, of Elizabeth, President, introduced the speaker, Mr. C. J. McCarthy, who showed colored slides depicting the "History of New Jersey". His illustrated talk centered around Elizabethtown, as Elizabeth was called when, as a tract of land thirty-four by seventeen miles square, it was purchased from the Indians. New Jersey became a State in 1776.

A business meeting followed. It was announced that the next meeting would be "guest night", and that the program, under the direction of Mrs. Victor du Buse, of Elizabeth, would be "Table Flower Arrangements" given by Mr. Baumann, florist, of Rahway.

At the close of the meeting Mrs. McElhinney presented the Auxiliary Past-President pins to Mrs. F. A. Kinch, of Westfield; Mrs. H. V. Hubbard, of Plainfield, and Mrs. H. H. Bowles, of Summit. Refreshments were then served. Mrs. D. R. McElhinney poured.

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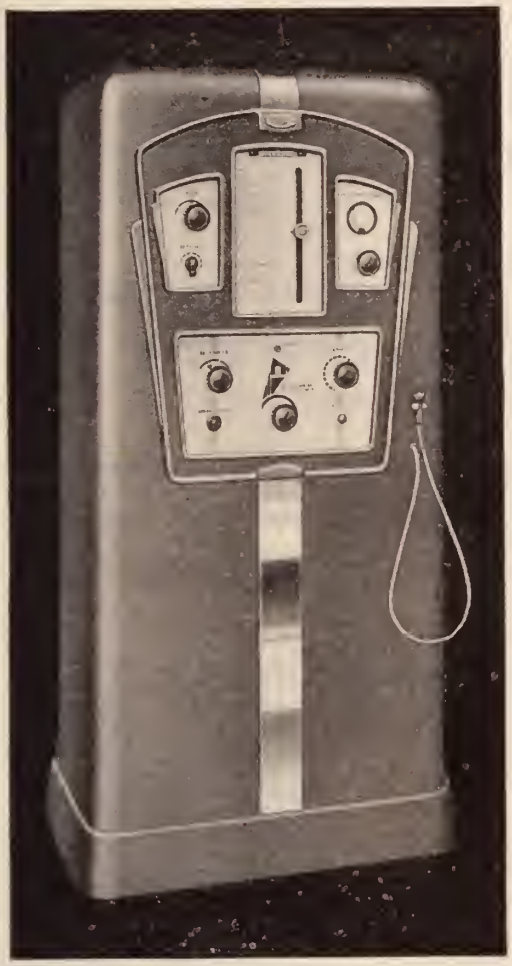

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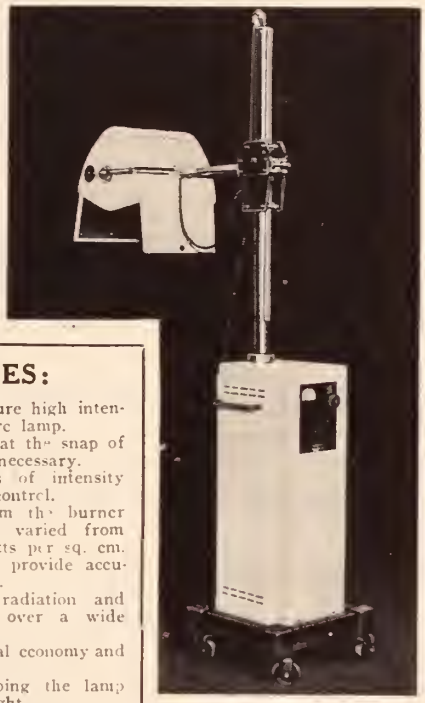

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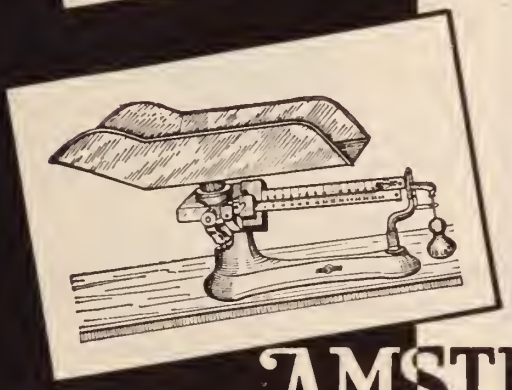

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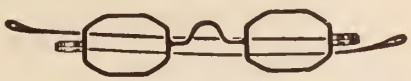

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JAMES J. MCGUIRE, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

New Jersey Hospital Association

FRED HEFFINGER, *Executive Secretary*
Mercer Hospital, Trenton
Tel. 8241

State Board of Pharmacy

ROBERT P. FISCHELIS, Phar. D., *Secretary*
Trenton Trust Building, Trenton
Tel. 2-2131, Ext. 546

Department of Institutions and Agencies

WILLIAM J. ELLIS, Ph. D., *Commissioner*
State House Office Building, Trenton
Tel. 2-2131, Ext. 737

State Board of Children's Guardians

JOSEPH E. ALLOWAY, *Executive Director*
163 West Hanover Street, Trenton
Tel. 2-2131, Ext. 308

Department of Motor Vehicles

ARTHUR W. MAGEE, *Commissioner*
State House Office Building, Trenton
Tel. 2-2131, Ext. 208

New Jersey State Nurses' Association

MISS MARGARET ASHMUN, R.N., *President*
Orange Memorial Hospital, Orange, New Jersey
Tel. Orange 5-1100

THE MEDICAL SOCIETY OF NEW JERSEY

COMMITTEES,—THEIR MEMBERS AND DATES OF MEETINGS,—FOR THE YEAR BEGINNING MAY 19, 1938

WILLIAM J. CARRINGTON, Atlantic City, President and Ex-Officio Member of Each Committee —By-Laws, Chapt. VI, Sect. 1

Adult Health Supervision

Herschel Stratton Murphy, *Chairman* ..... Roselle
William Henry Varney, *Vice-Chairman* ..... Washington
Edwin Grafing Dewis ..... Interlaken
Robert Martin Grier ..... Pleasantville
Edward Caffron Klein ..... Newark
Watson Budlong Morris, *Consultant* ..... Springfield

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Annual Meeting

Charles Butcher Kaighn, *Chairman* ..... Atlantic City
Clarence Ladelle Andrews, Chairman, Sub-Com. on Scientific Program ..... Atlantic City
Asher Yaguda, Chairman, Sub-Com. on Scientific Exhibits ..... Newark
Thomas McGrath Brennock ..... Jersey City
John Clifford Clark ..... Asbury Park
William John Carrington, *Consultant* ..... Atlantic City

Meetings

Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Auxiliary Medical Service

William Wallace Maver, *Chairman* ..... Jersey City
Samuel Barbash, *Vice-Chairman* ..... Atlantic City
Arturo Raymond Casilli ..... Elizabeth
Eugene Garfield Herbener ..... Lakewood
Sigurd Walter Johnsen ..... Passaic
Jerome Howard Samuel ..... Newark
Walter Albert Taylor ..... Trenton
Alfred Stahl, *Consultant* ..... Newark

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Cancer Control

William Gettier Herrman, *Chairman* ..... Asbury Park
Henry Boylan Orton, *Vice-Chairman* ..... Newark
Harold Stern Davidson ..... Atlantic City
Ellwood Emerson Downs ..... Woodbury
John Butler Faison ..... Jersey City
Otto Rudolph Holters ..... Asbury Park
Charles B. Woodman ..... Morristown
Thomas Benjamin Lee, *Consultant* ..... Camden

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Child Health

Stanley Nichols, *Chairman* ..... Long Branch
Walter Blair Stewart, *Vice-Chairman* ..... Atlantic City
Arthur Fowler Ackerman ..... Summit
Ernest Garfield Hummel ..... Camden
Irving Okin ..... Passaic
Louis Charles Rosenberg ..... Newark
Aldrich Clements Crowe, *Consultant* ..... Ocean City

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Constitution and By-Laws

James Francis Norton, *Chairman* ..... Jersey City
David Kraker, *Vice-Chairman* ..... Newark
Herbert William Nafey ..... New Brunswick
George N. J. Sommer ..... Trenton
David H. Bartine Ulmer ..... Moorestown
Frederic James Quigley, *Consultant* ..... Union City

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.

Contract Practice

Reuben Lore Sharp, *Chairman* ..... Camden
L. Samuel Sica, *Vice-Chairman* ..... Trenton
Frank William Ash ..... Paterson
John Norman Connell ..... Jersey City
John George Decker ..... Hasbrouck Heights
Henry Haywood ..... New Brunswick
Harvey Theodore Herold ..... Newark
Edward Frederick Klein ..... Perth Amboy
Jennings Howard Hornberger, *Consultant* ..... Roebling

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Crippled Children

Babclay Wellington Moffat, *Chairman* ..... Red Bank
Elmer Peter Weigel, *Vice-Chairman* ..... Plainfield
Oswald Rudolph Carlander ..... Camden
Frederick George Dilger ..... Hackensack
Emanuel Harrison Nickman ..... Atlantic City
Toufick Nicola ..... Montclair
Herbert William Nafey, *Consultant* ..... New Brunswick

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Finance and Budget

HARRY ROSS NORTH, *Chairman* (1939) ..... Trenton
HERSHEL PETTIT (1942) ..... Ocean City
WELLS PHILLIPS EAGLETON (1943) ..... Newark
ANDREW FRANCIS MCBRIDE (1941) ..... Paterson
DAVID B. ALLMAN ..... Atlantic City
HENRY SPENCE ..... Jersey City
ELIAS JOSEPH MARSH, Ex-Officio ..... Paterson

Honorary Membership

LANCELOT ELY, *Chairman* ..... Somerville
EPHRAIM ROLAND MULFORD ..... Burlington
FREDERIC JAMES QUIGLEY ..... Union City
No meetings, work carried on by correspondence.

Hospital Relationships

SPENCER TREADWELL SNEDECOR, *Chairman* ..... Hackensack
WILLIAM H. A. WARNER, *Vice-Chairman* ..... East Orange
HENRY BRISTOL DECKER ..... Camden
FLORENTINE MILTON HOFFMAN ..... New Brunswick
CHARLES HYMAN ..... Atlantic City
ELTON WALLACE LANCE ..... Rahway
GEORGE O'HANLON ..... Jersey City
THOMAS KRAPFEL LEWIS, *Consultant* ..... Camden

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Oct. 2, 1938 ..... 11 a. m.
Trenton ..... Dec. 4, 1938 ..... 11 a. m.
Trenton ..... Feb. 19, 1939 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

Industrial Injuries and Occupational Diseases

J. IRVING FORT, *Chairman* ..... Newark
LESLIE EDWIN MYATT, *Vice-Chairman* ..... Bridgeton
CHARLES LITTWIN ..... Teaneck
TRAUGOTT JOHN SCHUCK ..... Hoboken
JAMES HERBERT SPENCER, JR. ..... Franklin
WILLIAM FRANCIS COSTELLO, *Consultant* ..... Dover
HENRY HOWARD KESSLER, *Technical Adviser,* representing Commissioner J. J. Toohey, N. J. Dept. of Labor .. Newark
ROY GRIFFITH, *Technical Adviser,* representing the Manufacturers' Association of New Jersey ..... Glen Ridge

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Oct. 2, 1938 ..... 11 a. m.
Trenton ..... Dec. 4, 1938 ..... 11 a. m.
Trenton ..... Feb. 19, 1939 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

Legislation

BERTHOLD STEINBACH POLLAK, *Chairman* ..... Secaucus
CHARLES HENRY MITCHELL, *Vice-Chairman* ..... Trenton
WENDALL JONES BURKETT ..... Pitman
HERBERT ROY VAN NESS ..... Newark
WILLIAM CRANE WILENTZ ..... Perth Amboy
SAMUEL ALEXANDER, *Consultant* ..... Park Ridge

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.
Others at call of Chairman

Maternal Welfare

ARTHUR WALTER BINGHAM, *Chairman* ..... East Orange
JOHN CARLISLE BROWN, *Vice-Chairman* ..... Atlantic City
SAMUEL ALLISON COSGROVE ..... Jersey City
GEORGE BURTON GERMAN ..... Camden
CARL HALLER ILL ..... Newark
JULIUS LEVY ..... Newark
ROBERT ABBE MACKENZIE ..... Asbury Park
WALTER BARCLAY MOUNT ..... Montclair
JAMES HARRIS UNDERWOOD ..... Woodbury
JAMES WERES ..... Alpha
HARRISON BETTS WILSON ..... Hackensack
THOMAS BENJAMIN LEE, *Consultant* ..... Camden

Meetings

Trenton ..... Oct. 2, 1938 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.
January, 1939, Joint Meeting with County Maternal Committees and Field Physicians; date, hour, and place to be selected by Chairman, Dr. Bingham.

Medical Care of Indigent and Low-Wage Group

GEORGE WASHINGTON FITHIAN, *Chairman* ..... Perth Amboy
DAVID WRIGHT GREEN, *Vice-Chairman* ..... Salem
FRANK L. FIELD ..... Far Hills
DANIEL LEO HAGGERTY ..... Trenton
WARREN DAVID ROBBINS ..... Cape May
BYRON GRANT SHERMAN ..... Morristown
EDWARD MATHIAS ZEH HAWKES, *Consultant* ..... Newark

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Oct. 2, 1938 ..... 11 a. m.
Trenton ..... Dec. 4, 1938 ..... 11 a. m.
Trenton ..... Feb. 19, 1939 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

Medical Defense and Insurance

CHRISTOPHER CHARLES BELING, *Chairman* ..... Newark
JOSEPH WALLACE HURFF, *Vice-Chairman* ..... Newark
JOHN CHARLES MCCOY ..... Paterson
GEORGE THOMAS TRACY ..... Beverly
WILLIAM CARTER WESCOTT ..... Atlantic City
WELLS PHILLIPS EAGLETON, *Consultant* ..... Newark

Meetings

Atlantic City .... May 19, 1938 ..... 4 p. m.
Interim meetings at the call of Chairman
Trenton ..... Apr. 16, 1939 ..... 4 p. m.

Medical Practice

DAVID BACHARACH ALLMAN, *Chairman* ..... Atlantic City
SPENCER TREADWELL SNEDECOR, *Vice-Chairman* .... Hackensack
HARRY NOAH COMANDO ..... Newark
GEORGE WASHINGTON FITHIAN ..... Perth Amboy
JACOB IRVING FORT ..... Newark
WILLIAM WALLACE MAYER ..... Jersey City
REUBEN LORE SHARP ..... Camden
CHESTER ISAAC ULMER ..... Gibbstown
ANTHONY CHARLES ZEHNDER ..... Newark
THOMAS KRAPFEL LEWIS, *Consultant* ..... Camden

Meetings

Atlantic City .... May 19, 1938 ..... 4 p. m.
Trenton ..... Apr. 16, 1939 ..... 4 p. m.
For meeting of Advisory Committees see their schedules

Mental Hygiene

JAMES STUART PLANT, *Chairman* ..... Newark
MARCUS ALBERT CURRY, *Vice-Chairman* ..... Greystone Park
WILLIAM COLE DAVIS ..... Atlantic City
BARCLAY STOKES FUHRMANN ..... Flemington
ALLEN GILBERT IRELAND ..... Trenton
EDWARD SHEAFE KRANS ..... Plainfield
CLARENCE MORTON TRIPPE ..... Ashury Park
HERBERT WILLIAM NAFEY, *Consultant* ..... New Brunswick
AMBROSE DOWD, *Technical Adviser,* representing Commissioner Ellis, N. J. Department of Institutions and Agencies ..... Newark

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.
One or two other meetings at call of Chairman

Nursing and Nursing Education

ANTHONY CHARLES ZEHNDER, *Chairman* ..... Newark
GEORGE MILTON KNOWLES, *Vice-Chairman* ..... Hackensack
HORACE WESLEY JACK ..... Camden
VICTOR KNAPP ..... Asbury Park
FRANK LESLIE PERRY ..... Woodstown
HARRY SUBIN ..... Atlantic City
THOMAS J. FRANCIS WALSH ..... Elizabeth
WELLS PHILLIPS EAGLETON, *Consultant* ..... Newark

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Oct. 2, 1938 ..... 11 a. m.
Trenton ..... Dec. 4, 1938 ..... 11 a. m.
Trenton ..... Feb. 19, 1939 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

Pharmaceutical Problems

Chester Isaac Ulmer, *Chairman* ..... Gibbstown
Reeve Leslie Ballinger, *Vice-Chairman* ..... Arlington
Jacob John Mann ..... Perth Amboy
Merwin Lester Hummel ..... Merchantville
Charles Joseph Murn ..... Paterson
Daniel Woolsey Teller, Jr. ..... Morristown
Ralph King Hollinshed, *Consultant* ..... Westville

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Pneumonia Control

Robert Anthony Kilduffe, *Chairman* ..... Atlantic City
Thomas Michael Kain ..... Camden
Henry Paul Dengler ..... Springfield
Marshall Flower Lummis ..... Pitman
Frederick Thomas Vosburgh ..... Passaic
Ralph King Hollinshed, *Consultant* ..... Westville
William MacDonald, *Technical Adviser*, representing Dr. J. Lynn Mahaffey, Director N. J. Department of Health ..... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Post-Graduate Education

David Fuller Bentley, *Chairman* ..... Haddonfield
Stuart Zeh Hawkes, *Vice-Chairman* ..... Newark
Albert William Pigott ..... Skillman
Ernest Francis Purcell ..... Trenton
Hammell Pierce Shipps ..... Delanco
Sloan Griffin Stewart ..... Atlantic City
Clarence Wilton Way ..... Sea Isle City
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.

Public Health

Stanley Nichols, *Chairman* ..... Long Branch
Frederic William Lathrop, *Vice-Chairman* ..... Plainfield
Arthur Walter Bingham ..... East Orange
Charles Byron Blaisdell ..... Long Branch
Jacob Irving Fort ..... Newark
Ernest Garfield Hummel ..... Camden
Allen Gilbert Ireland ..... Trenton
Abraham Ezra Jaffin ..... Jersey City
Robert Anthony Kilduffe ..... Atlantic City
Isaac Warner Knight ..... Pitman
Julius Levy ..... Newark
Barclay Wellington Moffat ..... Asbury Park
Herschel Stratton Murphy ..... Roselle
Henry Boylan Orton ..... Newark
James Stuart Plant ..... Newark
Elbert Stetson Sherman ..... Newark
Theodor Teimer ..... Newark
Edward Mathias Zeh Hawkes, *Consultant* ..... Newark

Technical Advisers

Ellen Potter and Emil Frankel, representing Wm. G. Ellis, N. J. Dept. Institutions and Agencies.
Henry Howard Kessler, representing J. J. Toohey, N. J. Dept. of Labor.
William MacDonald, representing Director Mahaffey, N. J. Dept. of Health.
Howard Dare White, representing Director Elliott, N. J. Dept. of Public Instruction.

Meetings

Long Branch.... July 10, 1938..... 3 p. m.
Newark..... Sept. 7, 1938..... 3 p. m.
Newark..... Oct. 5, 1938..... 3 p. m.
Newark..... Nov. 3, 1938..... 3 p. m.
Newark..... Dec. 7, 1938..... 3 p. m.
Newark..... Jan. 4, 1939..... 3 p. m.
Newark..... Feb. 1, 1939..... 3 p. m.
Newark..... Mar. 1, 1939..... 3 p. m.
Newark..... Apr. 5, 1939..... 3 p. m.
Newark..... May 5, 1939..... 3 p. m.

Public Relations

Joseph Henry Kler, *Chairman* ..... New Brunswick
Joseph Berkeley Gordon, *Vice-Chairman* ..... Marlboro
George Barton Barlow ..... Englewood
Edgar Parmele Cardwell ..... Newark
Homer Isaac Silvers ..... Ventnor
Jacob Allen Yager ..... Paterson
Elias Joseph Marsh, *Consultant* ..... Paterson

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Publication

Henry C. Barkhorn, *Chairman* ..... Newark
Edward Joseph Ill ..... Newark
James Lawrence Evans ..... North Bergen
William John Carrington, Ex-Officio ..... Atlantic City
Alfred Stahl, Ex-Officio ..... Newark

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Newark..... July 27, 1938..... 4:30 p. m.
Newark..... Aug. 31, 1938..... 4:30 p. m.
Newark..... Sept. 28, 1938..... 4:30 p. m.
Newark..... Oct. 26, 1938..... 4:30 p. m.
Newark..... Nov. 23, 1938..... 4:30 p. m.
Newark..... Dec. 28, 1938..... 4:30 p. m.
Newark..... Jan. 25, 1939..... 4:30 p. m.
Newark..... Feb. 22, 1939..... 4:30 p. m.
Newark..... Mar. 29, 1939..... 4:30 p. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Exhibits

Asher Yaguda, *Chairman* ..... Newark
James Gordon Boyes, *Vice-Chairman* ..... Plainfield
Nicholas Mark Alter ..... Jersey City
William Wolf Hersohn ..... Atlantic City
Luther Agustus Markley ..... Teaneck
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Program

Clarence Ladelle Andrews, *Chairman* ..... Atlantic City
Robert Speer Gamon, *Vice-Chairman* ..... Camden
Louis Charles Lange ..... Weehawken
Harrison Stanford Martland ..... Newark
Paul Bryson Reisinger ..... Trenton
William John Carrington, *Consultant* ..... Atlantic City

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Study of Sterilization

Charles Wright MacMillan, *Chairman* ..... Passaic
Samuel Emlen Stokes, *Vice-Chairman* ..... Moorestown
Walter John Farr ..... Teaneck
Theodore Russell Robie ..... East Orange
Alfred Frederick Sferra ..... Bound Brook
Samuel Alexander, *Consultant* ..... Park Ridge

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Traffic Accidents

ELBERT STETSON SHERMAN, *Chairman* ..... Newark
MILLARD FREEMAN SEWALL, *Vice-Chairman* ..... Bridgeton
THOMAS SIMON PADDOCK FITCH ..... Plainfield
CHRISTIAN PETER SEGARD ..... Leonia
GEORGE JOHN YOUNG ..... Morristown
JESSE LYNN MAHAFFEY ..... Haddonfield
WATSON BUDLONG MORRIS, *Consultant* ..... Springfield
ARNOLD VEY, *Technical Adviser,* representing A. W. Magee, Commissioner of Motor Vehicles of N. J... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Tuberculosis

ABRAHAM EZRA JAFFIN, *Chairman* ..... Jersey City
SAMUEL BUDD ENGLISH, *Vice-Chairman* ..... Glen Gardner
NORMAN WYVELL BURRITT ..... Summit
LEO BERTHIER DRAKE ..... Franklin
CLYDE M. FISH ..... Pleasantville
MARCUS WARD NEWCOMB ..... Browns Mills
HAROLD SIMON HATCH ..... Morristown
JOHN EDMUNDS RUNNELLS ..... Scotch Plains
HARRY BURTON WALKER ..... Vineland
FREDERIC JAMES QUIGLEY, *Consultant* ..... Union City

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Venereal Disease Control

CHARLES BYRON BLAISDELL, *Chairman* ..... Long Branch
MARSHALL DAVIS HOGAN ..... Boonton
BAXTER ALFONSO LIVENGOOD ..... Swedesboro
STANLEY MARTIN McGEEHAN ..... Atlantic City
ROBERT RAYMOND SELLERS ..... Newark
STANLEY R. WOODRUFF ..... Jersey City
WILLIAM FRANCIS COSTELLO, *Consultant* ..... Dover
ARTHUR JAY CASSELMAN, *Technical Adviser,* representing Dr. Jesse Lynn Mahaffey, Director of N. J. Dept. of Health ..... Camden

Meetings

Trenton..... June 5, 1938 ..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Welfare

HILTON SHREVE READ, *Chairman* ..... Ventnor
WILLIAM JOHN CARRINGTON, Ex-Officio ..... Atlantic City
ALFRED STAHL, Ex-Officio ..... Newark
DAVID BACHARACH ALLMAN ..... Atlantic City
FRANK WILLIAM ASH ..... Paterson
GEORGE BARTON BARLOW ..... Englewood
ARTHUR WALTER BINGHAM ..... East Orange
CHARLES BYRON BLAISDELL ..... Long Branch
WENDALL JONES BURKETT ..... Pitman
NORMAN WYVELL BURRITT ..... Summit
EDGAR PARMELE CARDWELL ..... Newark
HARRY NOAH COMANDO ..... Newark
MARCUS ALBERT CURRY ..... Greystone Park
WALTER JOHN FARR ..... Teaneck
FRANK L. FIELD ..... Far Hills
GEORGE WASHINGTON FITHIAN ..... Perth Amboy
JACOB IRVING FORT ..... Newark
BARCLAY STOKES FUHRMANN ..... Flemington
JOSEPH BERKELEY GORDON ..... Marlboro
DAVID WRIGHT GREEN ..... Salem
DANIEL LEO HAGGERTY ..... Trenton
HENRY HAYWOOD ..... New Brunswick
EUGENE GARFIELD HERBENER ..... Lakewood
WILLIAM GETTIER HERRMAN ..... Asbury Park
ERNEST GARFIELD HUMMEL ..... Camden
ALLEN GILBERT IRELAND ..... Trenton
ABRAHAM EZRA JAFFIN ..... Jersey City
SIGURD WALTER JOHNSEN ..... Passaic
ROBERT ANTHONY KILDUFFE ..... Atlantic City
JOSEPH HENRY KLER ..... New Brunswick
ISAAC WARNER KNIGHT ..... Pitman
FREDERIC WILLIAM LATHROP ..... Plainfield
JULIUS LEVY ..... Newark
CHARLES LITTWIN ..... Teaneck
JOSEPH FRANCIS LONDRIGAN ..... Hoboken
CHARLES WRIGHT MacMILLAN ..... Passaic
JACOB JOHN MANN ..... Perth Amboy
WILLIAM WALLACE MAYER ..... Jersey City
CHARLES HENRY MITCHELL ..... Trenton
BARCLAY WELLINGTON MOFFAT ..... Red Bank
HERSCHEL STRATTON MURPHY ..... Roselle
LESLIE EDWIN MYATT ..... Bridgeton
STANLEY HETFIELD NICHOLS ..... Long Branch
JAMES FRANCIS NORTON ..... Jersey City
BERTHOLD STEINBACH POLLAK ..... Secaucus
WARREN DAVID ROBBINS ..... Cape May
MILLARD FREEMAN SEWALL ..... Bridgeton
TRAUGOTT JOHN SCHUCK ..... Hoboken
REUBEN LORE SHARP ..... Camden
BYRON GRANT SHERMAN ..... Morristown
HOMER ISAAC SILVERS ..... Ventnor
SPENCER TREADWELL SNEDECOR ..... Hackensack
JAMES HERBERT SPENCER, JR. ..... Franklin
SAMUEL EMLEN STOKES ..... Moorestown
THEODOR TEIMER ..... Newark
CHESTER ISAAC ULMER ..... Gibbstown
HERBERT ROY VAN NESS ..... Newark
HARRY BURTON WALKER ..... Vineland
JAMES WERES ..... Alpha
WILLIAM CRANE WILENTZ ..... Perth Amboy
JACOB ALLEN YAGER ..... Paterson
GEORGE JOHN YOUNG ..... Morristown
ANTHONY CHARLES ZEHNDER ..... Newark

Meetings

Trenton..... June 5, 1938..... 1 p. m.
Trenton..... Oct. 2, 1938..... 1 p. m.
Trenton..... Dec. 4, 1938..... 1 p. m.
Trenton..... Feb. 19, 1939..... 1 p. m.
Trenton..... Apr. 16, 1939..... 1 p. m.

Woman's Auxiliary

GUSTAV AUGUST BRAUN, *Chairman* ..... Newark
WILLIAM KING CAMPBELL, *Vice-Chairman* ..... Long Branch
LOUIS FEINSTEIN ..... Atlantic City
GERALD ELLSWORTH McDONNEL ..... Mt. Holly
JOSEPH ROWLETT MORROW ..... Ridgewood
ALDRICH CLEMENTS CROWE, *Consultant* ..... Ocean City

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Workmen's Compensation

HARRY NOAH COMANDO, *Chairman* ..... Newark
JOSEPH FRANCIS LONDRIGAN, *Vice-Chairman* ..... Hoboken
WILLIAM KLIPSTEIN HARRYMAN ..... Hackensack
V. EARL JOHNSON ..... Atlantic City
HENRY HOWARD KESSLER ..... Newark
CEDRIC C. CARPENTER ..... Summit
FREDERICK WILLIAM SHAFER ..... Camden
ANDREW FRANCIS McBRIDE, *Consultant* ..... Paterson
STEPHEN J. LORENZ, *Technical Adviser,* representing J. J. Toohey, N. J. Dept. of Labor ..... Trenton
ROY GRIFFITH, *Technical Adviser,* representing the Manufacturers' Association of N. J. ..... Glen Ridge

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

GAUCH, WILLIAM, Newark, General Chairman of the Local Committee on Arrangements for the Clinical Meeting of the M. S. of N. J.
SPRAGUE, EDWARD WHARTON, representing the M. S. of N. J. on the Board of Trustees of the Hospital Service Plan of N. J.

THE MEDICAL SOCIETY OF NEW JERSEY

PERSONNEL OF COMMITTEES FOR THE YEAR BEGINNING MAY 19, 1938

Arranged alphabetically

Chrm. .....Chairman
Consul. .....Consultant
Ex-Off. .....Ex-Officio
Mem. .....Member
Tech. Adv. .....Technical Adviser
V. Chrm. .....Vice-Chairman

Ackerman, A. F.	Summit	Union	Child Health	Mem.
Alexander, Samuel	Park Ridge	Bergen	Trustee	
			Legislation	Consul.
			Sterilization	Consul.
Allman, David B.	Atlantic City	Atlantic	Medical Practice	Chrm.
			Welfare	Mem.
Alter, N. M.	Jersey City	Hudson	Scientific Exhibits	Mem.
Andrews, C. L.	Atlantic City	Atlantic	Annual Meeting	Mem.
			Scientific Program	Chrm.
Ash, Frank W.	Paterson	Passaic	Contract Practice	Mem.
			Welfare	Mem.
Ballinger, R. L.	Arlington	Hudson	Pharmaceutical	V. Cbrm.
Barbash, Samuel	Atlantic City	Atlantic	Auxiliary Medical Services	V. Cbrm.
Barkhorn, H. C.	Newark	Essex	Publication	Chrm.
Barlow, George B.	Englewood	Bergen	Public Relations	Mem.
			Welfare	Mem.
Beling, C. C.	Newark	Essex	Medical Defense and Insurance	Chrm.
Bentley, D. F.	Camden	Camden	Post-Graduate	Chrm.
Bingham, A. W.	East Orange	Essex	Maternal Welfare	Chrm.
			Welfare	Mem.
			Public Health	Mem.
Blaisdell, C. B.	Long Branch	Monmouth	Venereal Disease	Chrm.
			Public Health	Mem.
			Welfare	Mem.
Boyes, J. G.	Plainfield	Union	Scientific Exhibits	V. Chrm.
Braun, G. A.	Newark	Essex	Woman's Auxiliary	Cbrm.
Brennock, T. McG.	Jersey City	Hudson	Annual Meeting	Mem.
Brown, J. C.	Atlantic City	Atlantic	Maternal Welfare	V. Chrm.
Burkett, W. J.	Pitman	Gloucester	Legislation	Mem.
			Welfare	Mem.
Burritt, N. W.	Summit	Union	Tuberculosis	Mem.
			Welfare	Mem.
Campbell, W. K.	Long Branch	Monmouth	Woman's Auxiliary	V. Chrm.
Cardwell, E. P.	Newark	Essex	Public Relations	Mem.
			Welfare	Mem.
Carlander, O. R.	Camden	Camden	Crippled Children	Mem.
Carpenter, C. C.	Summit	Union	Workmen's Compensation	Mem.
Carrington, W. J.	Atlantic City	Atlantic	President	
			Trustee	
			Annual Meeting	Consul.
			Publication	Ex-Off.
			Scientific Program	Consul.
			Welfare	Ex-Off.
Casselman, A. J.	Camden	Camden	Venereal Disease	Tech. Adv.
Casilli, A. R.	Elizabeth	Union	Auxiliary Medical Services	Mem.
Clark, J. C.	Asbury Park	Monmouth	Annual Meeting	Mem.
Comando, H. N.	Newark	Essex	Workmen's Compensation	Chrm.
			Medical Practice	Mem.
			Welfare	Mem.
Conaway, W. P.	Atlantic City	Atlantic	Fellow	
Connell, J. N.	Jersey City	Hudson	Contract Practice	Mem.
Cosgrove, Samuel A.	Jersey City	Hudson	Maternal Welfare	Mem.
Costello, W. F.	Dover	Morris	Trustee	
			Venereal Disease	Consul.
			Industrial Injuries and Occupational Diseases	Consul.
Crowe, A. C.	Ocean City	Cape May	Trustee	
			Child Health	Consul.
			Woman's Auxiliary	Consul.
Curry, M. A.	Greystone Park	Morris	Mental Hygiene	V. Chrm.
			Welfare	Mem.
Davidson, H. S.	Atlantic City	Atlantic	Cancer Control	Mem.
Davis, W. C.	Atlantic City	Atlantic	Mental Hygiene	Mem.
Decker, H. B.	Camden	Camden	Hospital Relationship	Mem.
Decker, J. G.	Hasbrouck Heights	Bergen	Contract Practice	Mem.
Dengler, H. P.	Springfield	Union	Pneumonia Control	Mem.
Dewis, E. G.	Interlaken	Monmouth	Adult Health	Mem.
Dilger, F. G.	Hackensack	Bergen	Crippled Children	Mem.
Donohoe, L. F.	Bayonne	Hudson	Fellow	
Dowd, Ambrose	Newark	Essex	Mental Hygiene	Tech. Adv.
Downs, E. E.	Woodbury	Gloucester	Cancer Control	Mem.
Drake, L. B.	Franklin	Sussex	Tuberculosis	Mem.
Eagleton, W. P.	Newark	Essex	Trustee	
			Fellow	
			Finance and Budget	Mem.
			Medical Defense and Insurance	Consul.
			Nursing and Nursing Education	Consul.
Ely, Lancelot	Somerville	Somerset	Honorary Membership	Cbrm.
			Fellow	
English, S. B.	Glen Gardner	Hunterdon	Tuberculosis	V. Chrm.

FAISON, J. B.	Jersey City	Hudson	Cancer Control	Mem.
FARR, W. J.	Teaneck	Bergen	Study of Sterilization	Mem.
			Welfare	Mem.
FEINSTEIN, L.	Atlantic City	Atlantic	Woman's Auxiliary	Mem.
FIELD, F. L.	Far Hills	Somerset	Medical Care of Indigent and Low-Wage Group	Mem.
			Welfare	Mem.
FISH, C. M.	Pleasantville	Atlantic	Tuberculosis	Mem.
FITCH, T. S. P.	Plainfield	Union	Traffic Accidents	Mem.
FITHIAN, G. W.	Perth Amboy	Middlesex	Medical Care of Indigent and Low-Wage	Chrm.
			Medical Practice	Mem.
			Welfare	Mem.
FORT, J. I.	Newark	Essex	Industrial Injuries and Occupational Diseases	Chrm.
			Public Health	Mem.
			Medical Practice	Mem.
			Welfare	Mem.
FRANKEL, EMIL	Trenton	Mercer	Public Health	Tech. Adv.
FUHRMANN, B. S.	Flemington	Hunterdon	Mental Hygiene	Mem.
			Welfare	Mem.
GAMON, R. S.	Camden	Camden	Scientific Program	V. Chrm.
GAUCH, WM.	Newark	Essex	Clinical Meeting, M. S. of N. J.	Chrm.
GERMAN, G. B.	Camden	Camden	Maternal Welfare	Mem.
GREEN, D. W.	Salem	Salem	Medical Care of Indigent and Low-Wage Group	V. Chrm.
			Welfare	Mem.
GORDON, J. B.	Marlboro	Monmouth	Public Relations	V. Chrm.
			Welfare	Mem.
GRIER, R. M.	Pleasantville	Atlantic	Adult Health	Mem.
GRIFFITH, ROY	Glen Ridge	Essex	Industrial Injuries and Occupational Diseases	Tech. Adv.
			Workmen's Compensation	Tech. Adv.
HAGGERTY, D. A.	Trenton	Mercer	Medical Care of Indigent and Low-wage Group	Mem.
			Welfare	Mem.
HARRYMAN, W. K.	Hackensack	Bergen	Workmen's Compensation	Mem.
HARVEY, T. W., SR.	Orange	Essex	Fellow	
HATCH, H. S.	Morristown	Morris	Tuberculosis	Mem.
HAUSSLING, F. R.	Newark	Essex	Fellow	
HAWKES, E. M. Z.	Newark	Essex	President-Elect	
			Trustee	
			Medical Care of Indigent and Low-Wage Group	Consul.
			Public Health	Consul.
HAWKES, S. Z.	Newark	Essex	Post-Graduate	V. Chrm.
HAYWOOD, H.	New Brunswick	Middlesex	Contract Practice	Mem.
			Welfare	Mem.
HERBENER, E. G.	Lakewood	Monmouth	Auxiliary Medical Services	Mem.
			Welfare	Mem.
HEROLD, H. T.	Newark	Essex	Contract Practice	Mem.
HERRMAN, W. G.	Deal	Monmouth	Fellow	
			Cancer Control	Chrm.
			Welfare	Mem.
			Rep. of M. S. N. J. on Bd. Trustees of N. J. Hosp. Service Plan	
HERSOHN, WM.	Atlantic City	Atlantic	Scientific Exhibits	Mem.
HOFFMAN, F. M.	New Brunswick	Middlesex	Hospital Relationship	Mem.
HOGAN, M. D.	Boonton	Morris	Venereal Disease	Mem.
HOLLINSHED, R. K.	Westville	Gloucester	Trustee	
			Pharmaceutical Problems	Consul.
			Pneumonia	Consul.
HOLTERS, O. R.	Asbury Park	Monmouth	Cancer Control	Mem.
HORNBERGER, J. H.	Reebling	Mercer	Trustee	
			Contract Practice	Consul.
HUMMEL, E. G.	Camden	Camden	Child Health	Mem.
			Public Health	Mem.
			Welfare	Mem.
HUMMEL, M. L.	Merchantville	Camden	Pharmaceutical Problems	Mem.
HURFF, J. W.	Newark	Essex	Medical Defense and Insurance	V. Chrm.
HYMAN, C. I.	Atlantic City	Atlantic	Hospital Relationship	Mem.
IRELAND, A. G.	Trenton	Mercer	Mental Hygiene	Mem.
			Public Health	Tech. Adv.
			Welfare	Mem.
ILL, C. H.	Newark	Essex	Maternal Welfare	Mem.
ILL, E. J.	Newark	Essex	Fellow	
			Publication	Mem.
JACK, H. W.	Camden	Camden	Nursing and Nursing Education	Mem.
JAFFIN, A. E.	Jersey City	Hudson	Tuberculosis	Chrm.
			Public Health	Mem.
			Auxiliary Medical Services	Mem.
JOHNSEN, S. W.	Passaic	Passaic	Welfare	Mem.
			Welfare	Mem.
JOHNSON, V. E.	Atlantic City	Atlantic	Workmen's Compensation	Mem.
KAIGHN, C. B.	Atlantic City	Atlantic	Annual Meeting	Chrm.
KAIN, T. M.	Camden	Camden	Pneumonia	V. Chrm.
KESSLER, H. H.	Newark	Essex	Workmen's Compensation	Mem.
			Industrial Injuries and Occupational Diseases	Tech. Adv.
			Public Health	Tech. Adv.
KILDUFFE, R. A.	Margate	Atlantic	Pneumonia	Chrm.
			Public Health	Mem.
			Welfare	Mem.
KNIGHT, I. W.	Pitman	Gloucester	Public Health	Mem.
			Welfare	Mem.
KLEIN, E. C.	Newark	Essex	Adult Health	Mem.
KLEIN, E. F.	Perth Amboy	Middlesex	Contract Practice	Mem.

Kler, J. H.	New Brunswick	Middlesex	Public Relations	Chrm.
			Welfare	Mem.
Knapp, V.	Asbury Park	Monmouth	Nursing and Nursing Educat on	Mem.
Knowles, G. M.	Hackensack	Bergen	Nursing and Nursing Educat on	V. Chrm.
Kraker, D.	Newark	Essex	Constitution and By-Laws	V. Chrm.
Krans, E. S.	Plainfield	Union	Mental Hygiene	Mem.
Lance, E. W.	Rahway	Union	Hospital Relationship	Mem.
Lange, L. C.	Weehawken	Hudson	Scientific Program	Mem.
Lathrop, F. W.	Plainfield	Union	Public Health	V. Chrm.
			Welfare	Mem.
Lee, T. B.	Camden	Camden	Trustee	
			Cancer Control	Consul.
			Maternal Welfare	Consul.
Levy, J.	Newark	Essex	Maternal Welfare	Mem.
			Public Health	Mem.
			Welfare	Mem.
Lewis, T. K.	Camden	Camden	Trustee	
			Medical Practice	Consul.
			Hospital Relations	Consul.
Littwin, C.	Englewood	Bergen	Industrial Injuries and Occupational Diseases	Mem.
			Welfare	Mem.
Livengood, B. A.	Swedesboro	Gloucester	Venereal Disease	Mem.
Londrigan, J. F.	Hoboken	Hudson	Workmen's Compensation	V. Chrm.
			Welfare	Mem.
Lorenz, Stephen J.	Trenton	Mercer	Workmen's Compensation	Tech. Adv.
Lummis, M. F.	Pitman	Gloucester	Pneumonia	Mem.
MacDonald, Wm. (Mr.)	Trenton	Mercer	Pneumonia	Tech. Adv.
			Public Health	Tech. Adv.
MacKenzie, R. A.	Asbury Park	Monmouth	Maternal Welfare	Mem.
MacMillan, C. W.	Passaic	Passaic	Study of Sterilization	Chrm.
			Welfare	Mem.
Mahaffey, J. Lynn	Haddonfield	Camden	Traffic Accidents	Mem.
Mann, J. J.	Perth Amboy	Middlesex	Pharamceutical Problems	Mem.
			Welfare	Mem.
Markley, L. A.	Teaneck	Bergen	Scientific Exhibits	Mem.
Marsh, E. J.	Paterson	Passaic	Treasurer	
			Trustee	
			Finance and Budget	Ex-Off.
			Public Relations	Consul.
Martland, H. S.	Newark	Essex	Scientific Program	Mem.
Marvel, P.	Atlantic City	Atlantic	Fellow	
Maver, W. W.	Jersey City	Hudson	Auxiliary Medical Services	Chrm.
			Medical Practice	Mem.
			Welfare	Mem.
McBride, A.	Paterson	Passaic	Finance and Budget	Mem.
			Workmen's Compensation	Consul.
			Trustee	
McCoy, J. C.	Paterson	Passaic	Medical Defense and Insurance	Mem.
McDonnel, G. E.	Mt. Holly	Burlington	Woman's Auxiliary	Mem.
McGeehan, S. M.	Atlantic City	Atlantic	Venereal Disease	Mem.
Mitchell, C. H.	Trenton	Mercer	Legislation	V. Chrm.
			Welfare	Mem.
Moffat, B. W.	Red Bank	Monmouth	Crippled Children	Chrm.
			Public Health	Mem.
			Welfare	Mem.
Morris, W. B.	Springfield	Union	First Vice-President	
			Trustee	
			Adult Health	Consul.
			Traffic Accidents	Consul.
Morrow, J. H.	Ridgewood	Bergen	Woman's Auxiliary	Mem.
Mount, W. B.	Montclair	Essex	Maternal Welfare	Mem.
Mulford, E. R.	Burlington	Burlington	Fellow	
			Honorary Membership	Mem.
Murn, C. J.	Paterson	Passaic	Pharmaceutical Problems	Mem.
Murphy, H. S.	Roselle	Union	Adult Health	Chrm.
			Public Health	Mem.
			Welfare	Mem.
Myatt, L. E.	Bridgeton	Cumberland	Industrial Injuries and Occupational Diseases	V. Chrm.
			Welfare	Mem.
Nafey, H. W.	New Brunswick	Middlesex	Trustee	
			Constitution and By-Laws	Mem.
			Crippled Children	Consul.
			Mental Hygiene	Consul.
Newcomb, M. B.	Browns Mills	Burlington	Fellow	
			Tuberculosis	Mem.
Nichols, S. H.	Asbury Park	Monmouth	Child Health	Chrm.
			Public Health	Chrm.
			Welfare	Mem.
Nickman, E. H.	Atlantic City	Atlantic	Crippled Children	Mem.
Nicola, T.	Montclair	Essex	Crippled Children	Mem.
North, H. R.	Trenton	Mercer	Trustee	
			Scientific Exhibits	Consul.
			Finance and Budget	Chrm.
			Post-Graduate	Consul.
Norton, J. F.	Jersey City	Hudson	Constitution and By-Laws	Chrm.
			Welfare	Mem.
O'Hanlon, George	Jersey City	Hudson	Hospital Relationship	Mem.
Orton, H. B.	Newark	Essex	Cancer Control	V. Chrm.
			Public Health	Mem.
Okin, I.	Passaic	Passaic	Child Health	Mem.
Perry, F. L.	Woodstown	Salem	Nursing and Nursing Education	Mem.
Pettit, H.	Ocean City	Cape May	Finance and Budget	Mem.
Pigott, A. W.	Skillman	Somerset	Post-Graduate	Mem.
Plant, J. S.	Newark	Essex	Mental Hygiene	Chrm.
			Public Health	Mem.

POLLAK, B. S.	Secaucus	Hudson	Legislation	Chrm.
			Welfare	Mem.
POTTER, ELLEN	Trenton	Mercer	Public Health	Tech. Adv.
PURCELL, E. F.	Trenton	Mercer	Post-Graduate	Mem.
QUIGLEY, F. J.	Union City	Hudson	Fellow	
			Trustee	
			Constitution and By-Laws	Consul.
			Honorary Membership	Mem.
			Tuberculosis	Consul.
READ, H. S.	Ventnor	Atlantic	Welfare	Chrm.
REISINGER, P. B.	Trenton	Mercer	Scientific Program	Mem.
ROBBINS, W. D.	Cape May	Cape May	Medical Care of Indigent and Low-Wage Group	Mem.
			Welfare	Mem.
ROBIE, T. R.	East Orange	Essex	Study of Sterilization	Mem.
ROSENBERG, L. C.	Newark	Essex	Child Health	Mem.
RUNNELLS, J. E.	Scotch Plains	Union	Tuberculosis	Mem.
SAMUEL, J. H.	Newark	Essex	Auxiliary Medical Services	Mem.
SCHUCK, T. J.	Hoboken	Hudson	Industrial Injuries and Occupational Diseases	Mem.
			Welfare	Mem.
SEGARD, C. P.	Leonia	Bergen	Traffic Accidents	Mem.
SELLERS, R. R.	Newark	Essex	Venereal Disease	Mem.
SEWALL, M. F.	Bridgeton	Cumberland	Traffic Accidents	V. Chrm.
			Welfare	Mem.
SFERRA, A. F.	Bound Brook	Somerset	Study of Sterilization	Mem.
SHARP, R. L.	Camden	Camden	Contract Practice	Chrm.
			Medical Practice	Mem.
			Welfare	Mem.
SHAFER, F. W.	Camden	Camden	Workmen's Compensation	Mem.
SHERMAN, B. G.	Morristown	Morris	Medical Care of Indigent and Low-Wage Group	Mem.
			Welfare	Mem.
SHERMAN, E. S.	Newark	Essex	Traffic Accidents	Chrm.
			Public Health	Mem.
SHIPPS, H. P.	Delanco	Burlington	Post-Graduate	Mem.
SICA, L. S.	Trenton	Mercer	Contract Practice	V. Chrm.
SILVERS, H. I.	Ventnor	Atlantic	Public Relations	Mem.
			Fellow	Mem.
SNEDECOR, S. T.	Hackensack	Bergen	Welfare	
			Medical Practice	V. Chrm.
			Hospital Relationship	Chrm.
			Welfare	Mem.
SOMMER, GEO. N. J.	Trenton	Mercer	Fellow	
			Constitution and By-Laws	Mem.
SPENCER, J. H., JR.	Franklin	Sussex	Industrial Injuries and Occupational Diseases	Mem.
			Welfare	Mem.
STAHL, A.	Newark	Essex	Secretary	
			Publication	Ex-Off.
			Trustee	
			Auxiliary Medical Services	Consul.
			Welfare	Mem.
STEWART, SLOAN	Atlantic City	Atlantic	Post-Graduate	Mem.
STEWART, W. B.	Atlantic City	Atlantic	Child Health	V. Chrm.
STOKES, S. E.	Moorestown	Burlington	Study of Sterilization	V. Chrm.
			Welfare	Mem.
SUBIN, H.	Atlantic City	Atlantic	Nursing and Nursing Education	Mem.
TAYLOR, W. A.	Trenton	Mercer	Auxiliary Medical Services	Mem.
TEIMER, T.	Newark	Essex	Public Health	Mem.
			Welfare	Mem.
TELLER, D. W.	Morristown	Morris	Pharmaceutical Problems	Mem.
TRACY, G. T.	Beverly	Burlington	Medical Defense and Insurance	Mem.
TRIPPE, C. M.	Asbury Park	Monmouth	Mental Hygiene	Mem.
ULMER, C. I.	Gibbstown	Gloucester	Pharmaceutical Problems	Chrm.
			Medical Practice	Mem.
			Welfare	Mem.
ULMER, D. H. B.	Moorestown	Burlington	Constitution and By-Laws	Mem.
UNDERWOOD, J. H.	Woodbury	Gloucester	Maternal Welfare	Mem.
VAN NESS, H. R.	Newark	Essex	Legislation	Mem.
			Welfare	Mem.
VEY, ARNOLD H. (Mr.)	Trenton	Mercer	Traffic Accidents	Tech. Adv.
VARNEY, W. H.	Wahsington	Morris	Adult Health	V. Chrm.
VOSBURGH, F. T.	Passaic	Passaic	Pneumonia	Mem.
WALSH, T. J.	Elizabeth	Union	Nursing and Nursing Education	Mem.
WARNER, W. H.	East Orange	Essex	Hospital Relationship	V. Chrm.
WAY, C. W.	Sea Isle City	Cape May	Post-Graduate	Mem.
WERES, JAMES	Alpha	Warren	Maternal Welfare	Mem.
			Welfare	Mem.
WALKER, H. B.	Vineland	Cumberland	Tuberculosis	Mem.
			Welfare	Mem.
WEIGEL, E. P.	Plainfield	Union	Crippled Children	V. Chrm.
WESCOTT, W. C.	Atlantic City	Atlantic	Medical Defense and Insurance	Mem.
WILENTZ, W. C.	Perth Amboy	Middlesex	Legislation	Mem.
			Welfare	Mem.
WILSON, H. B.	Hackensack	Passaic	Maternal Welfare	Mem.
WOODMAN, C. B.	Morristown	Morris	Cancer Control	Mem.
WOODRUFF, S. R.	Jersey City	Hudson	Venereal Disease	Mem.
YAGER, J. A.	Paterson	Passaic	Public Relations	Mem.
			Welfare	Mem.
YAGUDA, A.	Newark	Essex	Scientific Exhibits	Chrm.
			Annual Meeting	Mem.
ZEHNDER, A. C.	Newark	Essex	Nursing and Nursing Education	Chrm.
			Medical Practice	Mem.
			Welfare	Mem.
YOUNG, GEORGE	Morristown	Merris	Traffic Accidents	Mem.
			Welfare	Mem.

WOMAN'S AUXILIARY

President, MRS. DON A. EPLER, 45 Hillside Avenue, Newark; Tel. Bigelow 3-6628

President-Elect, MRS. G. E. MCDONNEL .....Mt. Holly
First Vice-President, MRS. A. E. JAFFIN .....Jersey City
Second Vice-President, MRS. E. R. MULFORD .....Burlington
Recording Secretary, MRS. BANKS S. BAKER .....Camden
Treasurer, MRS. T. P. CONAGHY .....Camden

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	James H. Mason, Atlantic City...	J. Carlisle Brown, Atlantic City.. Tel. 5-4979	E. H. Nickman, Atlantic City
BERGEN	Charles Littwin, Teaneck	George M. Knowles, Hackensack.. Tel. Oradell 8-1521	LeRoy W. Black, Rutherford
BURLINGTON..	F. D. Fahrenbruch, Mt. Holly....	E. Warren Rodman, Beverly ..... Tel. 32	Carlton P. Hogan, Burlington
CAMDEN	H. Wesley Jack, Camden	George B. German, Camden ..... Tel. 7522	Harold D. Barnshaw, Camden
CAPE MAY	H. H. Tomlin, Wildwood	Warren D. Robbins, Cape May... Tel. 67	Warren D. Robbins, Cape May
CUMBERLAND.	Dare Woodruff, Vineland	H. S. Branin, Millville ..... Tel. 84	E. S. Corson, Bridgeton
ESSEX	H. Roy Van Ness, Newark	M. H. Greifinger, Newark ..... Tel. Market 3-1918	E. LeRoy Wood, Newark
GLOUCESTER..	William E. Crain, Woodbury	Chester I. Ulmer, Gibbstown ..... Tel. Paulsboro 18	Henry B. Diverty, Woodbury
HUDSON	W. L. Williamson, Bayonne	Thos. McG. Brennock, Jersey City. Tel. Journal Square 2-0787	John N. Connell, Jersey City
HUNTERDON ..	Barclay S. Fuhrmann, Flemington	E. W. Lane, Bloomsbury ..... Tel. Phillipsburg 10-R-13	E. W. Lane, Bloomsbury
MERCER	W. R. Little, Trenton	A. D. Hutchinson, Trenton ..... Tel. 3-5542	A. D. Hutchinson, Trenton
MIDDLESEX ..	John V. Smith, Perth Amboy	Charles H. Caivin, Perth Amboy.. Tel. 4-0891	L. R. Panigrosso, Pertb Amboy
MONMOUTH ..	C. Byron Blaisdell, Long Branch..	Dan'l F. Featherston, Asbury Park Tel. 3809	O. R. Holters, Asbury Park
MORRIS	Louis E. Williams, Madison	George J. Young, Morristown .... Tel. 4-0662	Marcus A. Curry, Greystone P'k
OCEAN	Emanuel Sickel. Lakewood	William E. Dodd, Beach Haven .. Tel. 205	J. B. Henriksen. Point Pleasant
PASSAIC	Louis G. Shapiro, Paterson	J. Allen Yager, Paterson ..... Tel. Lambert 3-6686	Irving Okin, Passaic
SALEM	H. F. Suter, Pennsgrove	James S. Dunn, Salem ..... Tel. 201	L. C. Hummel, Salem
SOMERSET	A. F. W. Sferra, Bound Brook...	L. C. Fritts, Somerville ..... Tel. 1624	A. W. Pigott, Skillman
SUSSEX	James H. Spencer, Franklin	A. H. Groeschel, Sussex ..... Tel. 240	Edward K. Hawke, Newton
UNION	Henri E. Abel, Elizabeth	Lorrimer B. Armstrong, Westfield. Tel. 0077	R. J. Walsb, Roselle
WARREN	Clyde Smitb, Oxford	William F. Skinner, Washington.. Tel. 10	H. B. Bossard, Pbillipsburg

FIELD PHYSICIANS OF THE COUNTIES

County	Name	Address	Telephone
ATLANTIC	J. Carlisle Brown	101 S. Indiana Ave., Atlantic City	5-4979
BERGEN	Lyman Burnham	229 Engle St., Englewood	3-1810
BURLINGTON	F. D. Fabrenbruch	Mount Holly	237
CAMDEN	Edmund Hessert	Collingswood	607
CAPE MAY	Clarence W. Way	Sea Isle City	55
CUMBERLAND	J. S. Knowles	Millville	52
ESSEX	Alfred Muerlin	158 S. Harrison St., East Orange	Orange 5-9026
GLOUCESTER	Cbester I. Ulmer	Gibbstown	Paulsboro 18
HUDSON	Joseph P. Donnelly	1 Madison Ave., Jersey City	Delaware 3-6682
HUNTERDON	P. W. Baker	High Bridge	170-R-2
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MIDDLESEX	James Grieve	88 Market St., Perth Amboy	4-1036
MONMOUTH	William Heatley	Red Bank	80
MORRIS	George L. Nicoll	Dover	180
OCEAN	Harry Ivory	Point Pleasant	212
PASSAIC	Theodore K. Grabam	279 Park Ave., Paterson	Sherwood 2-9422 and 1607
SALEM	William G. Hilliard	Salem	332
SOMERSET	Samuel H. Pogoloff	Manville	Somerville 1228
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IT is now possible for you to have complete automobile protection upon the following favorable conditions:

(1) *You can save 20% from conference rates on your liability and property damage insurance.*

(2) *For only $3.00 a year you, or anyone driving your car, are entitled to following services anywhere in United States and Canada:*

CLAIM COLLECTION SERVICE
If another car runs into and damages your car, we will represent you in collecting for the damages to your own car.

$5,000 BAIL BOND SERVICE
If you are involved in an accident or violate a Motor Vehicle Law and are being held by the police for bail, we will make arrangements for the placing of the bond.

TIRE CHANGING SERVICE
If your tire goes flat, one of our service agencies in the neighborhood will respond immediately. (Women, especially, appreciate this service.)

TOWING SERVICE
If your car is disabled or involved in an accident and cannot proceed under its own power, a service car will tow you to the nearest garage, or to your home within a ten mile limit.

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A sudden change in temperature during the winter months and your car will not start due to a weak battery or cold motor. A telephone call to headquarters and within a very short time you will be on your way.

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This is not a seasonal service. It may be clear in the morning and there may be a downpour of rain in the afternoon. Service men respond immediately, regardless of the weather.

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If you contemplate a trip, we will supply all necessary maps and complete itineraries.

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Headquarters are never closed. Think of the feeling of security you will have knowing that whatever trouble you may be in, service is available 24 hours a day—365 days a year.

★ ★ ★

Return the coupon below and complete details will be forwarded to you.

PHYSICIANS UNDERWRITING AGENCY

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Gentlemen:

Please send me complete details:

Name.....

Address..... *City*.....

Make of Car..... *Model*.....

Limits of Liability..... *Expiration Date*.....

Immunize now for effective control of

Ivy Dermatitis

Plans for spending summer vacations outdoors or at summer camps should include preliminary prophylactic administration of Poison Ivy Extract to avoid the risk of much misery and spoiled vacations from ivy poisoning.

Experience has shown that two small injections (1 cc. each) of "Poison Ivy Extract *Lederle*" administered a week or two apart, confer a marked degree of protection in a high percentage of cases against the distressing dermatitis which follows the usual casual, accidental contact with Poison Ivy. This protection should suffice to immunize the individual for the entire season.

In the *treatment* of ivy poisoning, "Poison Ivy Extract *Lederle*" has at times performed most spectacularly. A single injection often gives marked relief within 24 to 48 hours. A second injection 24 hours later may be required; this has an added value in its probable preventive effect in case of later exposure. A third injection is rarely necessary.

Results of Experiment in C. C. C. Camps in 1935

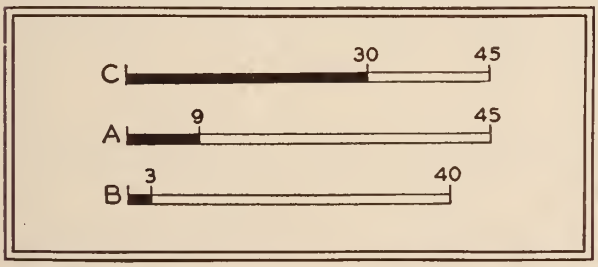

Chart shown at left covers a 6-week period following the first prophylactic dose. One hundred and thirty men were divided into three groups: A, B, C. All intermingled in their work in clearing ivy-infested areas.

Group C received no previous injections.

Group A received four weekly injections of 1/12 regular dose of "Poison Ivy Extract *Lederle*."

Group B received four weekly injections of the regular dose of "Poison Ivy Extract *Lederle*."

The shaded areas represent the number of exposed men affected with ivy dermatitis in the 6-week period.

For prevention and treatment

Poison Ivy Extract

Lederle

is stable, reliable and economical

Packages:
2 syringes (1 cc. each)
1 syringe (1 cc.)

LEDERLE LABORATORIES, Inc.
30 ROCKEFELLER PLAZA NEW YORK

IN ADVISING PATIENTS ON SMOKING

WITH the many and varied claims made for cigarettes, *you* can be of assistance to your patients. With your scientific knowledge, you can discriminate between mere claims and basic facts.

Due to the use of diethylene glycol as the hygroscopic agent, Philip Morris have been proved* less irritating than other cigarettes... proved so conclusively that the medical profession recognizes the substantial nature of this improvement in cigarette manufacture.

Test Philip Morris on patients suffering from congestion of the nose and throat due to smoking. Verify for yourself Philip Morris superiority.

PHILIP MORRIS & CO.

Tune in to "JOHNNY PRESENTS" on the air
Coast-to-Coast Tuesday evenings, NBC
Saturday evenings, CBS
Johnny presents "What's My Name"
Friday Evenings—Mutual Network

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Please send me reprints of papers from

*Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245 ☐
Laryngoscope, 1935, XLV, 149-154 ☐
N.Y. State Jour. Med., 1935, 35-No. 11, 590 ☐
Laryngoscope, 1937, XLVII, 58-60 ☐

SIGNED: _____ **M. D.**
(Please write name plainly)

ADDRESS _____

CITY _____ STATE _____

JER

BASIC OPERATIONS IN COMMERCIAL CANNING PROCEDURES

IV. SEALING THE TIN CONTAINER

BRIEFLY, the method of food preservation commonly known as "canning" involves subjecting food in a permanently sealed container to a heat process. The heat process destroys spoilage organisms present on the raw food material; the seal on the container prevents reinfection of the food by such organisms. It is, therefore, obvious that the sealing operation—"closing" or "double-seaming" as it is known in the industry—is one of the most important in the canning procedure.

The manufacture of tinplate and "sanitary" cans is described elsewhere (1).

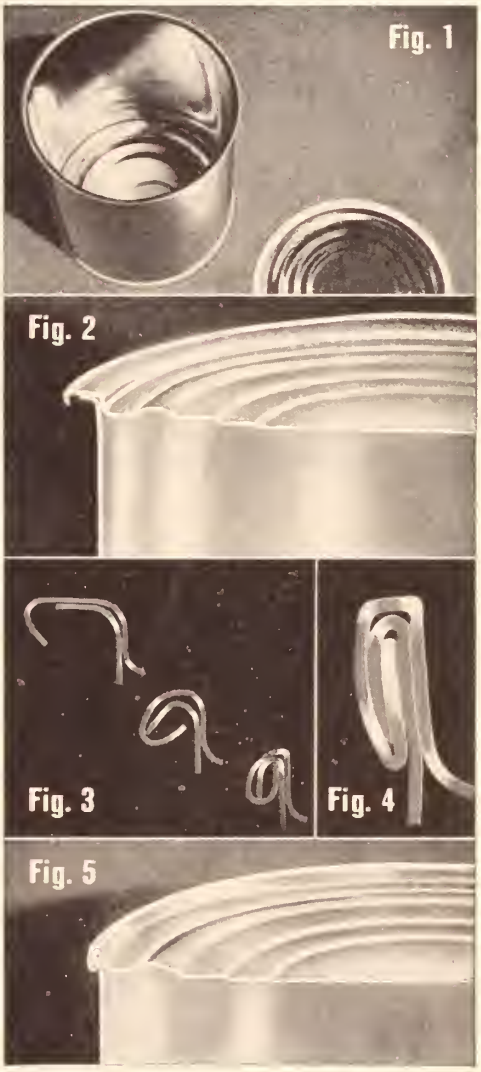
The open cans are received at the cannery in paper cartons or in washed paper-lined box cars, together with the covers which are contained in fiber shipping tubes. Figure 1 shows a can and end ready for use.

In modern canning practice, the cans are first conveyed by automatic runways to can washers, and thence to the filling tables or fillers where the correct amount of properly prepared raw food is put into the cans. The covers or "ends" are placed in the automatic sealing or "closing" machine to which the open can containing the food is mechanically conveyed. In this machine the ends are "double-seamed" onto the can. This operation is portrayed by the accompanying cross-sectional pictures.

In Figure 2 is shown the relation of can to cover before the sealing operation is started; note the relative position of the "curl" on the cover and the "flange" on the can. In this curl, the can manufacturer has placed a gasket or "compound," usually containing rubber. Figure 3 is a series of photographs illustrating the sealing operation in which the curl and flange are first rolled into position and then the layers of metal flattened together to form the final "double-seam" in Figure 4. The rubber compound originally present on the cover supplies the binding material between the layers of metal necessary to insure a permanent or hermetic seal on the container. Figure 5 illustrates in cross-section a closed sanitary can as it comes to the consumer.

In the past twenty-five years great progress has been made in the development of tinplate, compounds and automatic sealing machines. Collectively, these developments enable present-day canners to impose a permanent seal on the cans containing their products more easily and rapidly than ever before in the history of canning.

(1) The Story of the Tin Can, American Can Company, New York, 1935



AMERICAN CAN COMPANY

230 Park Avenue, N. Y.

This is the thirty-seventh in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

YOU CAN SAFELY RECOMMEND

COLD INDIAN SPRING WATER

SOFTEST OF ALL WATERS ANALYSIS ON REQUEST

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ORGANOTHERAPY

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.
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Dependable Gland Products

2-24 Mt. Pleasant Ave. Newark, New Jersey

How to be sure of the *best* Acidophilus Milk

• The value of any acidophilus milk is determined principally by these two factors:

1. **The quality of the original milk from which it is made.**
2. **The number of viable acidophilus bacilli in the milk.**

So, to be sure of the *best* acidophilus milk, it is advisable to prescribe Walker-Gordon Acidophilus Milk by name. For that is made from the world's finest milk—Walker-Gordon Certified. And it contains at all times an unusually high number of pure culture viable lacto-bacillus acidophilus organisms —*double* the number contained a few years ago.

Furthermore, Walker-Gordon Acidophilus Milk is delivered to your patients fresh daily.

• *For a sample bottle and further information regarding Walker-Gordon Acidophilus Milk, write to Walker-Gordon Laboratory, Plainsboro, New Jersey.*

WALKER-GORDON

★ ACIDOPHILUS MILK ★

TREATMENT OF BRONCHIAL ASTHMA BY ORAL INHALATION

ADRENALIN CHLORIDE SOLUTION 1:100

THE oral inhalation of Adrenalin Chloride Solution 1:100 is promptly effective in relieving symptoms of bronchial asthma—in most cases results have been quite as satisfactory as those following hypodermic injection of the familiar 1:1000 solution. Nervousness and tachycardia, as well as other reactions which often accompany parenteral administration, are much less frequent following inhalation therapy. Discomfort and inconvenience of hypodermic injection are obviated by this new treatment.

Adrenalin is the Parke-Davis brand of Epinephrine U.S.P. Adrenalin Chloride Solution 1:100 is accepted by the Council on Pharmacy and Chemistry of the American Medical Association; it is supplied in 5-cc. vials, together with dropper for transferring the solution to a suitable atomizer, vaporizer, or nebulizer. The apparatus used must deliver a fine spray entirely free from drops.

PARKE, DAVIS & COMPANY · DETROIT

The World's Largest Makers of Pharmaceutical and Biological Products

IN COMPLAINTS OF FATIGUE

It May Be Lack of Food Energy

PROPERTIES OF KARO

Uniform composition
Well tolerated
Readily digested
Non-fermentable
Chemically dependable
Bacteriologically safe
*Non-allergic
Economical

*Free from protein likely to produce allergic manifestations.

COMPOSITION OF KARO

(*Dry Basis*)

Dextrin	50%
Maltose	23.2%
Dextrose	16%
Sucrose	6%
Invert sugar	4%
Minerals	0.8%

KARO EQUIVALENTS

1 oz. vol.	40 grams 120 cals.
1 oz. wt.	28 grams 90 cals.
1 teaspoon	15 cals.
1 tablespoon	60 cals.

Normal children frequently complain of fatigue. Careful study reveals that they do not consume enough food to provide them with necessary energy requirements, half of which are derived from carbohydrate.

The energy supply should be in the form which is easily digested, not readily fermented and which does not affect the appetite for other foods. Karo meets all these requirements.

Infant feeding practice is primarily the concern of the physician, therefore, Karo for infant feeding is advertised to the Medical Profession exclusively.

FREE ***to Physicians only:***

Convenient Calculator of Infant Feeding Formulas; accurate, instructive, helpful. On receipt of Physician's prescription blank, giving name and address, the Calculator will be forwarded. Write Corn Products Sales Co., Dept. SJ-6, 17 Battery Place, New York, N. Y.

UNIFORMITY CONCENTRATION AVAILABILITY

MELOTOSE Nº 1

PURE RIPE BANANA (DRY)

• *Contains concentrated elements of ripe bananas in a convenient form for the physician who wishes to use ripe bananas as a therapeutic agent. Literature on request.*

FOOD CONCENTRATES, INC.
PIER 3 · NORTH RIVER · NEW YORK

Free Breathing for the HAY FEVER SUFFERER

THE difficult breathing accompanying rose fever, hay fever and summer colds can be effectively relieved by use of the synthetic vasoconstrictor, Neo-Synephrin Hydrochloride.

Free breathing is accomplished promptly and without sting. The decongestive effect is of long duration.

Safety—Neo-Synephrin is less toxic in therapeutic dosage than epinephrine or ephedrine, and such untoward symptoms as nervousness or insomnia are rarely encountered following its use.

NEO-SYNEPHRIN HYDROCHLORIDE

(laevo-alpha-hydroxy-beta-methyl-amino-3-hydroxy-ethylbenzene hydrochloride)

EMULSION

—¼% (1-oz. bottle with dropper)
Low Surface Tension—Quick Spreading

SOLUTION

—¼% (1-oz. bottles) for dropper, spray or atomizer
—1% (1-oz. bottles) for resistant cases

JELLY

—½% (in collapsible tubes with applicator)
Especially Adapted for Use in Hay Fever

FREDERICK STEARNS & COMPANY

DETROIT · NEW YORK · KANSAS CITY · SAN FRANCISCO
WINDSOR, CANADA · SYDNEY, AUSTRALIA

EMULSION

SOLUTION

JELLY

ACCEPTED AMERICAL MEDICAL ASSN Council on Pharmacy and Chemistry

PERSUASION may be ever so forceful, but experience alone engenders true confidence. The Lilly Research Laboratories have reason to be glad that the doctor's memory is long, that his judgment is based on results, that his confidence in therapeutic agents depends on fact and not on hearsay. Between the medical profession and Eli Lilly and Company there exists a bond of respect that is the natural outgrowth of long years of responsible dealing with each other.

Ephedrine is one of the most acceptable vasoconstricting drugs for use in the nose. As the season for "summer colds" progresses, it is helpful to remember that Ephedrine Inhalants, Lilly, have established value in relieving the discomfort of this type of nasal congestion.

Supplied in 1-ounce, 4-ounce, and 1-pint bottles.

ELI LILLY AND COMPANY

INDIANAPOLIS, INDIANA, U. S. A.

Volume XXXV.
Number 6

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

Under the
Direction of the
Committee on Publication

Editor of
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Frank Overton, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
143 East State Street, Trenton, N. J., Tel. 9330
Executive Officer—LeRoy A. Wilkes, M.D.
Each member of the State Society is entitled to receive a copy of The Journal every month.

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Single Copies, 30 Cents

EDITORIALS

A Year of Opportunity

In the choice of State Society officers experience in County Societies—even the smaller ones—has been accepted as of as great value as that in the State Society. In fact, the great need is that the State officers shall have had a wide experience in those intimate contacts with all classes of members, which are best attained in the smaller societies where all the members meet on a common level. The smaller societies offer unique opportunities to acquire that skill in the art of *diplomacy* which is essential for an officer to be a successful leader.

It is generally true that a year or two of active duty in any particular line of service is about all that may be rightfully demanded of a medical leader. However, if a member becomes noted for his special ability, he should be continued in office. As a matter of fact, the established activities of any medical society are directed by leaders whose years of experience render their services invaluable. The outstanding stability and progress of The Medical Society of New Jersey is the fruit of the work of leaders whose names have appeared on the lists of officers and committeemen for a score or more years. The Society is proud of its roll of experienced officers; and it also delights to advance the rank of the younger members who have demonstrated their leadership in their county societies.

President Carrington has expanded the progressive attitude of his recent predecessors, each one of whom has laid out his broad plans of action during his term as President-Elect. Knowing the date of his assumption of office, Dr. Carrington prepared his list of appointees and announced it at the close of the Annual Meeting on May 19. Furthermore he has called a general meeting of all the officers and committees on Sunday, June fifth, in order that they may become better acquainted with one another, and may begin their year of activity with a broad view of their work.

President Carrington also invited each chairman of the four sub-committees of the general Welfare Committee to outline his broad plans of action during the coming year. These announcements appear on the "President's Page" of this issue of the Journal.

The administrative year of The Medical Society of New Jersey begins most propitiously.

The Annual Meeting

Medicine today is practiced by two groups of physicians:

1. Individual doctors in private practice.

2. Medical Societies, particularly those of the State and the counties.

These two groups have distinct fields of practice, each of which is essential in giving medical service to the people.

To private practitioners exclusively belongs the field of diagnosing and treating the ills of individual patients.

To Medical Societies belongs the field of advising Departments Health, welfare officials, and civic groups regarding the community services which are essential in bringing the ministrations of physicians in private practice within reach of people of all classes.

It is entirely true that corporate groups of persons are not allowed by law to engage in the work of diagnosis and treatment of individuals. Those services must be rendered by individual doctors serving individual patients. Even the services of Departments of Health in suppressing an epidemic are delivered by individual doctors to individual patients.

Every citizen,—sick or poor, educated or ignorant,—is dependent on the medical services rendered by corporate organizations—hospitals for example. Many of those sick in their own homes are dependent on nursing organizations and welfare agencies for those services which are needed to enable the patients to apply or submit to the ministrations of the physician.

It is therefore proper to say that corporations and voluntary agencies can practice medicine, provided that their proper fields of service are clearly defined. Organizations of physicians can give medical advice to organizations of laymen; but only an individual doctor is allowed by law to make diagnoses and give treatment to individual persons who are sick.

The transition of practice from the individualistic services of a century ago to the community methods of modern days has been slow and painful, with mutual criticisms and incriminations of each group in regard to the other. But today the transition is well-nigh completed. Evidences of this fact are the forms of organization of The Medical Society of New Jersey, and the program of its annual meeting.

FORM OF ORGANIZATION

The activities of The Medical Society of New Jersey, like those of other great corporations, are apportioned among its several committees.

Five standing committees, with fifty members, have charge of the *internal* affairs of the Society,—those relating to the members themselves. Five are concerned with the scientific education of its members; and five with the business and economic relations of physicians.

Twenty-two committees composed of over 200 members are engaged in promoting the *public relations* of physicians to the numerous health and welfare organizations which are essential in making the services of practicing physicians available to all classes of people. These committees practice medicine in that they advise civic and official groups regarding the services in which their coöperation is essential. The number of members serving on the public relations committees is four times greater than the number engaged in giving service for the benefit of physicians themselves.

If to the number of committeemen of the State Society we add those serving on similar committees of the county societies, we find that over 1000 members are engaged in delivering the services which organized medicine alone can give.

PROGRAM OF THE ANNUAL MEETING

The program of the Annual Meeting of The Medical Society of New Jersey illustrates the extent to which organized medicine influences the private practice of medicine.

The scientific practice of medicine was discussed in eight sections, each a half a day in length; and methods of diagnosis and treatment were shown visually throughout the meeting in forty-two booths. But the principal activity of the Society centered in the two-day sessions of the House of Delegates, in which administrative methods of organized medicine were discussed.

Influencing Medical Legislation

The Medical Practice Bill, sponsored by The Medical Society of New Jersey, is the subject of frequent criticisms in newspapers. Every day the clipping service to which the Society subscribes brings newspaper articles attacking the motives of physicians. On May 28, a Jersey City newspaper carried a ten-inch column headed in large type:

"Senate Faces New Drive to Stop Medical Trust Bill Designed to Stifle Competition and Limit Healing Profession".

The article went on to say:

> A new drive was on today to stop Assembly Bill 511 that would establish a medical trust, crush the chiropractors, and put out of business any doctor of any cult who dares to advertise and tell the public in any way about his ability to heal and give relief to the sick. * * * Protests against the bill are pouring into the Senate, not only from chiropractors, but also from citizens generally who believe that competent healers should be allowed to practice their profession without interference by the medical men who control the State Medical Board which issues licenses.
>
> It is about time that the people of New Jersey woke up to the realization of what the "Medical Trust" is trying to do when it tries to stifle competition and drive the chiropractors out of business.

The article then quotes what the late Clarence Darrow said just before he died:

> I know that the doctors have been and are carrying on a vigorous campaign against new methods and schools because they want the business, and they insist that nobody shall have the right to live or die without their services.
>
> I stand by the right of everybody to regulate his life for himself. If he wants to live or die without the aid of the medical profession, he should have the right to do so. It is the last thing a man can do for himself to choose his way to health, or to death. It is his right and he should have it. I would have no quarrel with the medical profession if they would let me alone. They may proclaim their special qualification, but I do object to being forced to patronize them.

Legislators read these articles and receive petitions signed by reputable people whom they know, in addition to many more signed by voters whom they do not know. They also receive letters supporting the chiropractors in their alleged attempts to "Raise the standard of chiropractic". While they receive these communications from hundreds of voters protesting against the Medical Practice Bill, they receive barely a dozen from reputable citizens asking them to vote for the Bill. No wonder that the Legislators count the voters on each side, and give heed to those who are in the majority, particularly when the vote is one hundred to one against the Medical Practice Bill.

The Remedy

Medical Practice consists of two distinct parts; *diagnosis* and *treatment*. Legislators, like most other people, care little for *scientific diagnoses*. What they seek is *treatment*. Impersonal scientific arguments have little effect, but what does affect them is the *treatment* contained in a letter stating that the writer expects them to vote for the Medical Practice Bill.

It is a fact that the prominence and social standing of the writer carries great influence with the Legislators. The effect of a dozen letters from men and women prominent in business and social circles will outweigh the influence of a hundred persons who are less well known.

The evident procedure is that a physician shall request two or three of his prominent friends to write letters to their Legislator requesting him to support the Medical Practice Bill. An average of two such letters inspired by each doctor in a community will secure the support of the local Legislator.

This was the simple means by which the physicians of New York State secured the passage of an efficient Medical Practice Bill a dozen years ago, after several years of effort along impersonal lines.

Obituaries

Notices of deaths of physicians are frequently sent to the editorial office with no clew to show the doctor's age, or the date of his death, or his place of practice. Newspaper clippings which are received are frequently pared down so much that the date of the news-

paper and the place of its publication are cut off,—and then the doctor wonders why the obituary does not appear in The Journal. For example, a clipping of May 28 states:

"The doctor died yesterday from a heart attack. He had practiced in Maryland before he came to this city."

There was nothing in this clipping to show the essential facts about the doctor's life, or even the city in which he lived and practiced. Of course, the newspaper reporter had failed in the practice of his calling. He had forgotten the first essential of a reporter—that of stating who, what, when, and where, regarding each item in his story.

Secretaries and Reporters of County Medical Societies, please take notice.

County Society Bulletins

Physicians are one big family.

Their problems and the methods of solution are common to all doctors.

FLOW OF INFORMATION

A. Outward from Executive Offices of State Society, to County Societies, and to individual doctors.

B. Return flow—from individual doctors, to County Societies, and to Executive Offices.

The standard method of communication has been:

STATE SOCIETY
to
INDIVIDUAL DOCTORS

The gap is too great. The County Society is a *relay station.*

MEANS OF COMMUNICATION OF THE STATE SOCIETY TO THE MEMBERS

1. *Personal visits* by State Society officers to County Societies. These visits are few. The attendance of members uncertain—an average of less than half. Those who do not attend complain that they do not know what is going on.

2. *The State Journal*: Carries information *to* the members. Receives and distributes information *from* the County Societies, and (to a far less degree) from the members.

The Department of County Society Reports has grown satisfactorily.

3. *Mimeographed communications* from the Executive Offices carry special information and appeals to the officers and members of the County Societies.

4. *County Society Bulletins* are probably the most useful of all means of communicating with members. They go to every member whether he attends the meetings or not.

COUNTY SOCIETIES PUBLISHING MONTHLY BULLETINS (13)

	Number of Members
Atlantic	123
Bergen	239
Burlington	57
Camden	174
Essex	842
Gloucester	37
Hudson	417
Mercer	213
Middlesex	102
Monmouth	127
Morris	82
Passaic	357
Warren	30
	2800

COUNTY SOCIETIES HAVING NO BULLETINS (8)

	Number of Members
Cape May	26
Cumberland	53
Hunterdon	25
Ocean	29
Salem	24
Somerset	53
Sussex	20
Union	305
	535

Number of members served with Bulletins (84 per cent)	2800
Number with none (16 per cent)	535

THE SMALLER COUNTY SOCIETIES

The opportunities for leadership in the smaller county societies are far greater than those in the large societies. Some county societies with thirty members have one-third of

their members actively serving as officers or committee chairmen. None of the large societies show that proportion of *active* workers.

FREEDOM OF EXPRESSION

The county Bulletins have a two-fold effect:

1. They reflect the extent of the members' comprehension of the communications of the State Society.

2. They often reveal the reasons that the county societies fail to act on the suggestions of the State Society leaders.

The Bulletins belong to the county societies, and are the means by which the members may reveal their own opinions regarding the manner in which they shall conduct their own local affairs.

SERVICE OF EXECUTIVE OFFICES

The Facilities of the Executive Offices are at the service of the county societies, in:

a. Mimeographing the reports and communications of their officers.

b. Mailing their Bulletins.

Send the information, and the staff of the Executive Offices will issue it for you.

Objectives of the Public Health Committee

Four years ago there was an undercurrent of feeling that county societies and practicing physicians might not be successful in regaining the leadership in public health which they had permitted welfare and official organizations to assume. These fears have not materialized; but on the contrary the lay societies have welcomed the leadership of practicing physicians and their societies in promoting the delivery of preventive services by family doctors. There is now a mutual understanding between physicians and welfare workers regarding the essential services which each group is prepared to perform with the coöperation and assistance of the other groups.

STEPS OF DEVELOPMENT

During the past two years the Public Health Committee has taken three major steps for the purpose of informing physicians regarding their practice of preventive medicine.

1. *The Handbook of Preventive Procedures* was issued in the Spring of 1937 for the purpose of outlining the services in which a general practitioner may obtain essential help from local welfare and official organizations in nine particular activities. The cordial reception of the Handbook by both the physicians and the allied organizations is convincing evidence of its essential value in defining the field of activity which belongs to each group in making possible the delivery of efficient services in public health and preventive medicine. Progress in mutual understandings has become so great that the committee is seriously considering the advisability of rewriting some of its chapters in order that their details may conform to the newer methods of practice, particularly in maternal and child health, and venereal disease control.

2. A progressive system of *post-graduate instruction* has been developed, consisting of:

a. Organized lectures in particular branches. Last year maternal and child health was emphasized. This year the pre-school child has been the center of interest. These lectures will be continued to include older groups.

b. Organized leadership by county medical societies has developed methods of giving preventive services to all classes of patients,—the well-to-do and the indigent, the optimists and the pessimists, the intelligent and the ignorant. The progress of the local medical societies along these lines has been most gratifying; and steps will be taken to amplify it during the coming year.

3. The funds made available by the *Federal Security Act* have made possible a great extension of the practice of preventive medicine by general practitioners. The allocation of these funds is made by the Federal authorities; their expenditure is in the hands of the State Department of Health; but the services are delivered under the leadership of committees of the medical societies of the State and the counties. The close coöperation of the three groups engaged in public health work—the Federal authorities, the State Department of Health, and the Medical Societies and their members—will be continued and further developed during the coming year.

The Medical Practice Bill, Assembly 511, after undergoing several amendments, has been passed by the Assembly; and as the Journal goes to press (June 8), it is held in the Miscellaneous Committee of the Senate.

ORIGINAL ARTICLES

NOSE AND THROAT INFECTION AS A CAUSE OF OCULAR DISEASE

By E. Clarence Kern, M.D., F.A.C.S., Montclair, N. J.

Read before the Eye, Ear, Nose, and Throat Section at the Annual Meeting of The Medical Society of New Jersey on Wednesday, April 28, 1937.

So many, and so varied, are the opinions expressed as to the relationship between nose and throat infection and eye disease, that the subject remains a very live one. Particularly is this true of retrobulbar neuritis, in which opinions are so fantastically far apart that a re-examination of the definition of the terms used and the methods of diagnosis is sorely needed.

As a source of information, all available case reports in English as far back as 1910, together with private case records, were studied. In order that the cases used could be established beyond any reasonable doubt as due to nose and throat infection, only those case reports were used which fulfilled the following conditions:

1. Improvement or cure of the ocular disease must have followed treatment or surgery to the nose or throat.
2. No other therapy must have been used which might have been a probable therapeutic factor.
3. No systemic disease, such as syphilis or diabetes, must have been present, and therefore a possible etiologic factor.
4. The case must have been reported in convincing detail.
5. Acute and chronic forms of conjunctivitis were eliminated because their relationship to nose and throat infection is generally conceded and understood.

By nose and thoat infection is meant bacterial invasion, of any nature, of the mucosa lining the sinuses, nose, or nasopharynx, and the infection of the adenoids or tonsils, not forgetting the teeth.

In regard to frequency of involvement, the nerve, of all parts of the eye, is most susceptible to nose and throat infection, accounting for just half of the reported cases. In frequency again, optic nerve involvement is about equally divided between papillitis including papilloedema, and retrobulbar neuritis. From an etiologic viewpoint also, it is interesting to thus divide this group, because the nature of the causative infection is quite unlike.

Included in the first group, papillitis and papilloedema, are those cases in which an objective examination was adequate to make the diagnosis. Therefore, those cases in which the fundus appearance was normal, but in which visual field examination revealed an enlargement of the blind spot, are included under retrobulbar neuritis.

PAPILLITIS

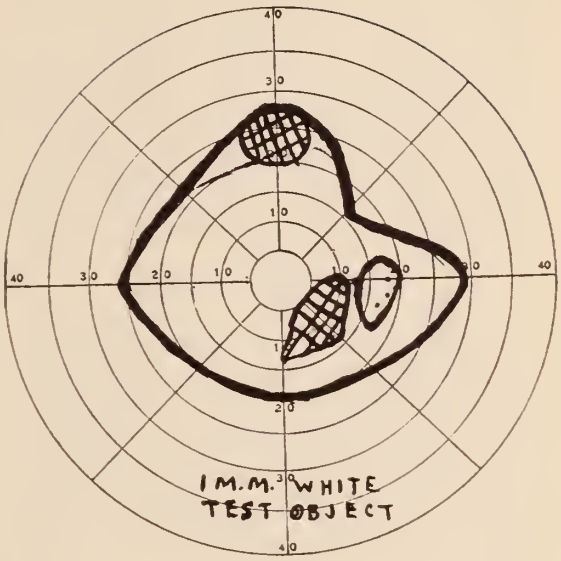
The infection which causes papillitis or papilloedema, is easy to diagnose. There is always demonstrable pus. The infection generally lies in the ethmoid or sphenoid sinuses or both. In these cases, inspection of the nose is apt to reveal a reddened, congested mucosa, with pus in the middle meatus, on the floor of the nose or in the nasopharynx. In this type of infection, because of the swollen mucosa, the x-ray usually confirms the diagnosis. There is apt to be impaction of the middle turbinate, with resulting difficulty in the establishment of drainage and ventilation. Because of this, when the diagnosis has been made, conservative nasal treatment should not long be tried. Temporary improvement may follow shrinking of the nasal mucosa, and the use of suction, nasal irrigation, etc., but most cases will require more efficient treatment for a prompt cure. Indeed, there seems to be a definite relationship be-

tween the thoroughness with which the infection is drained and the time required for cure.

It is noted that those cases which cleared up within the shortest time—in some cases a few days—were cases of ethmoiditis with sphenoiditis, which had received the benefits of a thorough ethmoidal curettage with opening of the sphenoids; or of tonsillar infection, which had been treated by the prompt removal of this focus.

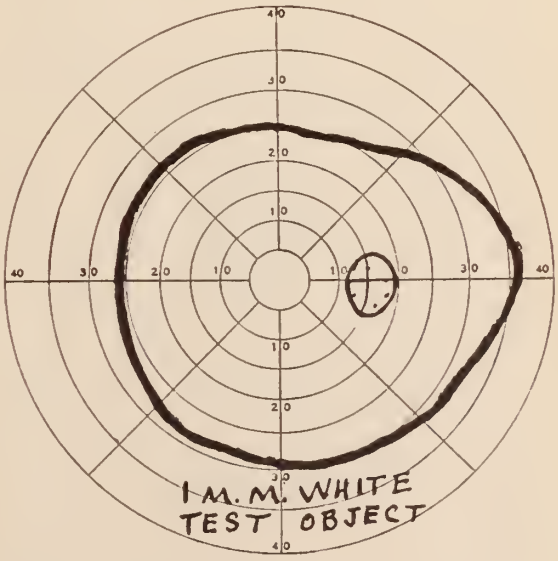
I should like to digress for a moment and state that I hope that I will not be misunderstood as one who advocates what has been called "complete sinus surgery". I think that this is a vicious and misleading term. I am in favor of doing the least surgery possible that will effect the desired result. If our eye offend us, we may pluck it out, but if our nose offend us, we must keep right on living with it. Theoretically the best way to be rid of nose or throat infection would be to strip the entire mucosa from the sinuses and the nose, but practically this is obviously absurd, because as a result of the cure, the patient would generally simply have substituted a worse condition for a bad one.

In treating this type of infection, the presence of an allergy should always be borne in mind. Even though there is no history, those cases which show an increase in the eosinophile count in the nasal smears, particularly if the infection is not too acute, or those in which weak strength of adrenalin, that is one to 25,000, cause sneezing, rhinorrhea, or quick blanching of the surface of the mucosa, should be considered as probably complicated with an allergic membrane. In other cases, the allergy will be present but not diagnosible. This is always an important factor because of the increased difficulty in obtaining free drainage through the swollen and boggy mucosa. In these cases there is a tendency to do too much surgery. The removal of the offending irritant, if this can be discovered; the choice of a diet least apt to contain an irritant, the use of sedatives, and particularly, the diathermic coagulation of the inferior turbinate, will help considerably towards providing proper drainage. A wide variation in the time required for cure of the papillitis was noted. One case was cured



Case 1

Chart 1.—Chronic retrobulbar neuritis, of the right eye. Nasal symptoms—a postnasal discharge. Small amount of pus found in the nasopharynx. Symptoms for three months. Uncorrected vision right eye 6/6ths. Sinus x-rays show one plus ethmoid involvement. (Degrees of involvement, as shown by the x-ray, are divided into one plus, two plus, three plus, or four plus.)



Case 1

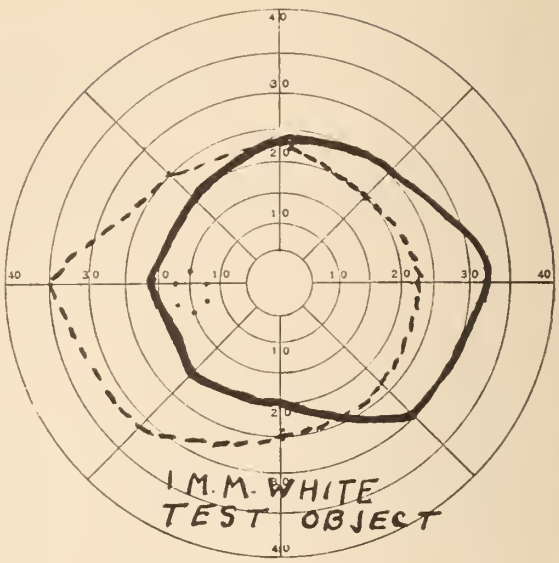
Chart 2.—Taken after local treatment for six months.

entirely in forty-eight hours following a radical ethmoidectomy, while others required nearly a year's time. It is significant that all those in this latter group had received either delayed, or inadequate treatment. No recurrences following a cure were reported. Organisms reported from cultures were staphylococcus, streptococcus and pneumococcus.

RETROBULBAR NEURITIS

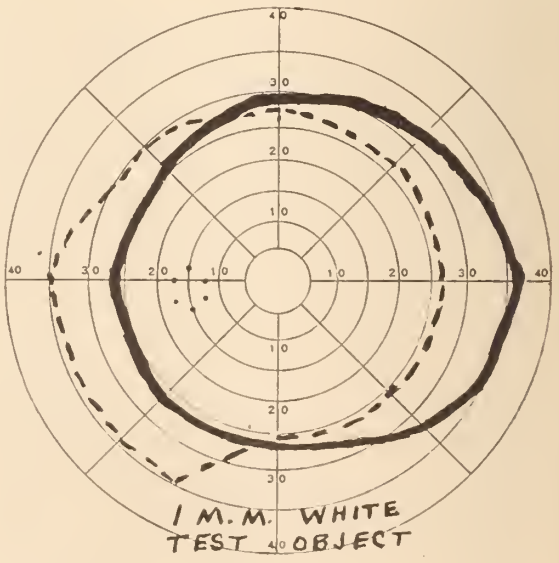
A type of infection quite different from that commonly found as the cause of papillitis may result in another form of nerve involvement, namely retrobulbar neuritis. This accounts for 25 per cent of the eye complications. Under the heading of retrobulbar neuritis are grouped those cases of nerve involvement in which the visual field and visual acuity defects were the predominant symptoms, the fundus showing either slight or inconclusive changes. They are conveniently divided into two groups,—the acute and the chronic. In the acute type, the most frequently observed form of field defect was an absolute central scotoma for form. In the chronic type, paracentral scotoma, moderate and irregular contraction of the field, as well as central scotoma for colors and enlargement of the blind spot, were the changes usually found. I think that frequent and careful checks of the visual field, done on the tangent screen, with small test objects, is valuable not only to the oculist but to the rhinologist, because it is a sensitive gauge by which he can measure the success of his treatment.

When the nose and throat are the cause of retrobulbar neuritis, the infection is apt to be chronic, subtle, and low grade. The most careful search should be made for evidence of its presence. Pus may never be demonstrated. If present, it is apt to be thin and scanty. Transillumination and x-ray may be entirely negative. Here the patient's history of a slight morning postnasal drip or of a clearing of the throat during the day must be given full importance, as must a dead tooth which is apparently free of infection, and tonsils which may appear normal. The ethmoid and sphenoid sinuses must be particularly suspected, for it is here that the infection most frequently lies.



Case 2

Chart 3.—Symptoms: For several weeks attacks of partial loss of vision, during which part of the visual field temporarily disappeared. The corrected vision of the right eye was 6/6ths, that of the left eye 6/6ths. Fundi normal. History of postnasal drip. Impaction of left middle turbinate. X-rays showed only one plus ethmoiditis. Treatment—submucous resection, post-operative local treatment.



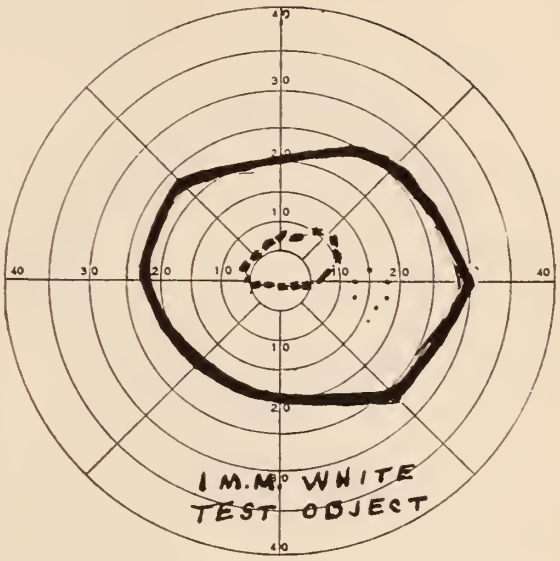
Case 2

Chart 4.—Improvement in field paralleled the diminishing postnasal discharge.

Indeed, I believe one may be entirely justified in exenterating the ethmoid in certain acute cases, even if all tests indicate these sinuses to be free of infection. Nor should the operator be disconcerted should he find the mucosa of the sinuses to be entirely normal in appearance and free from pus or exudate. In many cases, microscopic examination of the removed mucosa shows the presence of chronic infection. Unfortunately, there are pyogenic membranes which cannot be discovered by any test yet at our disposal. A unilateral ocular involvement particularly suggests sinus disease. Of course the rhinologist will always bear in mind the possibility of multiple sclerosis, in these cases, as well as a tendency to spontaneous recovery in bilateral central scotoma of the acute type. However, if we accept the presence of slight but definite changes in the visual fields and visual acuity to warrant a diagnosis of retrobulbar neuritis; which seems entirely proper and logical, then surely the contention of some neurologists that the majority of these cases are secondary to multiple sclerosis is not in line with the facts.

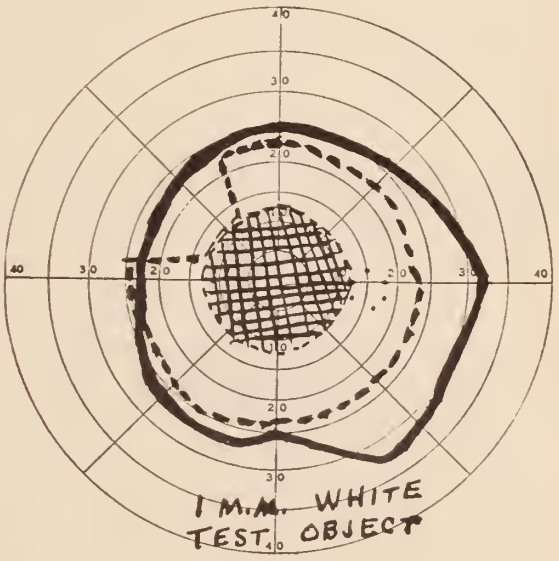
Nose and throat infection is less apt to be the cause of retinitis, choroiditis, and macula degeneration. In regard to glaucoma and cataract, I do not find any evidence to suggest that infection may play a part in these diseases. However, uveitis commonly results from infection. W. D. Gill found sinus infection present in 48 per cent of 120 cases of uveitis. That this was not coincidental is suggested by J. E. McKenty's report on the treatment of fifty-three cases. Following operation or local sinus treatment, only ten cases were unimproved, whereas of five cases refusing operation, two remained stationary and three retrogressed. Chronic infection in the ethmoids, sphenoids, or teeth was the usual cause.

Episcleritis, scleritis, and keratitis may be due to infection anywhere about the head, as may paralysis or paresis of the external muscles. Nasal sinus infection is particularly apt to cause a weakened converging power, and in those cases under orthoptic treatment, in which satisfactory progress is not being made, ethmoidal infection should be suspected.



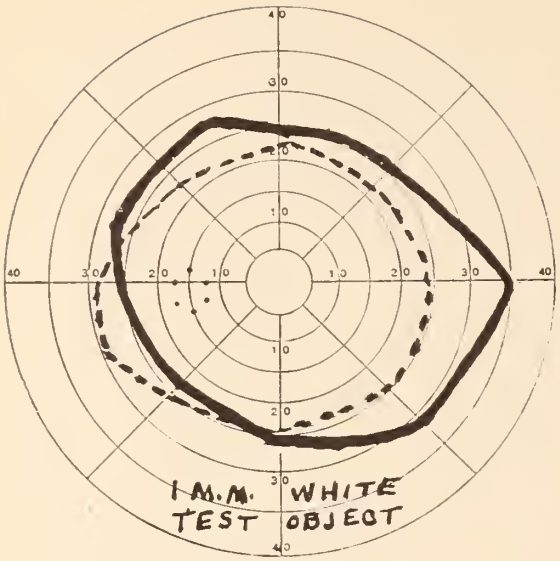
Case 3

Chart 5.—Retinitis and Papillitis. Vision: Right eye, 6/6ths. Left eye, 6/20ths. The fundus of the left eye showed the disc margins blurred with many small and scattered hemorrhages throughout the retina.



Case 3

Chart 6.—Vision: Right eye, 6/6ths. Left eye, fingers two feet. Left eye, disc flat, pale, hemorrhages absorbed.



Case 3

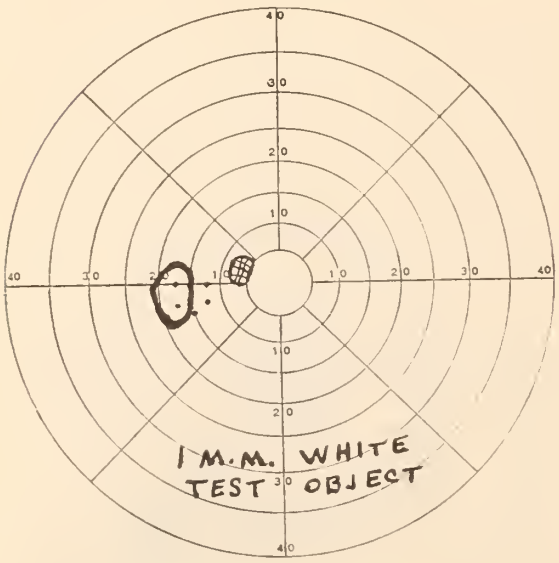
Chart 7.—Vision: Right eye, 6/6ths. Left eye, 6/7.5, showing a marked improvement after seven months.

This case is illustrative of the more serious type of involvement. History of slowly failing vision in the left eye for three weeks, with soreness in the eye ball. Sinus x-rays were negative, and no pus was discovered in the nose. However, an intranasal ethmoidectomy with opening of the sphenoid was done.

In conclusion, various forms of ocular disease may be due to infection; and even though the diagnosis of syphilis, tuberculosis, diabetes, or other probable cause may have been made, a most careful examination of the sinuses, teeth, and tonsils should always be made. The frontal sinuses will seldom be found to be a causative factor. In certain ocular diseases due to nose or throat infection, a very careful examination is necessary to discover the slight degree of infection that may be present. The possibility of delaying the cure by incomplete eradication of all of the nose and thoat infection, especially of the ethmoids, must be borne in mind.

45 Park Street

The charts accompanying the article are the records of visual field tests made on a tangent screen, lighted with 7.5 foot candles, taken at a distance of 750 mm. They represent the peripheral limits of vision for round test-objects of the stated color and size. The external limits of the right eye are marked with a solid line; those of the left eye, with a broken line. Relative scotoma is marked with parallel lines, and absolute scotoma with cross-hatching.



Case 4

Charts 8 and 9.—Para central scotoma disappeared after tonsillectomy.

A FIVE-YEAR SURVEY OF 1412 CASES OF APPENDICITIS IN A SUBURBAN HOSPITAL

By Ray T. Munger, M.D., and Merton L. Griswold, Jr., M.D., Plainfield, N. J.

Read before the Staff Meeting of the Muhlenberg Hospital, Plainfield, N. J., on November 4, 1937.

This study represents the analysis of 1,412 cases of appendicitis which were admitted to the Muhlenberg Hospital, Plainfield, N. J., between January 1, 1932, and January 14, 1937, and also including the first two months of 1931. An effort has been made to deal only with those cases which had the *primary diagnosis* of appendicitis. Thus the so-called "incidental" appendectomies have been omitted. It would seem that this series should give a fair and average picture of the methods and results of treating appendicitis in a well-equipped suburban hospital having approximately 274 beds. This series includes those cases on the wards, and also on the private services.

As a simple mode of presentation, the information will be divided into preoperative, operative, and postoperative sections; and where charts are possible they will be used.

Since 1932 there has been a steady increase in the number of cases of appendicitis admitted to the hospital, as can be seen in table one.

Year	All Cases Admitted	Deaths	Per Cent of Mortality	
1932	212	6	2.8	
1933	222	11	4.9	
1934	251	7	2.8	
1935	322	2	0.6	
1936	320	7	2.2	
Totals	1327	33	2.66	5-yr. average
1931 & 1937	85	0	0.0	
	1412	33	2.3	Mortality aver. Total

TABLE I—Appendectomies

Computation shows a gain of 108 cases admitted in 1936 over that of 1932, or a 50 per cent increase between the first and last years.

PREOPERATIVE DATA

Localization of Pain.—Forty-one per cent gave a history of previous attacks similar in symptoms and signs to those presented on hospitalization.

Eighty-nine and nine-tenths per cent of the cases classed as acute had suffered abdominal pain of some sort previous to hospitalization.

A large portion, or approximately one-third of the cases, gave a history of generalized abdominal pain. One-eighth had right lower quadrant pain. Practically every quadrant in the abdomen was represented, with umbilical localization being the next most frequent.

Localized Tenderness.—The picture changes somewhat when we consider the physical signs after admission to the hospital. Local tenderness in the right lower quadrant is present in by far the larger portion,—84 per cent in both acute and chronic cases. Of the remaining 16 per cent, 10 per cent showed no localization. Tenderness in the cases of the final six per cent was distributed in either the upper two quadrants, or the lower left quadrant.

Spasm.—Spasm of the abdominal wall is difficult to properly evaluate due to the problem of deciding whether it is voluntary or involuntary in nature. On the same chart two examiners will often set down findings at variance. Of those cases presenting local tenderness, approximately one-half also state that involuntary spasm is positive.

Nausea.—Eighty-nine per cent of all cases admitted with the diagnosis of acute or chronic appendicitis gave a history of nausea during an attack and 57 per cent a history of vomiting. Nausea would thus seem to be almost a universal symptom.

Temperature.—The average temperature on admission of the acute non-ruptured cases was 100.08° F., while with perforated appendix there was a slight rise amounting to 101.41° F. No record was compiled of those cases having a diagnosis of either chronic or normal appendix.

Pulse.—The pulse in the acute non-ruptured was 93 beats per minute; while the perforated series averaged 104.2. If we consider 78 to be a normal pulse, we may consider an increased

pulse rate only a sign of an active infectious process not necessarily peculiar to the appendix; but an increased pulse rate is of diagnostic value as to the stage of involvement.

Leukocyte.—The leukocyte count of the acute non-ruptured series averaged 16,030; while of the perforated class the figure was 18,415. No data was collected for the leukocyte count in the chronic cases.

Respiratory.—Fifteen per cent of the acute cases gave a history of some form of upper respiratory infection. This figure is usually given as higher, and includes all types, i. e., tonsillitis, common colds, sinusitis, etc. As to anorexia only approximately one-third of the histories mentioned this symptom, but in those cases where it was mentioned, 51 per cent of the patients presented it as a symptom.

Bowels.—Constipation was three times as frequent as diarrhea, but over half of all the cases reported no alteration in their bowel habits.

Urinary.—Frequency and burning of micturition were given by 10 per cent of the patients as pre-operative symptoms.

Duration of Symptoms.—Tabulation of the duration of the symptoms before admission for the acute non-ruptured amounted to an average of 41.96 hours; while in those cases which had perforated the figure showed a rise to 75.3 hours.

Operators.—There was a general distribution of operating surgeons, with a total of twenty-two listed as such. One surgeon had performed more than 300 of the operations; four had done between 100 and 300; and the remaining sixteen had done less than 100. There would of course be a considerable variance in technic with such a large number of operators. As a rule, the appendiceal stump was not inverted, but was cauterized with phenol after crushing.

Sutures.—Catgut was used as suture material throughout this series.

AGE DISTRIBUTION OF CASES

Appendicitis is apparently a disease of youth as has been frequently shown. Twenty-one and three-tenths per cent,—the largest group,—were between the ages of sixteen and twenty. It seems of sufficient importance to give in detail the age groups, which show a very definite stepping down either way from the 16-20 age group.

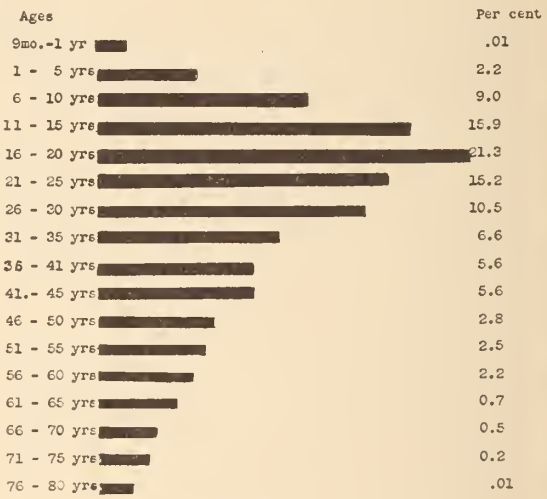


Chart 1.—Age Distribution of Cases

RACE

By far the larger majority of the patients were white, amounting to 96.2 per cent. These figures should be interpreted in the light of the proportion of colored population to the white in the territory feeding the hospital. The United States census for 1930 shows that 49,000 people live in the surrounding district, of whom 3,096 are colored, or slightly less than seven per cent. The negro would therefore seem to be about as susceptible to appendicitis as the white person.

CATHARSIS

The matter of catharsis is always interesting. In those cases which showed perforation at operation, approximately one-third had taken a purgative of some sort previous to admission to the hospital. One-tenth had taken a rectal irrigation.

In those cases which were classed as acute, one-fifth had taken purgatives, and one-tenth had received rectal irrigations.

The increase in peristalsis caused by purging undoubtedly causes some of the appendices to perforate which otherwise would not; but the leading factor in perforation is probably

the length of time between the onset and the operation as Garlock * pointed out in 1934.

Due to the recently organized public health campaigns, it is our impression that patients who have an attack of abdominal pain do not immediately run for the "castor-oil". It seems safe to say that the public is beginning to appreciate the hazards of violent purgatives in early appendicitis.

	Acute	Chronic	Perforated	Appendix with Drainage	Appendix without Drainage	Drainage without Appendectomy	Normal	Fluid
1931	18	30	10	14	47	0	3	8
1932	97	82	30	57	154	1	2	16
1933	107	82	29	60	162	0	4	21
1934	109	96	35	60	191	0	11	11
1935	152	119	28	46	273	2	21	28
1936	125	140	33	56	366	5	17	35
1937	15	9	0	3	23	0	0	4
	623	558	165	296	1116	8	58	123

TABLE III—OPERATIVE DATA

As is illustrated in table three, 623 cases are classed as acute; 558 as chronic, and fifty-eight cases were classed as normal, the last class of which should be rated as mistaken diagnosis. Among the operative cases, 165, or 11.7 per cent, were found to have either a local abscess, or a general peritonitis at operation, and are to be considered as perforated appendicies. From table III it can be estimated that approximately a fifth of all cases were drained. This does not include subcutaneous drains. Free peritoneal serous fluid, presumably of sterile culture, was found in 123 cases.

Mortality with Respect to Postoperative Diagnosis

Diagnosis		Deaths	Mortality Per Cent
Acute unruptured	623	6	0.96
Chronic	558	1	0.18
Perforated with Peritonitis	165	26	15.3

TABLE IV

MORTALITY

In table IV can be seen the mortality figures in respect to the pathological diagnosis postoperatively. In 623 cases of acute appendicitis unruptured, there were six deaths, making a mortality rate for the group of 0.96 per cent. In 558 cases of chronic appendicitis there was 0.18 per cent. There is a marked rise, however, in the mortality rate for those cases which had perforated, for out of 165 cases there were twenty-six deaths, bringing the figure up to 15.3 per cent.

DRAINAGE ONLY

Eight cases were simply drained, and the appendix was not removed. One case was done only one death, making a mortality rate of with this type of treatment in 1932, the patient being a ten-year-old girl who had symptoms for six days before admission to the hospital. This case was fatal. The appendix was not removed because of the extreme moribund condition of the patient.

In 1935 two cases were treated according to this method, one of which was a nine months' old baby girl who had had symptoms for ten days before operation and who died. The second case of the year was a twenty-six-year-old man with symptoms seven days before operation, and recovery was made.

In 1936, five cases were drained only, the first of which was a twenty-two-year-old male who had had an incision and drainage of an appendiceal abscess eight months before. He recovered to go on to an appendectomy at a later date. The second case of this year was a twenty-one-year-old male who recovered. The third case was a forty-four-year-old male who had had symptoms for eight days. The abscess was allowed to localize for six days. A recovery was made after an incision and drainage without appendectomy. The fourth case was a sixty-eight-year-old male who recovered.

He was readmitted two months later with an abscess in the original site which was im-

*J. H. Garlock: Acute Appendicitis: Controllable Mortality Factors, American J. Surgery, 23:248, (Feb.) 1934.

mediately drained. He died, however, nine days later of post-operative broncho-pneumonia. The appendix was removed at the final operation. The fifth case was a forty-one-year-old male who had had a drainage of an appendeceal abscess in 1929. In June of 1936 he returned with another abscess which was allowed to localize for six days and then simply drained. The appendix was removed one month later with recovery. Thus there were three post-operative deaths in this method of treatment out of a total of eight cases.

DEFERRED OPERATION

As Totten [1] points out, we agree that, while deferred operative treatment has definite indications, it is a hazardous procedure and should be undertaken only by the most experienced hands and is not in any way a general procedure. It should be borne in mind that a mass in the right lower quadrant may be the matting of omentum around an acutely inflammed appendix, and perforation may be avoided by immediate appendectomy. We had one seventy-four-year-old male in July, 1936, who entered the hospital with a right lower quadrant mass, and a leukocytosis which eventually became smaller and no operative procedure was undertaken.

INCISION

It has been the custom here to use a right rectus incision almost routinely. Reid [2] states that since the advent of the routine use of the McBurney incision in 1922 at the Cincinnati General Hospital there has been a definite decrease in the mortality rate, which he attributes to a lessening number of complications; and in the perforated cases a more accessible site of drainage is available. Approximately 95 per cent of all our cases had either a right rectus, a lower mid-line, or the Kammerer muscle retracting type of incision. Thus only five per cent had the McBurney type of incision.

The definite advantage to the longer type of incision would seem to be the easy accessibility of the female genital organs in those cases in which the appendix does not seem to be the primary source of pathology.

OVARIAN CONDITIONS

At this point mention should be made of those cases ordinarily listed as diagnostic errors. The clinical and laboratory findings point to the appendix, but pathologically the diagnosis is questionable. We cannot explain the source of error in all instances but in a certain number of the female sex we believe that the symptoms and signs have been due to periodic intermenstrual pain which the German clinicians have called by the name "mittelschmerz".

Wharton and Henriksen * have called attention to this type of syndrome. They studied a series of sixty-one cases in which laparotomy had been performed in thirty of them. They observed that ovulation occurs between the seventh and the twenty-second day of the menstrual cycle. In twenty-one of these cases there was intermenstrual, right lower quadrant pain, hyperpyrexia and leukocytosis. This last-mentioned group were considered surgical emergencies.

The ovaries in fifty females which we considered as diagnostic errors were examined at operation. Thirty-eight of the fifty had either a hemorrhagic mass or a recently formed lutein cyst while the other twelve had clear cysts of considerable size or a history of metrorrhagia. The larger portion stated that their pain was in the right lower quadrant curiously enough although the disturbance in the left ovary was about as frequent as in the right. Of the thirty-eight cases demonstrating hemorrhagic or lutein cysts a third had hyperpyrexia averaging one degree, vomiting and a leukocytosis averaging 11,300, and were considered surgical emergencies. Twenty-six of the thirty-eight had their attack between the tenth and twentieth day after the cessation of the menses. The remaining twelve had a greater range, the shortest interval after the menses being three days and the longest twenty-seven days.

This group with ovarian complications has been listed as appendicitis due to the uncertainty of the diagnosis.

1. H. P. Totten: Annals of Surgery, December Volume, 1937.

2. Reid, Poer and Merrill: Journal of the Am. Med. Assn., Vol. 106, Feb. 29, 1936, page 665.

*Wharton and Henriksen: Journal American Medical Association, Vol. 107, Number 18, pages 1425-1432; October 31, 1936.

The anesthesia has been largely nitrous oxide and ether and the other modes are listed in the following table V:

Nitrous oxide and ether	1303 cases
Spinal	64 cases
Spinal with nitrous oxide and ether	19 cases
Open ether	21 cases
Chloroform	3 cases
Avertin with nitrous oxide	2 cases
Total	1412 cases

TABLE V.—Type of Anaesthesia

The type of anaesthesia has made no appreciable difference in mortality in this series.

HOSPITAL DAYS

For economic reasons the hospitalization days should be given. It has been found that the average stay in the hospital for the acute unruptured cases has been 12.7 days. The chronic group averaged twelve days exactly. In the types in which perforation of the appendix has occurred there is a marked jump with an average of 23.2 days. Those hospitals using the McBurney incision routinely report an average of eight to nine days for the average unruptured case.

POST OPERATIVE

Three appendectomies were done in which pregnancy was an added factor. One was a chronic appendix in a five months' pregnancy and two were acute with pregnancy of three and five months respectively. None of these cases aborted.

The complications have been studied in some detail and are listed in table six. Out of 1116 undrained cases, 20 had definitely infected wounds. The incidence of infected wounds amounts to 1.8 per cent. These cases do not include 176 cases which formed serous subcutaneous fluid of a sterile nature which required drainage three to six days after operation. This percentage is rather high, and considering only the undrained cases we find it to be 15.8 per cent. Shambaugh * reports that,

* P. Shambaugh: S. G. & O., Apr., 1937, Vol. 64, No. 4.

	Chronic	Acute	Perforated	Death
Infected wound	10	8	1	0
Infected wound plus pulmonary condition	0	1	0	0
Adhesions, post operative	2	0	0	0
Fecal fistula	0	6	3	0
Nephritis	1	1	0	0
Fecal fistula plus parotitis	0	0	1	1
Pulmonary	7	9	6	1
Pulmonary plus gen. per.	0	0	0	6
Pulmonary plus abscess	0	0	1	0
Pulmonary plus fecal fistula	0	0	1	0
Pulmonary plus phlebitis, femoral	0	1	0	0
Abscess	2	3	4	0
Retro peritoneal pelvic abscess	0	1 (23 days P.O.)	0	0
Intestinal obstruction plus fistula bladder	0	0	0	1
General peritonitis	0	0	0	17
G. P. plus uremia	0	0	0	1
G. P. plus auricular fibrillation	0	0	0	1
G. P. plus situs inversus	0	0	0	1
Colitis	1	0	0	0
Phlebitis, femoral	12	1	0	0
Phlebitis, femoral plus pulmonary embolist	0	0	0	1
Evisceration	1	0	0	0
Tonsillitis	1	2	0	0
Mesenteric adenitis	2	1	0	0
Hernia, P. O.	1	1	0	0
Pyelitis	2	0	0	0
O. M. P. A.	0	1	0	0
Measles	0	1	0	0
Abscess of thigh	0	1	0	0
Hemorrhage of wound	0	0	0	1
Empyema	0	0	0	1
Empyema plus sub-diaphragmatic abscess	0	0	0	1
Achilles myalgia	0	0	1	0
Rectal abscess	0	0	1	0

TABLE VI—COMPLICATIONS

in a study made of 236 inguinal herniorrhaphies at the Peter Brent Brigham Hospital in Boston, hematomas occurred eight times as frequently in the cases using catgut rather than silk. One laporotomy was done for adhesions two months postoperatively. Two cases of situs inversus were encountered. From table six may be determined the principal causes of death in our own series.

There was one case which resulted in death, the causation being a hemorrhage of the wound with a definite prolongation in bleeding and clotting time which was not helped by three transfusions. In the case of pelvic abscess a posterior colpotomy was done. The smallness of the incidence of post-operative hernia may be viewed with some question inasmuch as the follow-up records are not entirely adequate.

In reviewing the complications resulting in death, by far the greater number had general peritonitis. Only two cases died from pulmonary complications alone and one of these cases had empyema.

In the thirty-three deaths, twenty-three had general peritonitis included in the diagnosis as a primary or secondary factor.

CONCLUSION

The mortality rate for the unruptured types of cases can scarcely be improved upon, and our efforts in the future must be directed toward those cases in which the appendix has perforated.

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THE MORE COMMON CARDIAC AFFECTIONS AND THEIR TREATMENT

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Read before the Atlantic County Medical Society, January 8, 1937.

While I have noted a steady increase in cardiac affections during the past thirty odd years that I have been practicing medicine, the enormous increase during the past decade is astounding. Not only is there a great prevalence of organic heart disease, but also of functional and reflex disturbances which often closely simulate the organic disease. The cause for the greater frequency of cardiac and of pseudo-cardiac affections is generally attributed to the greater incidence of rheumatic affections, general and local infections, diabetes, arteriosclerosis, toxic goiter, etc., as well as to the fast and furious pace of our present mode of living.

SIGNS OF HEART DISEASE

Among the more common signs and symptoms of organic heart diseases are tachycardia, arrhythmia, pain, dyspnea, cyanosis and edema. Many of these signs may be found in conditions other than heart disease, and occasionally a diseased heart may for a time be asymptomatic. On the other hand, under certain circumstances, all the enumerated signs may occur simultaneously during an attack of heart failure, or only a few of them may become manifested. For the sake of clarity I shall consider each of these symptoms individually as to their relation to the more common heart affections and the indications for treatment.

TACHYCARDIA

The first of the symptoms I mentioned, tachycardia, may occur in cardio-vascular affections, in functional disturbances, in the various neuroses, reflexly from other organs and in fevers.

An increase in the cardiac rate may be nature's method of supplying an adequate amount of blood per unit of time. In such cases, either the heart is incapable of delivering the required quantity of blood in a given time, or the blood vessels are incapable of carrying the volume

of blood delivered by the normal heart, beating at a normal rhythm. In either case, smaller quantities of blood are delivered at a faster rate. While the heart beats faster, the circulation in general may not be disturbed.

Tachycardia may also occur because of disease of the myocardium resulting from rheumatic affections, syphilis, thyrotoxicosis, etc., where the rapid rate is an expression of weakness and incompetence. It may be due to disturbed cardiac innervation. When tachycardia results from cardiac incompetency, it is usually associated with signs of heart failure.

Tachycardia may be considered as a functional disturbance of the cardiac impulse when it occurs over a prolonged period of time, or for short periods at intervals, and when it is not associated with heart damage, vascular disease, kidney affections or any other definite pathologic condition, and when there is no alteration in the blood pressure. This condition is often found in fatigue, after overindulgence in tobacco, alcohol, or other drugs, in anxiety during strenuous exercise, and in emotionalism.

Cardiac palpitation is also a subjective symptom in various types of neuroses and psychoses. Occasionally the patient complains of palpitation while the heart rate is slow, but the force of the beat is increased; and at times palpitation is associated with precordial pain and pressure. In neurocirculatory asthenia, the heart rate may be rapid or it may become rapid as the result of emotional upset or moderate physical effort.

Then too, in gastro-intestinal disturbances, hemorrhage, shock toxemia, pulmonary disease, and abdominal distention, the heart rate, even in the presence of an otherwise normal cardio-vascular system, may be reflexly increased.

In fevers, the rapid heart rate is due to several factors such as increased metabolic activity, the absorption of toxins, or a direct irritation of the cardiac mechanism and myocarditis. A preëxisting myocarditis, or an acute myocarditis developing during fever, will increase the heart rate beyond the usual acceleration.

In the treatment of tachycardia, first of all, it is important to determine its etiology. A rapid, empty pulse, as found in shock or after hemorrhage, should not be treated with digitalis or with other drugs that may have a tendency to slow the heart. In these conditions the rapid rate is a compensatory measure as an attempt to equalize the circulation. To slow the heart by drugs, if such were possible, would court disaster.

In hemorrhage, the normal rate may be restored by replacing the blood loss, that is, by venoclysis, hypodermoclysis, or by blood transfusion.

In shock, as well as in myocardial failure, where the blood pressure is greatly reduced and where the superficial vessels are nearly empty because of the blood having been driven into the vascular beds, an attempt to reduce the heart rate is dangerous. In such cases, the heart is to be stimulated by caffein sodium-benzoate, whiskey and strychnia. Digitalis or strophantin should not be used. The patient should be placed in a comfortable position, surrounded by hot water bottles and covered by blankets. If the patient is unable to drink, hot coffee may be given by rectum. Aromatic spirits of ammonia may be used as a temporary measure.

Tachycardia resulting from cardiac failure associated with venous distention requires free bleeding and the use of digitalis. If associated with edema and cyanosis, large doses of digitalis and such measures as will lessen the edema and restore the failing heart are indicated.

The treatment of tachycardia resulting from functional disturbances, the various neuroses, as well as the tachycardia of reflex origin and of fevers should be directed entirely to the underlying causes. When these are removed, the heart rate will return to normal. Since the tachycardia is only a symptom of an underlying condition, specific cardiac remedies are entirely ineffective.

ARRHYTHMIA

The next important symptom is arrhythmia. The cardiac irregularities usually encountered in arrhythmia are tachycardia of normal or abnormal sinus rhythm, paroxysmal tachycardia, auricular flutter, auricular fibrillation, extrasystole, bradycardia, and heart block.

As an example of tachycardia of normal sinus rhythm I shall mention here but one type, namely that due to *thyrotoxicosis*. The heart rate is variable, often depending upon the degree of thyroid toxicity. It may easily be diagnosed by its still further increased rate on physical and emotional disturbance, by its failure to slow down during sleep or rest, and by the presence of other thyroid toxic manifestations.

Its treatment is the treatment of thyrotoxicosis, namely, rest and iodine for a short period. The heart rate may often be controlled by quinidine sulphate given in five-grain doses four times daily for four or five days. Eserin salicylate, quinine, and ergotomine tartrate may assist in slowing the pulse as the toxic manifestations ameliorate. Digitalis, even in large doses, has very little effect. When not controllable by medication, thyroidectomy is most effectual.

PAROXYSMAL TACHYCARDIA

Paroxysmal tachycardia may occur in persons who are presumably in perfect health, and also in those who have definite myocardial damage. Paroxysmal tachycardia of *auricular* origin is usually benign, while paroxysmal tachycardia of *ventricular* origin is more often an indication of serious heart damage. The attacks come on suddenly, at times without any apparent provocation. Excitement, toxemia, and overindulgence in tobacco may be contributing factors. The attacks may last from several minutes to an hour or longer, and stop just as suddenly as they begin. These paroxysms may come on once a month, once a week, more often or less frequently. During the attack, there may be some headache, dizziness and a sense of precordial oppression; the patient is conscious of the palpitation and is usually nervous and fearful. The heart rate may vary from 160 to 200 per minute, and is generally regular. In most instances the auricular rate is as fast as the ventricular. Exercise does not increase the rate, and rest does not slow it. A definite diagnosis as to the type of irregularity is best made by an electrocardiographic study.

As to the treatment of this type of arrhythmia, a paroxysm may occasionally be aborted by applying pressure with the finger tips over either carotid sinus for from a half to one minute, sufficiently firm to cause pain. Firm pressure over the eyeballs may, at times, have a like effect The results are not constant.

The inductoin of gagging or vomiting, firm precordial pressure, the application of an ice-bag to the precordium, or enforced rapid and deep breathing may very occasionally stop a paroxysm.

Of all the drugs tried, I found that quinidine sulphate given in five-grain doses every two hours for four or five doses is most effective in stopping a prolonged paroxysm, providing there is no serious myocardial damage. Digitalis, even in large doses, given parenterally or by mouth, is seldom of great benefit. The bromides, chloral and the barbiturates are useful. Occasionally morphine sulphate, pantopon, or dilaudid have to be resorted to in order to induce rest.

Between attacks, general hygienic care, i. e., rest, sufficient sleep, adequate food and satisfactory elimination, should be instituted. A small dose of digitalis, about a half cat unit, given once daily over a prolonged period may at times prevent the recurrances of attacks.

AURICULAR FLUTTER

Auricular flutter may clinically resemble paroxysmal tachycardia, except that the pulse is usually faster, and the auricular and ventricular beats are not of the same frequency. The rate may be two to one, or occasionally other ratios may occur. The pulse rate may vary from 100 to 300 or more per minute. Without entering into a discussion of the mechanism or the pathology of any of the arrhythmias, it is sufficient to state that auricular flutter is an indication of severe heart failure; and, at times, may follow auricular fibrillation or precede it. Auricular flutter may last for several hours, several days, weeks or months at a time. One patient under my care has had a slow auricular flutter (proven by electrocardiographic study) for two years. When the pulse rate is between 100 and 120 and in the absence of signs of congestive heart failure, the patient may not be aware of his condition. When the rate is above 160, there

are unpleasant heart sensations, dyspnoea, weakness and often prostration. Pulse rates above 200 cause distressing symptoms. Exercise does not increase the heart rate nor does rest slow it.

In the treatment of auricular flutter, the most effective drug is digitalis. I usually give about four cat units (one dram of the tincture or six grains of the powdered leaf) for the first dose, and repeat it in four hours; and thereafter I give twenty minims of the tincture or two grains of the powdered leaf every four hours. If the rate is not materially lessened within three days, I stop digitalis, and give six grains of quinidine sulphate every three hours for three days; and when this is not effective, I alternate digitalis with quinidine, giving the one for three days and then the other for the next three days. Usually a reduction in rate and often a return to normal rhythm may be obtained with this type of medication, providing there is no serious congestive myocardial failure. Rest, diet and general care of the patient must be instituted together with such symptomatic treatment as may be required.

AURICULAR FIBRILLATION

Auricular fibrillation is a quite common type of irregularity; it occurs in the presence of severe myocardial damage, often with heart failure, and fairly frequently when no apparent heart damage is noted. The diagnosis of auricular fibrillation is comparatively easy. The heart is irregular as to time, force of the beat, and volume of blood delivered; it is irregular in its irregularity; it may be fast or slow, and there always occurs a definite pulse deficit. Increasing the heart rate by exercise or by drugs will increase the irregularity, while slowing it by rest and by digitalis will, to a large extent, control the irregularity.

Auricular fibrillation occurring in thyrotoxicosis is controllable and is generally no contraindication to thyroidectomy.

The development of auricular fibrillation in mitral stenosis is not a very serious complication. Such patients may live in comparative comfort for many years. I have several patients who have mitral stenosis and have had either paroxysmal attacks of auricular fibrillation or have fibrillated constantly for ten, fifteen or twenty years. When, however, auricular fibrillation develops as the result of severe myocardial damage, or in congestive heart failure, then the prognosis is grave. Such patients seldom live beyond two years after the onset. Brief paroxysms of auricular fibrillation may at times occur during the course of fever, or other illness. If the myocardium is not greatly damaged, these transient attacks are of little consequence.

In the presence of severe myocardial damage or congestive heart failure, the patient should be put on absolute rest. Digitalis is the drug of choice. Digitalisation may be attempted by the rapid method, that is, by giving one or two very large doses once or twice a week; by the slow method, that is, by giving comparatively small doses (one cat unit every four hours) over a prolonged period, or by the middle course. Each method has its indications and advocates. I prefer the middle course and usually give four cat units as an initial dose and one and one-half cat units every four hours thereafter. If digitalis does not act, or when the patient is digitalis fast, or has an idiosyncrasy to digitalis, quinidine may be tried.

Auricular fibrillation, occurring with mitral stenosis and when the stenotic murmur is still audible, may not require any treatment other than rest. But in the presence of passive congestion, such as edema of the ankles, enlarged liver, and digestive disturbances, small doses of digitalis, about one cat unit every four hours, may be given until improvement is noted. Auricular fibrillation occurring in thyrotoxicosis is controlled best by quinidine sulphate or by thyroidectomy.

VENTRICULAR FIBRILLATION

The most serious arrhythmia is ventricular fibrillation. It is often the direct cause of sudden death, and its occurrence during an attack of cardiac decompensation is always to be viewed with alarm. The so-called cardiac asthma is often due to ventricular fibrillation.

EXTRASYSTOLE

Extrasystole may at times resemble auricular fibrillation. A simple clinical test, easily car-

ried out, is to increase the heart rate. In extrasystole, acceleration of heart rate generally stops the irregularity; while in auricular fibrillation, the irregularity becomes more pronounced. Also, when the heart rate is slowed, the irregularities are more pronounced in extrasystole and less apparent in auricular fibrillation. Generally extrasystole may occur in the perfectly normal hearts of neurotic individuals or may be due to insufficient rest, or to overindulgence in tobacco or intoxicants. Such irregularities may also occur in diseased hearts. It is well, therefore, before dismissing this irregularity as being of no importance, to study the patient carefully and particularly his cardio vascular system.

BRADYCARDIA

Bradycardia or an abnormally slow cardiac rate, if not caused by digitalis overdosage, may be due to complete or partial heart block. Complete heart block may be the result of a syphilitic lesion interfering with the conduction of the impulse; or by a lesion caused by diphtheria, rheumatism, arteriosclerosis, coronary disease or other agent that may produce degeneration of the myocardium and particularly of the bundle of His. No matter what the irregularity may be, the adequacy of the circulation should be taken into consideration when treatment is to be instituted.

PAIN

Pain is often a symptom in grave cardiac affections, though severe heart disease may occur without any pain, or precordial pain may be present in the absence of cardiac pathology. The type of pain, its location and distribution are of diagnostic value in some cases.

Since pain is entirely a subjective symptom, its severity cannot always be judged from the patient's description. A sensitive individual may complain bitterly when taken with a comparatively mild pain; while one who is not so pain-sensitive or can control his sensations may complain but little. The patient with a good vocabulary may describe his pain as burning, stabbing, pressing, boring, searing, lancinating etc.; while the less gifted will only state that it hurts very much. The location of pain often does not reveal its origin. A lesion above the diaphragm may cause abdominal pain, and an abdominal lesion may at times cause thoracic pain.

The four cardiovascular conditions generally responsible for precordial pain are angina pectoris, coronary sclerosis and thrombosis, acute pericarditis, and aneurysm. There are also many extracardiac conditions that may easily resemble these conditions.

ANGINA PECTORIS

Angina pectoris is the name applied to a syndrome which is characterized by the occurrence of paroxysmal attacks of pain with a sense of oppression in the upper or lower sternal region. The pain frequently radiates down the left arm, the right arm, both arms, one or both shoulders, or up either side of the neck, and occasionally to the lower extremities. The paroxysms of pain are usually brief, lasting from a few seconds to several minutes, and occasionally longer. They may be brought about by exertion, or may come on during sleep. When due to exertion, rest will ease or stop the pain; when it occurs during sleep, a change to the erect posture will often relieve the pain.

The etiology of angina pectoris is not definitely known. It may occur in coronary sclerosis and also when the coronaries are not sclerotic; nor does coronary sclerosis always cause pain. A stretching of the aorta or of the auricles, spasm of the coronaries, cardiac anoxemia, hypertension, and hypotension have been mentioned as etiologic factors.

The diagnosis of angina pectoris is usually based on the character of the pain, its general radiation, its brief existence, and frequent recurrence. The pain may be stopped by amyl nitrite or nitroglycerin, and may be brought on by exertion, or by the hypodermic injection of ten minims of 1-1000 solution of adrenaline chloride (a dangerous procedure). Angina pectoris, in the presence of severe myocardial disease or of diseased coronaries, may cause sudden death.

CORONARY THROMBOSIS

Coronary thrombosis usually causes the severest type of precordial pain. During the first

few minutes the individual is afraid he is going to die, and during the next few minutes (to use Mark Twain's analogy), he is afraid that he is not going to die. With the pain there is restlessness, sweating, pallor, alteration of the pulse, and a drop in the vascular tension. Leukocytosis, a rise in temperature, and a brief period of mental confusion usually set in during the first week after the pain has ceased. Occasionally, coronary occlusion may occur without pain, or with only a moderate amount of pain, or with some substernal pressure; but dyspnea and sweating are nearly always present. The attacks may last from ten minutes to several hours, and end in shock from which the patient gradually emerges; or he may die within the first two weeks. Occasionally death may occur with the suddenness of a thunderbolt.

The *differential diagnosis* between a severe attack of angina pectoris and coronary thrombosis is often difficult; indeed, angina pectoris is often caused by coronary occlusion. When the pain does not respond to amyl nitrite or nitroglycerine and is accompanied by shock, it should be treated as of coronary thrombosis origin.

The pain of pericarditis may simulate angina pectoris or coronary thrombosis; it is felt in the precordium and often radiates to the inner side of the left arm. A precordial friction rub may be found in both pericarditis and coronary disease. To differentiate these conditions one is to bear in mind that pericarditis usually causes pain only under two conditions: one, in the presence of a plastic exudate, either rheumatic or tuberculous, accompanied by fever and the aggravation of pain during breathing; and the other, when the pericardium is hyperdistended with a fluid or an air exudate which gives definite physical signs.

The pain of aneurysm is more constant, lasts a longer time, and is not accompanied by shock. Gallstone colic, acute pancreatitis, ruptured gastric ulcer, hyperdistended stomach, and acute diaphragmatitis may, at times, resemble coronary thrombosis and require close observation for proper diagnosis.

In its *treatment,* angina pectoris, during the attack, requires nitroglycerine gr. 1/100 placed under the tongue, or the inhalation of amyl nitrite. Occasionally a small dose of morphine is required. Between attacks, the treatment is largely directed to the underlying causes. Sedatives such as the barbituates of bromides are useful. Theobromine or any of the drugs belonging to the xantive group are widely employed; their value is not proven. Angina pectoris, when troublesome, oft-recurring and not relieved by medication, may at times be relieved by cervical sympathectomy, or by the injection of alcohol into the dorsal root ganglia. These procedures may relieve the pain but do not remove the cause of the pain, so that sudden death may occur without the warning pain.

In the treatment of coronary occlusion, during the attack of pain, a sufficient amount of morphine, pantopon or dilaudid should be given to control the pain. The patient must be kept at absolute rest. When signs of cardiac collapse become manifested, alcohol and caffein sodium-benzoate may be required. Digitalis is often dangerous as it increases the heart strain. Coramin or metrozal are at times of benefit at that stage. Strychnia, while not a heart stimulant, often helps to increase the muscle tone, and therefore may be beneficial.

The most effective method of treatment is absolute rest in bed for a period of from six to ten weeks after the pain has ceased. The resumption of activity must be gradual. The subsequent treatment depends upon the state of recovery. All foci of infection should be removed, the general activity should be limited, and smoking is to be forbidden.

DYSPNOEA

Dyspnoea, if of cardiac origin, is a sign of decompensation and is often associated with cyanosis and edema. In congestive heart failure, the amount of dyspnoea, edema and cyanosis depends upon the degree of heart failure and whether the right heart, the left heart or the heart as a whole is affected.

Dyspnoea of cardiac origin, in the absence of pleural and pericardial effusions and of acites, may at times be corrected by rest in bed and digitalis. Dyspnoea associated with cyanosis and venous distention requires blood letting. After an adequate quantity of blood has been removed through a hollow needle, or by phlebo-

tomy, digitalis should be given in fairly large doses. From ten to sixteen ounces of blood should be withdrawn at a time; lesser quantities are seldom effective.

EDEMA

Edema, alone or when associated with effusions in the serous sacs, is an indication of serious congestive heart failure, and interferes with the heart's recovery. When rest, digitalis or other appropriate remedies do not lessen the effusion and have no beneficial effect on the heart, the accumulated fluid should be removed. Pleural, pericardial and ascitic effusions may be removed by tapping.

Subcutaneous edema has to be influenced by medication. Massive edema of the lower extremities, not influenced by drugs, may often be removed by skin puncture, or scarification, or by the introduction of Southey's tubes or any hollow needles.

The drugs most useful for dehydration are saline, vegetable, or mercurial laxatives, and such remedies as will increase the kidneys' excretory power. Among the drugs that I frequently employ when the kidneys are not diseased are urea in thirty-grain doses three times daily; or ammonium chloride grams twenty with calcium chloride grains twenty every four hours and, at the same time, one c.c. of salyrgan or mercupurin is given intravenously every other day for several weeks; or merbaphen (novasurol) or a similar product may be given hypodermically. Occasionally the intramuscular administration of ten units of parathormone, once daily for three or four days, may help to stimulate diuresis. The fluid intake is to be reduced to 800 or 1000 c.c. daily. At times the "Carrel diet" or a salt-free low caloric diet is beneficial. In the presence of large and overfilled varicose veins, the heart's action may be improved by bandaging the affected extremities, or by obliterating the varicosities.

THYROID ABLATION

Thyroid ablation as a cure for congestive heart failure and for angina pectoris has come into vogue since Blumgart first advocated it several years ago. In my experience, thyroid ablation is of limited use, and beneficial only in properly selected cases. Promiscuous total thyroidectomy is a dangerous procedure. I have seen more failures than cures when it is done routinely, and many deaths. It is an advisable procedure in chronic cardiacs who have frequent attacks of heart failure, who have hypertension, and whose conditions are not influenced by medication and rest.

In selecting patients for total thyroid ablation, I usually employ *the thyroid test.* The patient is given one to two grains of desiccated thyroid gland by mouth twice daily for three days. If the cardiac failure becomes more pronounced, and in the absence of contraindications, I advise that this operation be done. If, however, the patient's condition is not aggravated by the administration of desiccated thyroid, I advise against thyroidectomy. The same procedure is carried out in cases of severe angina pectoris. I have found this test a worthwhile aid in selecting suitable cases, and this has been borne out by the subsequent course after total thyroid ablation.

CONCLUSION

In conclusion, I wish to reiterate what I have so often stressed elsewhere: namely, that, in the treatment of any heart affection, the most important consideration is the patient as a whole and not the isolated organ. The patient who has a heart affection is to be studied from every possible angle, and treatment is to be directed towards ameliorating his discomfort, and towards curing him—if cure be possible—of his affliction.

PRE-OPERATIVE ENHANCEMENT OF PLEURAL DEFENSE MECHANISM

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Infection of the serosal membranes is a matter of serious concern. Because it covers hollow organs subject to inflammatory changes, such as the appendix, gall-bladder, tubes and intestines, the peritoneum is much more frequently involved than any other serous membrane; and for this reason it has been the subject of considerable research looking toward procedures which would increase its protective response against post-operative infection.

Empyema stands a poor second to peritonitis in incidence. Nevertheless, with thoracic surgery on the increase because of better understanding of thoracic physiology and improved technic, the indications for surgical intervention are continually widening. Just as bacterial contamination is to be feared in the peritoneal cavity with certain operations, such as resection of the colon for malignancy, just so are bacterial infections to be feared in the pleural cavity in radical transpleural procedures, such as drainage for relief of lung abscess or gangrene, bronchiectasis, etc.

Pleural operations are often performed in two stages, the first stage involving an attempt to cause adhesions between the visceral and parietal pleurae in order to shut off the main portion of the pleural cavity from the purulent operative field. But at times leakage takes place despite this procedure, and the complicating empyema adds to the gravity of the patient's condition.

It was felt that stimulation of the defense mechanism of the pleura would be beneficial in some operative cases, and accordingly a preliminary study was undertaken in a small number of patients to determine the response to an irritant mixture introduced into the pleural cavity.

Many substances have been used experimentally in animals to produce a cytological or immunological (humoral) reaction of the peritoneal tissues for the purpose of increasing its defense mechanism against subsequent infection. Among them are B. coli, starch, streptococci, turpentine, aleuronat, broth, amniotic fluid, trypsin, sodium ricinoleate, etc. The qualitative and quantitative reactions vary with the substance used.

From the mass of data obtained by numerous experiments, it appears that protection against focal contamination is *cytological* rather than *immunological* or *humoral,* and is nonspecific. The degree of protection is roughly commensurate with the quantity of polynuclear exudate.[1] Dixon and Rixford,[2] however, believe that the higher the total number of histiocytes, the more favorable will be the postoperative course.

The beneficial effects of these experimental procedures have been applied clinically in abdominal surgery. Steinberg[1] and Potter and Coller[3] have used coli-bactragen,* and Johnson[4] has used concentrated amniotic fluid preparations in many hundreds of patients, by introducing these substances into the peritoneal cavity either before or at the time of operation, with no deaths from peritonitis, which, by the law of averages, should have resulted in at least ten or twelve of the cases.

Similar experiments have been performed in the pleural cavities of rabbits in the study of protection against streptococci, especially by Gay[5] and his collaborators. Although the defense afforded against this organism was in part a specific bacterial effect, it was in the main due to the cytological content of the exudate and the infiltrated pleura tissues; but in this instance the cell which offered protection against the streptococcus was mononuclear rather than polynuclear.

PLEURAL REACTIONS

As far as we could determine, attempts to prepare the pleural cavities in human subjects against infection have not been made. One

Coli-bactragen consists of a formalin-killed suspension of B. coli (2,400 million per c.c.) in aleuronat (0.5%)-tragacanth (1.5%) suspension.

would expect the cytological response to irritating substances to be similar in humans and in animals; but we were interested in determining the reaction in patients who had suffered from a chronic suppurative disease with consequent drain on the leucopoietic tissues, or from debilitating malignancy of the lung. The injection material decided upon for the purpose of eliciting a defense reaction was 0.5 per cent aleuronat-1.5 per cent starch suspension in saline. Fifteen cubic centimeters of this were injected into the pleural cavity of six patients, after a small initial pneumothorax, and blood and exudate studies made at varying intervals thereafter.

Johnson[6] et al., using amniotic fluid, noted in experimental dogs a slight initial rise in the white cell count of the blood, followed by a fall as a result of withdrawal of cells to the area of inflammation; the white cells increased during the next twelve to twenty-four hours, and then decreased slowly. The exudate is at first preponderately polynuclear, and is replaced gradually by histiocytes. Steinberg,[1] using coli-bactragen, noted in humans a continuous rise in the white cells of the blood for 24-36 hours, of which 90 to 98 per cent are polynuclears. The exudate showed 98 per cent polynuclears up to seventy-two hours after injection.

An average of the white and differential counts of our five patients with lung abscess of many months' duration, and one case of malignancy of the lung, follow. The time in the first column refers to the interval before or after the intrapleural injection.

Although there were wide individual variations in the figures, they all showed the uniform trend as pictured in table one. It will be noted that mononuclears are continually withdrawn from the blood stream, apparently because the rate of mobilization is greater than the rate of supply. There is a slight but definite increase in the percentage of myelocytes, while the total number and relative proportion of granular cells decreases in the first half hour, apparently because of rapid mobilization, and then rises gradually and continually. The immature forms show the same relative variation, but peculiarly, the percentage is not as high as one would expect from the presence of myelocytes.

Pleural exudate was withdrawn at relatively irregular and infrequent intervals, because of technical difficulties and because of the desire to spare the patients from the ordeal of frequent taps. Only differential counts of stained smears were examined, since the exudate began to clot rapidly at times, with the following average counts:

	Polys	Mono.
First day	98%	2%
Second day	87%	13%
Third day	72%	28%
Fourth day	65%	35%

A piece of parietal pleura obtained in one case two days after injection showed, on section, marked polynuclear infiltration of connective tissue, with a few scattered reticular cells. Practically all the polynuclears in the exudate and in the tissue were of the mature type.

The patients complained of pain in the chest on the side of injection, varying from slight to rather severe, and requiring medication for relief at times. There was a slight accentuation of the usual daily fever, if any, for a day or two.

CONCLUSIONS

The human pleural tissues respond to aleuronat-starch suspension with an immediate

TABLE 1

Time	W. B. C.	Polys	Immat. Polys	Myel.	Lymph.	Mono.
Before	11,691	79%	(9%)	1%	12 %	9 %
5 minutes after	11,650	75%	(6%)	3%	14 %	11 %
½ hour after	11,400	76%	(5%)	3%	14 %	10 %
1 hour after	12,466	81%	(6%)	4%	13½%	5½%
2 hours after	15,890	80%	(8%)	4%	16½%	3½%
3 hours after	15,283	83%	(8%)	3%	14 %	3 %
4 hours after	14,859	86%	(9%)	1%	13 %	1 %

exudate and infiltration of polynuclear cells which are gradually replaced by mononuclear cells. This reaction takes place regardless of the duration or severity of preëxisting suppurative lesions of the lung parenchyma.

Inasmuch as the reaction occurs within the first twenty-four hours, it is quite rational to pour the suspension into the pleural cavity at the completion of a transpleural operation of a non-infectious nature, as lobectomy.

Inasmuch as these determinations were made in some patients who subsequently refused surgical intervention, and in others solely for the purpose of inducing an accumulation of protective cells to serve as a "reserve", no estimate can be made as to the value of the procedure in reducing the incidence or degree of postoperative pleural infection. This must await trial in a large number of cases. If the elicitation of an enhanced defense mechanism in the peritoneum preoperatively proves to be a beneficial practice, its application to the pleura is just as rational, and the existence of pulmonary suppuration or malignancy does not prevent or inhibit an active cytological response.

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THE NEW-BORN

MATERNAL WELFARE ARTICLE NUMBER TWENTY-SIX

By Robert E. Wright, B.S., M.D., East Orange, N. J.

Read before the Section on Pediatrics of The Medical Society of New Jersey at its Annual Meeting in Atlantic City, April 29, 1937

For the next few minutes we are going to consider one of the two basic phenomena which have concerned all people in all times, namely, *life* and *death*. The one of which I would like to speak is death, but more especially infant death.

Since the beginnings of modern medicine much has been done about death. Great waves of plagues have been studied and controlled; deaths from contagion have, by the application of new knowledge, been diminished; surgical mortality has been scrutinized and many fatal factors have been removed; and underlying all this activity has been a constant crusade to lower mortality from the so-called child-bed fevers. This effort has culminated in our greatly reduced maternal mortality. But we have neglected our *new-borns*.

Webster's Dictionary defines the term newborn as something recent in origin; medically, and for the duration of this discussion, we will consider the term new-born to mean any infant under one month of age. But, ladies and gentlemen, socially and politically, the newborn means dynamite! Daily the public press and periodicals, especially those periodicals devoted to home affairs, flaunt in our collective medical faces the question of new-born deaths. These things compel us to answer in some way the question, "What are we doing to lower this neo-natal mortality? What can we do to lower it?" An eminent authority on this question of infant deaths said, in a recent address, "The great saving of infant life has occurred largely in infants over one month of age. The mortality of infants in the first weeks of life has decreased little, if any." I quote further from this paper. "The deaths in the first month represent one-half the deaths in the first year, the deaths in the first week represent one-half the deaths in the first month, and the deaths in the first day represent one-half the deaths of the first week." Therefore, with these facts before us, it is evident that the problem revolves about the first *days* of life; and further, that as many infant deaths occur in the first week of life as are found in the next fifty-one.

NEO-NATAL DEATH RATES

Let us, momentarily, consider how we stand as a nation in the light of world neo-natal death rates. Our 60 deaths in 1000 live births compares favorably with such a nation as Great Britain with its 63 deaths in 1000 live births. Sweden and New Zealand, we find, have much lower rates than ours, but neither of the two have the great negro population that we find in this country. While this great negro population does not increase the deaths under one day, they cause those under one month to rise sharply.

NEW JERSEY

In our own country we find that the death rates are almost at their lowest on our Pacific Coast. The states of Washington, Oregon, and California, who have rates of 28.4, 27.1, and 28.9 respectively, are these. There is only one state with a lower neo-natal mortality rate and this is Arkansas, which has only 26 deaths in 1000 live births.

Fifth on the nation's list is *New Jersey* with 29 deaths in 1000 live births. It is interesting to note that a few years ago New Jersey was accused of spending more money on infant welfare than any other state; this was in the total amount spent and not on a per-capita rating. But in the light of our position in the national rating, it appears to have been a good investment.

The states with the highest mortality rates are New Mexico with 51.1, Georgia with 43.7, and New Hampshire with 42.2 deaths in 1000 live births. Such a wide divergence in type of locality leads us to think that climatic conditions and such things influence infant death rate but little, if any.

Now let us look at our own State, and as we examine the records of the past sixteen years we find that there has been no decrease in the deaths under one day; a slight reduction in the deaths under one week of from 25 deaths in 1000 births, to 23 deaths in 1000 births; and a slightly greater reduction in the deaths under one month of from 38 deaths in 1000 births, to 26 deaths in 1000 births.

In our own State we find such counties as Hudson, Essex, and Union with some of the lowest death rates among the county groups. These counties have the following death rates: Hudson, 28 deaths in 1000 births; Essex, 28 deaths in 1000 births; and Union, 24 deaths in 1000 births. While the highest are found in Ocean and Sussex counties each with a rate of 36 deaths in 1000 births; and in Atlantic County with 34 deaths in 1000 births. One reason that has been advanced for this lower death rate in the seeming populous areas is that the mothers of foreign extraction, who are found in abundance in these localities, preserve the inbred customs of breast feeding their infants, and giving them special and individual care. This thought is further given weight when we examine the rate of the City of Paterson, which rate is 21 deaths in 1000 births, and comparing it with the rate of a totally different type of city, such as the one in which we are now assembled, namely that Atlantic City has a rate of 36 deaths in 1000 births. Other heavily populated cities such as Jersey City, Elizabeth, and Bayonne have such low rates as 28 in 1000, 24 in 1000, and 21 in 1000, respectively.

A great number of the total deaths in the State, i. e., deaths under one month, were due to such causes as prematurity, birth injury, and congenital debility. It becomes obvious that progress in the cause of saving infant life under one month would be furthered by a wider spreading of prenatal care ,and better obstetrical and pediatric care for all economic and social groups. This would aid in the prevention of prematurity and give the infant that special care which is necessary to help him survive the first few fatal days of life. This may be considered as the first step in giving us a good material basis on which to work.

FIRST DAY OF LIFE

It is a fact that in any instance where progress in the control of any type of mortality has been made, it has come only when the causes of that mortality have been completely recorded and studied. To further reduction in neo-natal deaths we must give them the same careful attention and consideration that has

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been given other types of mortality. We are pleading for more complete and consciencious records of all new-borns. No baby is born but what the first principle of physical diagnosis is brought into play, namely *inspection*. You note if the baby breathes, if it is cyanotic after breaths have been taken, if it has, grossly, any congenital deformity, and many similar things. Any observation at this time should be recorded *immediately* and augmented by a complete physical examination within twelve hours after delivery, and furthered by frequent and luccid progress notes. And to all this there must be added, discussion. Our State, though small enought to be traversed in its longest axis by car in one day, presents some of the most populous sections in the country and, strangely enough, some of the most rural and backward districts. Surely, here is the best set-up for the study that could possibly be found. We are not so far divided that individual problems do not, in time, become the problems of all; and our ability to solve them would be much simpler were there more inter-sectional discussion, such as, I hope, will follow this paper.

FEEDING

Another phase in the prevention of infant death is a consideration of the feeding. In a recent survey of records of infants born at home and records of those delivered in the hospitals of one of the larger cities, it was found that of the infants delivered of private room patients less than half of them were breast fed at the end of two weeks; further, that 20 per cent were entirely bottle fed and 33 per cent were partially bottle fed. It has been said that medical styles, fads and fancies are more the result of the desire of the patient than the judgment of the physician. This, I believe, can well be applied to the subject of early artificial feeding of infants.

While on the other hand those patients who were delivered in the home or in the wards showed only nine per cent partially bottle fed, seven per cent entirely bottle fed, and 84 per cent entirely breast fed.

These facts were independently, and in a much smaller way, found by me to be true in one of our smaller hospitals where the clinic, or ward type patient simulates as closely as possible the private type. Here it was found that out of 320 private cases 61 per cent were partially bottle fed, seven per cent were entirely bottle fed, and 32 per cent were entirely breast fed. While out of a similar number of clinic cases 25 per cent were partially bottle fed, five per cent were entirely bottle fed, and 70 per cent were entirely breast fed; all this within the first two weeks of life. Because of the comparatively small number of cases, it was easy to check the comparative weight gains of the groups, and it was found that the clinic, or ward type showed a better average gain than the private group.

There are many reasons for the superiority of breast milk over artificial feeding, namely, breast feeding is easy and simple; the milk is safe with no possibility of contamination of its sterility; it is cheap for the mother always has it available; it provides homologous protein adapted biologically to the human body; it supplies certain growth factors; it acts as a transition feeding to develop the intestinal tract for a full diet; and colostrum is especially valuable as a source of immune bodies, as a source of easily absorbable nutriment, and as a preparation to the intestinal tract for the reception of milk proteins.

STANDARD HOSPITAL PRACTICE

With these reasons before us, I will close by giving certain recommendations for standard hospital practice as compiled and adopted by the New Jersey Branch of the American Academy of Pediatrics. The following are the recommendations:

1. More confident expectation of successful nursing, and persistant encouragement of the mother with the view toward breast feeding, with adequate explanation of the superiority of breast feeding by the obstetrician during the antepartum period.

2. The recommendation that all new-born babies on ward service be placed in charge of a pediatrist when such is available, since pediatrists, more than anyone else appreciate the value of breast feeding.

3. The initial loss of weight in the first few days of life is to be expected, and this loss of weight should not be an indication for beginning complementary feeding.

4. Stock formulae are to be altogether eliminated since the feeding of the new-born is more successful when individualized. Furthermore, individualized feeding compels active supervision on the part of the attending physician.

5. Cow's milk in the first few days may be allergenic. (By this we mean not that the child may be allergic to milk, but that the early use of cow's milk may be the basis of a future allergy.)

6. Weighing the baby before and after nursing is to be discouraged since such a practice is likely to give false ideas of the inadequacy of breast milk because of the physiological variations in the quantity secreted from day to day.

7. No mother shall receive a formula on discharge from the hospital unless absolutely necessary, because if she has a formula available, she is more apt to use it and less apt to develop her own supply of breast milk.

8. The baby may need some form of weak carbohydrate solution during the prelacteal period to avoid dehydration and acidosis.

9. For routine hospital care, the following schedule is recommended:

Babies to be placed to breast six hours after birth. For the first twenty-four hours, nurse at four-hour intervals with five minute feedings on each breast. For the secoud twenty-four hours, nurse at four-hour intervals with ten-minute nursing on each breast. Thereafter nurse for twenty minutes, using the four-hour interval for infants over seven pounds and three-hour interval for infants under seven pounds.

For the first few days boiled sugar water or hydrating solution of lactose and sodium citrate shall be given after nursing. Complementary feeding shall be given only in weak infants, or infants showing more than 10 per cent loss in weight.

Completely empty the breasts by mechanical breast pump if the infant does not nurse vigorously. Reassure the mother that the slight loss of weight during the hospital period is often regained rapidly at home. Confidently encourage the mother that the supply of breast milk will be increased due to the favorable influence of home surroundings and return to normal living conditions.

Surely these simple rules would not inconvenience any well-regulated hospital maternity corridor, nor the routine of any modern home.

And now in closing, we urge these few simple things upon you, hoping you will use them as an aid toward reducing early infant deaths, and to insure future new-borns a better chance of surviving the first few fatal days.

DISCUSSION

BY ROBERT A. MacKENZIE, M.D., F.A.C.S.,
ASBURY PARK, N. J.

Dr. Wright has impressively brought again to attention the matter of neo-natal mortality. It is natural that I should feel somewhat differently from him with respect to the responsibility for the failure of improvement in the record of neo-natal deaths. Certainly the interest and assistance of pediatricians is most welcome, but I am sure that progress can only be made when general practitioners and specialists in obstetrics coöperate in every detail of the program of preventive procedures published by the Committee on Maternal Welfare of our Society. Such a program of prenatal care, conservative management of labor, and consultation in cases presenting complications is the real hope of a substantial reduction in neo-natal mortality.

I agree with Dr. Wright's ideas concerning the advantages of breast feeding for babies. I seriously question, however, whether many, if any, cases of neo-natal deaths can be laid at the door of the mothers whose mammary glands fail to function. Dr. Wright has noted many points of value relative to the care of the nursing infant and the management of the lactating parent. The symposium on breast feeding held last June at a meeting of this Section on Pediatrics offered much the same recommendations. But, as I remarked then, there is still no explanation for the failure of adequate lactation in many healthy women who are most anxious to provide nourishment for their babies. And what is more important, we can't do anything about it. Endocrine stimulation may be good theoretical measure, but it has not been successful in practice. This would be a serious matter

were it not for the nearly uniform success attending artificial feeding methods. I cannot personally recall an infant whose life was endangered by intolerance for its formula.

From July 1, 1936, to January 1, 1937, in the two hospitals with which I am connected, we studied the record of lactation to the end of the lying-in period. It was found that 49 per cent of the mothers who were privately treated nursed their babies successfully; 21 per cent were giving complemental formula feedings at the time of discharge from the hospital; and the remainder, 30 per cent, were unable to provide breast milk at all. On the ward service 76 per cent of patients nursed babies with apparent success, 14 per cent had to employ a formula in addition, and in only 10 per cent did breast feeding have to be called a failure.

These findings are in general agreement with previously reported case studies. For the difference between the private patients and those of less fortunate economic status, various but inconclusive explanations have been advanced. Certainly unwillingness to nurse the babies was not a large factor in our series. We noted further the weight of the babies at the time of discharge from the hospital. Of the breast-fed group, 65 per cent were at or above birth weight; 57 per cent of those on breast and complemental feedings, and only 45 per cent of the formula-fed infants were at this level. The amount of initial weight loss and subsequent increase should not be over-emphasized, but I think we may wait too long—starve the babies too much in straining for the impossible in certain cases. No one of the new-borns in our study failed to do well when once given sufficient nourishment in a simple, modified skim-milk formula; and I feel that the figure of 45 per cent at or above birth weight on day of discharge is not a discredit to our management. The figure might well have been 65 per cent if we had started the formula feeding more promptly.

May I offer another short statistical review. Before coming to this meeting I had time to note the neo-natal deaths in only one of our Monmouth County hospitals for the year of 1936—but it is striking that eleven of eighteen, or 61 per cent, were premature births. Of the eleven, eight were under four pounds in weight, six were under three pounds. All but one died within twenty-four hours after birth. Of the seven term births two died on the first day—the most remote lethal exitus was the seventh day. Sixty-six per cent of the total neonatal deaths were in the first twenty-four hours. This figure and analysis of the manner of death in the remaining cases bear out the point made in my opening remarks that the responsibility rests upon the obstetrical attendant.

One further word about prematurity: Two years ago before the General Session of our State Society Convention I read a paper upon the causes and prevention of premature labor with discussion also of the management of premature labor to the best interest of the child. I concluded my paper with brief advice concerning the care of the new-born premature infant. I stressed the importance of extreme gentleness in handling, preservation of external warmth and stimulation of respiration with carbon dioxide—oxygen inhalations at regular intervals. This must be the part of the attendant at birth—but as soon as possible the pediatrist should take over the care of the immature infant, employing all his art to keep the slender flame of life from flickering out. For encouragement we may look upon the air-conditioned nurseries of some of the larger metropolitan hospitals. There, with nurses trained in gavage feeding, and all the special handling there in effect, the neo-natal mortality among the prematurely born has been markedly reduced.

173 Park Avenue

THE PRESIDENT'S PAGE

NUMBER ONE

OBJECTIVES AND ADMINISTRATIVE POLICIES OF THE MEDICAL SOCIETY OF NEW JERSEY FOR 1938-39

By William J. Carrington, M.D., Atlantic City, N. J.

To the Members of The Medical Society of New Jersey:

OBJECTIVES

1. To make available to every man, woman, and child in New Jersey *adequate personal and sympathetic medical care,* preventive and curative, at the lowest cost compatible with efficient service.

2. To preserve for all the people of New Jersey, regardless of income, the *free choice of physicians* from among those licensed by the State to engage in the healing art.

3. To advance medical science, to elevate professional standards, to foster friendly relations between doctors, and to promote mutual understanding between doctors and the public.

ADMINISTRATIVE POLICIES

I. SURVEYS

To formulate a comprehensive plan for the delivery of efficient medical service by:

A. Making a State-wide survey by medical men, county by county, of the present supply of doctors, dentists, druggists, nurses, hospitals, and all other institutions, departments, and agencies,—private and public,—which are concerned with the health of our people.

B. Assisting the component county medical societies in remedying such deficiencies in supply as the survey may disclose.

II. COST OF ILLNESS

To lower the cost of illness by the application of the principles of sound economics in the distribution of medical care by:

A. Protecting the public against—
   1. The incompetent and the mercenary within the profession.
   2. The ignorant cult practitioners.
   3. The fraudulent patent medicines.

B. Lessening the unpredictable burden of medical and surgical catastrophies by developing measures for deferred payments and hospital insurance.

III. SOCIALIZED MEDICINE

To protect all the people of New Jersey, rich and poor alike, from costly, impersonal, and inefficient socialized medicine in any form, whether complete medical care for all the people at public expense, or partial care after the communistic plan of Russia, the panel practice of Great Britain, or the German system of socialized medicine. The American system has given liberty-loving people the inherent right to engage physicians of their own free choice. This system has stimulated the greatest medical progress ever known to mankind. To destroy it, rather than to correct its imperfections, would be an irrational public disservice.

IV. LOW WAGE GROUP

To preserve the American system of private practice of medicine with its free choice of physicians for the low-wage group by lowering medical fees in proportion to income, thus preventing pauperization and regimentation of patients in clinics, and preserving for them self-respect, self-reliance, and independence.

V. SUBSIDIZED CARE OF INDIGENTS

To secure State aid in the care of the *indigent,* and at the same time to preserve for them the *free choice of physicians.* In the past, the cost of medical care of these unfortunates has been added to the medical and hospital bills of pay patients. The rapid increase in the number of indigents in New Jersey during the past five years makes the continuance of this inequitable practice impossible. The care of the indigent is the duty, not of pay patients alone, but of all the people.

Without State subsidy for the indigent, it is impossible to maintain good care at lowered cost for the low-wage group. With State subsidy for the indigent, supervised and directed by organized medicine, it is possible not only to render efficient service to the low-wage groups, but to preserve for the indigent the personal and sympathetic care of physicians of their own free choice. This is not an untried theory, but an economical plan proved workable in New Jersey by the original Emergency Relief Administration, during the years 1934 and 1935.

VI. ADVANCING MEDICAL PRACTICE

To advance the science and art of the Practice of Medicine by:

A. Enlarging and enriching the scientific

program, and scientific and technical exhibits at the annual meeting.

B. Extending and expanding post-graduate courses for physicians.

C. Inaugurating a *Clinical Session* with ward walks, clinics, panel discussions, and conferences, designed particularly for the family physicians of New Jersey, in order that they may keep abreast of the rapid scientific progress of medicine.

D. Adapting the scientific articles in The Journal to the needs of the general practitioner, rather than the specialist.

VII. INCREASING SOCIETY MEMBERSHIP

To elevate the standards of our professional practice by:

A. Maintaining and extending those which are our rich heritage from our predecessors; and

B. Increasing the membership of the Society to include every ethical and duly licensed physician in New Jersey.

VIII. MEDICAL FELLOWSHIP

To promote friendly understanding among the doctors of the State by:

A. Fair representation of all groups on the several committees which formulate the policies and promote the activities of the Society.

B. Promoting the *fellowship of service* which grows out of increased contacts in the committees.

C. More frequent visits of members to the meetings of neighboring county societies.

D. Reëstablishing inter-county meetings in each Judicial District.

E. Fostering friendly contacts in these meetings, and at the Clinical Session of the State Society and its Annual Meeting.

IX. PUBLIC RELATIONS

To promote a mutual understanding between physicians and the public by means of:

A. Articles in the local newspapers and magazines, and by radio talks.

B. Addresses before interested lay groups.

C. Active participation of doctors in civic, welfare and political activities of the several communities and the State.

X. ASSISTING COUNTY SOCIETIES

To render greater assistance to the component county societies by:

A. Official visits to each society by officers of The Medical Society of New Jersey.

B. A training course for the officers of the county societies, arranged, financed, and conducted by The Medical Society of New Jersey.

C. Promoting a more thorough two-way flow of ideas and suggestions between the State and the county organizations, through the Welfare Committee.

XI. RECOGNIZING MERITORIOUS SERVICE

To give public recognition to members of the profession in the State who have practiced fifty years or more, and to those physicians who have made outstanding contributions to science, research, and art, and to politcial and civic life.

XII. PERFECTING MEDICAL ORGANIZATION

To improve further the organic structure of the Society by:

A. Appointing as chairmen, vice-chairmen, and members of the several committees, only those members who have pledged their willingness to give active service.

B. Synchronizing the meetings of the Advisory Committees, the Welfare Committee, and the Board of Trustees, all of which shall meet on pre-arranged schedules, so that recommendations may be made, considered, and accepted or rejected without delay.

C. Securing committee activity by:

1. Fixing the dates of their meetings at the beginning of the administrative year.

2. Reimbursing all those who serve the Society at the rate of five cents per travel mile.

3. Publishing the personnel of the several committees of 1938-1939 at the close of the Annual Meeting of 1938, in order to avoid loss of time and momentum.

D. Expediting the transaction of business by the Board of Trustees by the appointment of Board committees for the preliminary study of its numerous and intricate problems.

E. Avoiding unnecessary meetings and reduplication of effort.

F. Adding two new advisory committees,—one on Industrial Injuries and Occupational Diseases, and the other on Traffic Safety.

LEGISLATIVE COMMITTEE OBJECTIVES

By B. S. Pollak, M.D., Chairman, Secaucus, N. J.

The function of the Legislative Committee is primarily to promote the passage of bills which have had the approval of the House of Delegates, and to oppose legislation which is inimicable to the interests of the medical profession, or those of the public. Since the passage of legislation of any kind is dependent largely upon the personal attitude of the constituents of legislators, it is essential that the medical profession should inform them regarding the medical aspects of bills and the unsuspected implications which they may involve.

The members of the county medical societies are in a strategic position to inform their local legislators regarding their wishes. Our experience this year with Assembly Bill 511, the Uniform Medical Practice Act, has shown that unless legislative matters are actively supported by members of component county societies, their attitude of sympathy or indifference will be reflected in the minds of the legislators, and medical bills will be sidetracked for those which appeal to selfish interests of small groups, unless they have the unanimous support of the medical men of the respective counties.

The primary objective of the Committee on Legislation during the present year will be to inform the representatives of the county societies regarding fundamental principles of medical legislation, and the arguments for or against prospective items of legislation.

INFORMING COUNTY COMMITTEES ON LEGISLATION

The activities of legislative committees of county medical societies are usually seasonal, and are in evidence only during the sessions of the legislature; but legislative topics require considerable study and research which can best be made in the leisurely intervals between the sessions of the legislature. The State Legislative Committee therefore recommends:

1. The county societies shall appoint their legislative chairmen and committees early in the year.
2. The local committees shall meet at once and lay out the plan of study of local sentiment regarding medical legislation, and devise means of influencing their legislators.
3. Key-men of each county society shall be members of the respective county committees and also preferably be designated as chairman or vice-chairman of the committees.
4. The Legislative Committee of the State Society shall be authorized to call meetings of the County Chairmen early in the season in order to discuss prospective legislation and lay plans regarding it.
5. The committee proposes the plan of appointing a *legislative agent*—preferably someone who has recently been a member of the legislature—whose duties shall be to make contacts with the legislators during the legislative sessions.
6. When controversial matters of a critical nature arise, the committees on legislation shall at once inform the legislators of the medical aspect of the proposed bills and advise them regarding the background of the proposed legislation.

NON-MEDICAL SPOKESMEN

When medical societies appeal to legislators to raise the standards for medical licensure, a favorite argument of the opponents is that physicians are seeking to establish a monopoly of the practice of medicine for their own selfish benefit. The Committee on Legislation therefore suggests that physicians base their arguments for or against a bill on the pleas of "Public interest"; and so far as possible will avoid reference to the "Interests of the profession".

Legislators always demand evidence that non-medical leaders favor a proposed medical bill, for they expect that physicians will support it as a matter of course. But when prominent individuals, such as judges, merchants, presidents of clubs, and individual members of health associations support or oppose a bill, the legislators are impressed with their personal attitude.

The Committee on Legislation therefore advises that the active support of prominent citizens be enlisted in promoting or opposing medical legislation which affects the interests of the people of the State; and in this connection it is important that the *Committee on Public Relations* be requested to coöperate with the *Committee on Legislation*, in order that such information may be conveyed to the public.

MEDICAL PRACTICE COMMITTEE OBJECTIVES

By David B. Allman, M.D., F.A.C.S., Chairman, Atlantic City, N. J.

The Medical Practice Committee of The Medical Society of New Jersey, consisting of eight advisory committees, has the following objectives for the ensuing year:

1. AUXILIARY MEDICAL SERVICES

The objective of the Auxiliary Medical Practice Committee is to promote public health by:

A. Extending auxiliary medical services, including x-ray, laboratory, anesthesia, and physiotherapeutic measures.

B. Preserving private practice.

C. Studying hospital practices throughout the State.

D. Recommending remedial measures where they are needed.

2. CONTRACT PRACTICE

The duties of the Contract Practice Committee will be:

A. To gather information concerning contract practice in New Jersey, working with and through the component county societies. This study will include industrial practices, school physicians, compensation practice, and lodge doctors.

B. To recommend remedial measures where required.

3. HOSPITAL RELATIONS

The Hospital Relationships Committee will:

A. Complete the hospital survey of New Jersey, and study and recommend remedial measures where and if needed.

B. Study and recommend hospital insurance plans.

C. Devise methods of protecting the public against unqualified surgical operators, if such there be.

D. Push plans for the inclusion of medical men on hospital boards.

E. Coöperate with hospital boards, nursing groups, etc.

4. MEDICAL CARE OF THE INDIGENT

The Committee on Medical Care of the Indigent and Low-Wage Group has for its prime objective the development of a plan for the use of State and Federal funds for the medical care of the *indigents* of New Jersey, permitting them the choice of physicians who are to be remunerated on the basis of the reduced E. R. A. fees, and regulated by the County Medical Society and The Medical Society of New Jersey.

Another objective of the committee is to secure the coöperation of the physicians of New Jersey in caring for the *low-wage group* at reduced fees, thus preserving private practice rather than pauperizing these self-respecting individuals by driving them into clinics.

Finally, it will be the purpose of the committee to study the various angles of the problem, and to acquaint our membership with the deliberations of the committee through the columns of The Journal of The Medical Society of New Jersey.

5. INDUSTRIAL INJURIES AND DISEASES

The Committee on Industrial Injuries and Occupational Diseases is a new committee whose duties will be:

A. To study industrial injuries and occupational diseases in New Jersey.

B. To recommend measures to protect our citizens of all economic levels from them, with the preservation of private practice always in mind.

6. NURSING AND NURSING EDUCATION

The Committee on Nursing and Nursing Education will:

A. Coöperate with other agencies to provide nursing care for the ill and injured of New Jersey in all economic levels.

B. Initiate plans and recommend them to the Welfare Committee. Such plans will be based on the principles that the medical profession alone is responsible for the medical care, treatment, and nursing of patients; and that the plans will apply in preventive and public health nursing as well as in private practice.

C. Aid in fostering:

1. Pre-bedside didactic training for registered nurses.

2. Training of nursing attendants in hospitals that do not have training schools for registered nurses.

D. Study rules and regulations of health departments, schools, and industrial plants, and

recommend remedial measures where those are found to be needed.

7. PHARMACEUTICAL PROBLEMS

The Committee on Pharmaceutical Problems will have as its duty:

A. To advance the standard of pharmaceutical practices throughout New Jersey.

B. To review and enlarge the New Jersey pharmacopeia.

C. To coöperate with the pharmacists of New Jersey.

8. WORKMEN'S COMPENSATION

The Committee on Workmen's Compensation will:

A. Study compensation laws in other states, and the reports of previous committees of this Society.

B. Coöperate with labor, industry, and the Department of Labor in formulating an improved Workmen's Compensation Act for New Jersey which will safeguard the interests of employees, employers, and private practitioners.

PUBLIC HEALTH COMMITTEE OBJECTIVES

By Stanley Nichols, M.D., Chairman, Asbury Park, N. J.

Dr. William J. Carrington, incoming President of The Medical Society of New Jersey, has requested a reasonably short statement of the objectives of the Public Health Committee and its Advisory Committees for the coming year for the information of the membership of the State Society. These are here stated as briefly as possible. Any member can obtain further information on any of these objectives by writing to the Executive Secretary, Dr. LeRoy A. Wilkes, 143 E. State Street, Trenton.

ORIGINAL OBJECTIVE

At the end of seven years of service on this committee, it will suffice to simply state that the *original* objective of this committee when organized has been attained, namely:

"The time has come for the State and County Medical Societies to assume leadership and responsibility for the general health of the citizens of New Jersey, and thereby to preserve the personal and private relationship between physician and patient, which is most desirable for the health needs of the patient."

PERMANENT OBJECTIVE

The permanent objective of our Public Health Committee is that of making *every physician's office in New Jersey a health center for the practice of preventive medicine for the preservation of private practice.*

TWO GENERAL OBJECTIVES

1. That each member physician, as an individual, should be aided in improving the practice of preventive medicine in his own office and private practice.

2. That each member physician should coöperate, as a loyal member of his County Society, in its objective of assuming the Public Health needs of its county and provide medical service, where needed, for indigent and low-wage groups.

EDUCATIONAL OBJECTIVES NECESSARY FOR THE COMING YEAR'S PROGRESS IN ALL OF THE FIELDS

1. *Printed Material.*—Concise printed material by outstanding authorities summarizing the subject in each of the fields of Preventive Medicine.

2. *Post-graduate courses,* both didactic and practical, including clinical demonstrations of the subject matter at centers, hospitals, conferences, institutes, etc.

3. *Practical experience* in actual training centers where any member physician can secure (as a trainee or assistant) personal training in each of these fields of preventive medicine (such as pre-natal clinics; assistant in obstetrics [Margaret Hague Memorial Hospital]); rotation as attending physician in baby health station; assistant in venereal disease clinics; tuberculosis clinic, cancer clinic, etc.

HEALTH SUPERVISION OBJECTIVE FOR 1938-39

This objective visions the gradual development of the Health Supervision of all individuals, at all age levels (on the printed forms or similar forms), by their family physicians, from conception to the end of life. It is the hope of the Public Health Committee that the set of forms covering all ages will be widely purchased from the State Medical Society

headquarters and used for this purpose during the coming year.

COUNTY SOCIETY OBJECTIVE

That the county societies annually survey their counties as to their public health needs and show the ways by which they can lead in providing for these needs, in conjunction with the local health department and official and non-official health and welfare agencies—this leadership by the County Society to be an important continuing function in every county society.

Short statements now follow as to added specific objectives of the Advisory Committees, some of these given by the Chairman, and some (not available) presented by the Chairman of the Public Health Committee.

All committees will be urged to follow the objective of educating the physicians of the State, by any and all means within their power, as far as possible this year, in order that they individually may add to their fitness to take part in the general Public Health program of the State Society.

OBJECTIVE OF ADULT HEALTH SUPERVISION ADVISORY COMMITTEE

To develop further field of Adult Health Supervision by the Family Physicians.

OBJECTIVES OF THE CHILD HEALTH ADVISORY COMMITTEE

1. Promote Child Health Supervision at all of the child age levels, by the Family Physicians, as follows:

New-born and infants
Pre-school age
School-age
Adolescence.

2. Promote, by Public Health Hour and other means, the Control of Communicable Diseases in Childhood by Family Physicians.

a. Individually.

b. As coöperating members of their County Medical Societies.

3. Furnish capable speakers on Child Health topics and other methods of educating the public on Child Health.

OBJECTIVES OF CRIPPLED CHILDREN'S ADVISORY COMMITTEE

1. Coöperate with Crippled Children's Commission on all matters concerning the care of crippled children.

2. Integrate physicians with all public groups interested in the care of crippled children.

3. Study the qualifications necessary of personnel, medical, nursing, physio-therapy, hospitals, etc., dealing with crippled children in this State.

4. Study all facilities available and other phases of development of the work for crippled children from the standpoint of The Medical Society of New Jersey.

A new committee was appointed by the incoming President on Industrial Injuries and Occupational Diseases and will develop its objectives at its first meeting.

OBJECTIVES OF CANCER CONTROL ADVISORY COMMITTEE

To the following objectives outlined by the Chairman of the Cancer Control Committee, Dr. Herrman, the Chairman of the Public Health Committee, would suggest one additional objective, namely more specific education of physicians on the early diagnosis of cancer.

1. One or more homes for the incurable sufferer who has no means for proper care at home:

a. New institutions,

b. Wards in county or State institutions already built.

2. Properly organized diagnostic groups to consist of at least the following: Surgeons, radiologists, internists, pathologists.

3. Adequate facilities for group treatment —surgery plus deep x-ray therapy plus radium therapy, the latter to consist of both element and Radon.

OBJECTIVES OF ADVISORY COMMITTEE ON MATERNAL HEALTH

In addition to the material presented in Dr. Bingham's report, he submits three important objectives for the coming year:

1. More obstetrical conferences to be held by hospital staffs and county medical societies. The discussion in these conference to be led by various obstetricians.

2. Careful investigation of maternal death by field physicians. Reports to be studied and classified by Maternal Welfare Committee.

3. Continuation of free nursing service and free consultation in low-wage group cases and improvement in hospital facilities.

OBJECTIVES OF MENTAL HYGIENE ADVISORY COMMITTEE

Dr. Plant presents the objectives and plans of the Mental Hygiene Committee, as follows:

1. Following our two meetings of this year the Mental Hygiene Committee is convinced that it is in agreement with the Officers of the

State Society that a program of *education* for the general practicing physician is a wise and pressing necessity.

2. The Mental Hygiene Committee does not feel that it has worked out with the Officers of the State Society any feasible and practical scheme for carrying through this project.

3. It feels that probably a good part of next year will be taken up with an effort at building, with the Officers of the State Society, a practical and workable plan for such education.

4. The Mental Hygiene Committee will continue to do what it can to further the educational work of the various Mental Hygiene Clinics that are now established. It has every faith in the educational value of these clinics and it believes that the best type of general education will come only through the furtherance of this clinic work. In the meantime, however, it has an open mind as to other methods of education and will attempt very vigorously during the coming year to work out some sort of plan with the Officers of the State Society that will be a practical way of arriving at the goal which we are all after.

OBJECTIVES OF PNEUMONIA CONTROL ADVISORY COMMITTEE

Dr. Kilduffe, Chairman of the Pneumonia Control Committee, outlines the objectives of his committee as follows:

To elaborate an efficient program for pneumonia control in this State which shall take into consideration the following factors:

1. Adequate specific treatment for those whose own resources in this respect are inadequate.

2. To this end, the establishment of a network of typing and distributing stations throughout the State.

3. Recognizing that in this program the State enters the field of therapeutic medicine, to safeguard in every respect the interests of the physicians and clinical pathologists of the State.

OBJECTIVES OF THE VENEREAL DISEASE CONTROL ADVISORY COMMITTEE

In addition to the Venereal Disease Committee objectives printed in the May Journal, Dr. Blaisdell adds three objectives for the coming year:

1. Meeting of medical demands.

2. Continuing our physicians' and the public's education on venereal diseases.

3. Coöperating with all capable agencies in phases of V. D. campaigns, either by advice or participation.

OBJECTIVES OF TUBERCULOSIS CONTROL ADVISORY COMMITTEE

Dr. Jaffin presents the following three objectives of his committee:

1. Steps to develop a better understanding among the profession at large, of the significance of first infection and reinfection in tuberculosis. I would suggest that at least one talk on this subject be given annually in each County Medical Society, by a competent speaker, preferably with movies or slides that can be readily secured.

2. Efforts to advocate the extension of case-finding, through the adoption of student surveys in the high schools and colleges, with the usual x-ray of all tuberculin positive reactors.

3. Develop plans that will enlist the cooperation of the family doctor for—

a. The proper follow-up of the tuberculin-positive student.

b. Provide him with the future security against further contact by a proper survey of his household and intimate friends.

c. Urge the family physician to extend the benefits of similar investigation to other adolescents and young adults not fortunate enough to attend high school, college or other institutions of learning.

PUBLIC RELATIONS COMMITTEE OBJECTIVES

By Joseph H. Kler, M.D., Chairman, New Brunswick, N. J.

The objectives and methods of procedure of the Public Relations Committee of The Medical Society of New Jersey, during the administration of President Carrington, will be for the most part a continuation of the objectives and methods of procedure which have been inaugurated during the past year. These have been frequently brought to the attention of the Society through reports to the Welfare Committee, and in articles in the Journal. These objectives and methods will be modified in the light of our experiences during the past year.

OBJECTIVE

The broad objective of the Public Relations Committee, as the name of the committee implies, is to improve relations between the medical profession of New Jersey and the general public. The committee will continue to use every ethical and practical means to acquaint the public with the work of the Medical Society in accordance with the principle that improved public relations are dependent upon the extent of the knowledge and understanding which the people have regarding the profession.

ADDRESSES TO LAY GROUPS

Talks to local groups by physicians are effective in acquainting the public with the medical profession. The committee will continue to foster the development of this medium by the expansion of speakers' aids to physicians. The loan collection of classified articles from Hygeia magazine, the loan collection of radio talks, and the collection of talks prepared by the committee will be amplified.

A package library of technical material will be available to physicians in the near future. This material can be used as source material in the preparation of talks to medical audiences, or as educational material to enable the physician to "brush up" on recent trends in medical treatment.

PRESS RELEASES

We shall continue to send to newspapers for publication news releases concerning activities of the Society. During the last year news items sent out by the committee have appeared in papers in every county in the State.

We shall continue our custom of sending copies of press releases to legislators of the State at Trenton, and at Washington, D. C.; to farm organizations; to representatives of the New Jersey Congress of Parents and Teachers; and to representatives of other organizations. This provides them with first-hand knowledge of efforts of the Medical Society to improve medical services.

The regular weekly health feature is gaining an increasing acceptance among weekly papers, and we think it is a good start in regular health education on the part of the Society. Thirty-seven newspapers are now using it, as compared with the twenty-four which accepted it at the outset. We think its publication will become more widespread during the coming year.

Material sent to the press for State-wide publication is now being cleared through the Information Bureau of the New Jersey Press Association, and in this manner it is given the status of *approved publicity*. This method is especially important because newspapers are beginning to reject material which is not cleared through this bureau.

The campaign to reduce appendicitis mortality by acquainting the public with the hazard of the indiscriminate use of laxatives, inaugurated this year, will be repeated next year.

RADIO PROGRAM

The committee plans to inaugurate a health radio program during the coming year. Details have not been worked out yet.

The committee also plans to make the lay health exhibit displayed at Atlantic City the nucleus of a larger and permanent exhibit which can be made available to county medical societies, and for State Society functions.

The desirability of effective public relations was aptly summed up by Bruce Barton in a speech before the National Association of Manufacturers in 1935 in these words:

"No major industry has any moral right to allow itself to be unexplained, misunderstood, or publicly distrusted; for by its unpopularity it poisons the pond in which we all must fish." By the insertion of two words—or profession—after the word industry in the first line, Mr. Barton's opinion could apply equally well to professional organizations.

STATE SOCIETY ACTIVITIES

THE ANNUAL MEETING OF 1938

In order to paint a word picture of the 172nd annual meeting of The Medical Society of New Jersey, in the Hotel Ambassador, Atlantic City, May 17, 18, and 19, 1938, adjectives in the superlative degree are necessary,—the largest, the greatest number of features, the most interesting, the most harmonious, and the most profitable. It was a fitting climax of the progressive administration of President Herrman. Almost the only criticisms that were heard arose because of the great extent and complexity of the exhibit halls, and the resulting difficulty of locating friends, and making and keeping appointments.

PLANNING AND PUBLICITY

The officers and committees in charge of the varied events began their work early in the administrative year; and by the middle of winter they had outlined the broad plans of the meeting, and began the important work of coordinating its varied features.

The general plans were in charge of a standing committee of which Dr. Charles B. Kaighn, of Atlantic City, was Chairman, with President Herrman as principal consultant, and Dr. LeRoy A. Wilkes, Executive Officer, as chief of the operating staff.

An important factor in the preparations for the annual meeting was that of publicity. In addition to the formal announcements in The Journal, two simple devices were utilized.

In the first place, attractive "stickers" in gold and red were attached to each piece of mail that was sent out from the offices.

In the second place, a white lead pencil bearing the seal of the Society and a notice of the annual meeting, was mailed to each member. One is surprised to find that five lines of large type can be printed on a pencil of ordinary size.

The cumulative effect of the daily sight of these simple reminders lying on his desk was doubtless a deciding factor which led many a member to seek the attractions of the annual meeting.

Another factor in publicity was the notices contained in the monthly Bulletins that are published by thirteen county societies. The county Woman's Auxiliaries also stimulated the doctors to attend the annual meeting.

"Sticker" used on letters from the Executive Offices

ATTENDANCE

The continuous development of the activities of the State and County Societies was reflected in the attendance, which was record-breaking for the third consecutive time. The figures for the attendance during each of the five years,—1934-1938,—are shown in Table 1.

TABLE 1

Year	Number of Members	Number of Members at Annual Meeting	Per Cent Attending
1934	2757	515	19
1935	2871	462	16
1936	2840	582	21
1937	3225	696	22
1938	3335	869	26

The total registration in 1938 is shown in the table on the next page, number 2.

TABLE 2

REPORT OF THE REGISTRATION COMMITTEE

Counties	Delegates	Members	Woman's Auxiliary	Visitors
Atlantic	10	80	46	85
Bergen	14	24	13	11
Burlington	7	20	17	3
Camden	12	50	27	14
Cape May	4	8		
Cumberland	4	11		8
Essex	56	144	33	63
Gloucester	4	13	12	4
Hudson	22	37	15	15
Hunterdon	2	2		4
Mercer	16	45	22	17
Middlesex	6	30	12	4
Monmouth	8	31	12	10
Morris	7	13		5
Ocean	2	11	4	2
Passaic	24	40	15	10
Salem	1	2		2
Somerset	5	17	8	4
Sussex	2	3		
Union	19	53	9	25
Warren	2	9	4	3
	227	642	249	289

Visiting M.D.'s—Out of State		26
Visiting M.D.'s—New Jersey		18
Visitors—Out of State		14
Exhibitors		108
Delegates		227
Members		642
Woman's Auxiliary		249
Visitors		289
		1573
Additional registrations after closing:		
Monmouth, member	1	
Camden, members	3	
Cape May, members	2	
Essex, guests	4	
Burlington	1	
	—	11
Total		1584

THE PRINTED PROGRAMS

The printed programs of the official events were made up in an improved form which adapted them for ready reference and reading. A chronological schedule of the events by each hour of each day occupied the first two pages, so that a member could find out what was going on and where at any particular hour, simply by looking at his watch and then at the program.

Another new feature of practical value was a marginal or thumb index of each section or group of events, with the leaves of each section notched so that the entire index was exposed at once, and the reader could open the book at any department by simply placing his thumb upon the proper word of the index. In making this marginal indexing possible, the studied coöperation of the printers and binders was freely given in appreciation of the friendly attitude of the leaders of the Society over a long series of years.

EXHIBITS

The features which were prominently in evidence were the exhibits, both the scientific and the commercial. They were located on a long, broad corridor which surrounded the main dining room and the assembly hall, and extended nearly the whole length of the lobby floor of the hotel. They occupied eighty booths, in front of which the members and visitors had to pass on their way to the meeting rooms and the registration tables.

TABLE 3

PERCENTAGE OF ATTENDANCE BY COUNTIES

County	Members on Official List	Number Attending	Per Cent Attending
Atlantic	123	90	73
Bergen	239	36	15
Burlington	59	27	47
Camden	174	62	36
Cape May	26	12	47
Cumberland	53	15	28
Essex	842	200	24
Gloucester	37	17	46
Hudson	417	59	14
Hunterdon	25	4	16
Mercer	213	61	29
Middlesex	102	36	35
Monmouth	127	39	31
Morris	82	20	24
Ocean	29	13	44
Passaic	357	64	18
Salem	24	3	12
Somerset	53	22	41
Sussex	20	5	25
Union	305	72	24
Warren	30	11	37
Total	3335	869	26

THE SCIENTIFIC EXHIBITS

The Scientific Exhibits were arranged by a committee of which Dr. Asher Yaguda, of Newark, was chairman. They occupied forty-two booths which were provided free by the State Society. They were of a high order of clearness and instructiveness, and reflected the progress of medical leaders in their methods of instructing their less-informed brethren. A list of the exhibits was published in the May Journal, page 318, as a part of the annual report of the chairman.

Three prizes were awarded for original research, and three for exceptional merit. Honorable mention of two other exhibits were made.

Photographs of the more striking exhibits were taken for publication in The Journal. Descriptions of the exhibits, to be supplied by the exhibitors, will be published from time to time during the coming year as a part of the scientific department of The Journal.

One of the pleasing features of the exhibits was the opportunity to talk with the exhibitors, and hear their experiences with conditions and processes in which investigations and discoveries have been recent.

THE COMMERCIAL EXHIBITS

The commercal exhibits were of a high order of merit; and the exhibitors were heartily welcomed by their medical friends with whom they had dealt for years. A description of each of the booths was printed in the May Journal, page 329.

THE SCIENTIFIC SESSIONS

The subject of human diseases, their diagnoses and treatment, was discussed in eight sessions whose programs were prepared by a subcommittee of the General Committee on the Annual Meeting, under the chairmanship of Dr. Robert S. Gamon, of Camden.

Tuesday evening was given over entirely to a general session, at which Dr. Robert Crile, of the Cleveland Clinic, was the guest speaker, discussing "The Clinical Results in the Surgical Treatment of Essential Hypertension". Dr. Crile spoke on the results of the researches which he had conducted during the last two years on the sympathetic nervous system of wild animals in Africa, and their application to operations on man. He had been the guest speaker on the same subject at the annual meeting in 1935, and his reputation as a clear, practical speaker drew a crowded house at this year's session. An abstract of his extempore address will be prepared for publication in an early issue of The Journal.

Sessions of the sections on general medicine, surgery, gastroenterology, radiology, pediatrics, obstetrics and gynecology, and eye, ear, nose and throat were also held. The papers and discussions in these sections will be major features of the Scientific Department of The Journal throughout the coming year.

THE HOUSE OF DELEGATES

The major interest of the annual meeting, as in former years, centered in the sessions of the House of Delegates, which is composed of the Past Presidents, and the present officers of the Society, and about 250 delegates elected by the county societies,—one for each fifteen of their members. The business of the House was classified in three broad groups:

1. The reception of the reports of the activities of the officers and of its committees, over thirty in number. These reports had been prepared in advance and published, filling sixty pages of the May Journal, so that not only the Delegates, but also the members were fully informed on all phases of the work carried on during the past year. These reports had been referred to eleven reference committees, who held sessions for hearing the opinions of the members, thereby avoiding controversial debates in the House.

2. Action on the proposals which the officers, the committees, and the members made for the activities of the coming year.

3. The election of officers for the coming year.

President Herrman presided over the sessions of the House in a remarkably judicial and efficient manner, and kept everybody in good humor. Whenever a serious difference of opinion arose, the House supported the President in referring it to the appropriate reference committee, which heard the proponents and opponents of the question at issue, and gave its decision, which was always supported by the House. The result was that the proceedings were conducted with entire good humor, and an unusual degree of satisfaction.

Judging by the experience of previous years, a considerable degree of confusion in the records of the debates was anticipated, so that the House had approved the suggestion of the Publication Committee that it be allowed to condense and edit the reports in the Transactions. But a careful reading of the stenotypist's verbatim reports of all the proceedings revealed the pleasing fact that all the remarks and actions taken were so remarkably clear and concise that but little editing will be required beyond the insertion of headings and cross-references.

The harmony and good humor that characterized the proceedings of the House of Delegates was largely the result of wisdom and the extent of the work of the several officers and committees throughout the year, and especially the coördinating work of the Welfare Committee in its sessions.

It is planned that, if possible, the Transactions will be published in the July issue of The Journal.

MEDICAL HISTORY

The Board of Trustees approved the suggestion of the Publication Committee that a standing committee be established in order to collect and publish the facts which had been revealed by a study of the official records of the Society from the day of its founding on July 23, 1766. It was suggested that the first study should be that of compiling a story of the lives of the Presidents, based on the brief record of each one as published in the Official List of this year. This will serve as an index of the source material which the historians of the county societies may amplify into complete biographies. This work will be valuable for the personal records of former presidents; and still more valuable, as a record of the development of the present organization of the Society;—for it is a fact that every feature of the present organization was foreseen, and its germs planted by the early leaders who possessed the gift of prophecy to a remarkable degree.

BULLETINS OF THE COUNTY SOCIETIES

A valuable feature of the annual meeting was the recognition of county societies as the essential agents for delivering the services proposed by the State leaders. Each of these leaders is a graduate of the school of his county society, and is now engaged in taking post-graduate work and research in his home organization.

Dr. Barkhorn, Chairman of the Publication Committee, presided at a luncheon meeting of the Editors of the Bulletins which are now published by thirteen of the county societies, whose membership consists of 84 per cent of the members of the State Society, at one o'clock of the second day of the annual meeting. The Editors exchanged ideas and suggestions which will doubtless result in an expansion of the field of activity of their local societies. A report of the discussions will be prepared for publication in an early issue of The Journal.

SOCIAL FEATURES

One of the most valuable features of the annual meeting was the informal opportunity to make new acquaintances and cement old fellowships. Groups of congenial physicians dotted the corridors and grill rooms every hour of the day,—and night. A mutual recognition of the good qualities of their confreres resulted from these informal gatherings.

WOMAN'S AUXILIARY

The formal social functions centered around the Woman's Auxiliary. The 249 members of the Auxiliary who registered supplied the inspiration which drew many of their husbands to the annual meeting. The luncheon meeting of the Auxiliary on Tuesday noon was attended by a goodly number of the officers and committeemen of the State Society, who gained a new insight into the practical plans which the Auxiliary has developed to further the projects of the doctors.

The leading social event of the annual meeting was the reception and dinner dance held under the auspices of the Auxiliary on Wednesday evening, in the honor of President and Mrs. Herrman, and of Mrs. Salasin, President of the Auxiliary, and of Dr. Salasin, Chairman of the Advisory Committee to the Woman's Auxiliary. The receiving line included the Rev. Henry W. Herrman, and Dr. Robert C. Clothier, President of Rutgers University, from which Drs. Herrman, Trustee Nafey, and other prominent physicians had graduated. The reception was held in the spacious rotunda of the hotel, adjoining the main dining room, and practically every physician and his wife who attended the dinner passed down the line and extended their personal greetings to the honored guests.

The several courses of the dinner were interspersed with periods of dancing in which the majority of the diners participated. The principal feature of the entertainment of the evening was the singing of the favorite songs of former days, beginning with the nineties, by the Glee Club of the Kiwanis organization, of which Dr. W. J. Carrington, the new President of the State Medical Society, was international president, and Dr. Hilton S. Read, Chairman of the Welfare Committee, is an active member.

Dr. Read presided at the banquet, and introduced the speakers, who included Mrs. Salasin, President of the Auxiliary, and Dr. Robert C Clothier, President of Rutgers University. Verbatim notes of the proceedings of the banquet and the addresses of the speakers were taken by the official stenotypist of the annual meeting, and an abstract will be prepared as an essential part of the proceedings of the annual meeting. It is to be regretted that lack of time for their preparation and typesetting will prevent their publication in the June issue of The Journal.

A pleasing social feature of the annual meeting was the automobile tour arranged for the

ladies under the auspices of the Woman's Auxiliary of Atlantic County.

THE EXHIBIT OF ARTS, HOBBIES, AND MEDICAL HISTORY

The exhibition of Arts, Hobbies, and Medical History arranged under the chairmanship of Mrs. Ily R. Beir, and Dr. Beir, was unusually pleasing and comprehensive, as will be shown by official photographs which will be published with Mrs. Beir's report. Mrs. Beir plans to take some of the exhibits, especially those on medical history, to the A. M. A. exhibit in San Francisco which opens in June.

The exhibit was worthy of space among the Scientific Exhibits where every physician might see and examine the specimens of art prepared by the doctors and their wives; and also those on medical history.

ANNOUNCEMENTS BY PRESIDENT CARRINGTON

Dr. W. J. Carrington, who was elected President of The Medical Society of New Jersey at the 1937 session of the House of Delegates, announced the personnel of the committees for his administrative year, and distributed preprints of the list of his appointees which appear in this Journal. A special feature of the list is the inclusion of the dates of meetings of the committees, beginning with the organization meeting of every committee on June fifth.

Another feature of the new list of committees is a list of the members alphabetically arranged according to their names and including his office and committee assignment. This insured the prompt initiation of the work of the new year as a direct continuation of Dr. Herrman's administration.

PUBLICITY OF THE 1938 ANNUAL MEETING

By J. H. KLER, M.D., Chairman, Public Relations Committee

To date, 142 clippings or news stories dealing with some phase of the 1938 convention of The Medical Society of New Jersey have been submitted by our press clipping service. These clippings are from sixty-one different newspapers, fifty-two of which are published in New Jersey. These news stories may be classified as follows:

Clippings from New Jersey dailies	89
Clippings from New Jersey weeklies and semi-weeklies	26
Clippings from New Jersey Sunday papers	5
Clippings from New York City newspapers	14
Clippings from Philadelphia newspapers	8
	142

Out of thirty-four daily papers published in New Jersey, twenty-nine carried one or more stories on the annual convention. New York City newspapers which published one or more stories on the convention include the New York Times, the Herald Tribune, the Evening Post, the World-Telegram, and the Sun. The Times and Herald-Tribune had stories in their Sunday editions, as well as in their daily editions.

Four Philadelphia newspapers published news stories on the Medical Society's convention. They are the Public Ledger, the Evening Bulletin, the Inquirer, and the Record.

Four daily newspapers printed editorials relating to activities of the Medical Society at its convention. All four were complimentary to the Society.

Newspapers publishing news stories on the convention may be classified as follows:

New Jersey dailies	29
New Jersey weeklies and semi-weeklies	20
New Jersey Sunday papers	3
Out-of-state newspapers	9
	61

Weekly newspapers primarily reflect events within their communities, and the space which they give to state conventions held outside of the counties in which they are published is necessarily restricted. However, if county societies could provide the county papers with a list of physicians attending the annual convention from each county, the publicity from the State Society's Public Relations Committee would be given a local tie-up, and more of it would probably be used.

The Public Relations Committee sent out four stories on the Annual Meeting for statewide release, one a week during the month of May. All daily and Sunday papers were provided with programs and with reports of the Society's committees. Special press releases were sent to papers in communities which were

represented by physicians on the scientific program. These releases were based on extracts from the speakers' talks which would be of interest to lay persons.

Mr. Arthur Sinnott, editor of the Newark Evening News, assigned his suburban editor, Mr. Henry Coit, to cover the convention. Mr. Coit, who is the son of Dr. H. L. Coit, the father of the certified milk movement, has a comprehensive understanding of medical problems and of the medical point of view, and supplied his paper, the largest in New Jersey, with detailed and accurate accounts of the convention. The representatives of the Associated Press, Mr. W. F. Carter and Mr. Ernest Golding, handled very ably the stories carried by the Associated Press. The New York Herald-Tribune and the Philadelphia Evening Ledger were competently represented by Mr. Don Stetson.

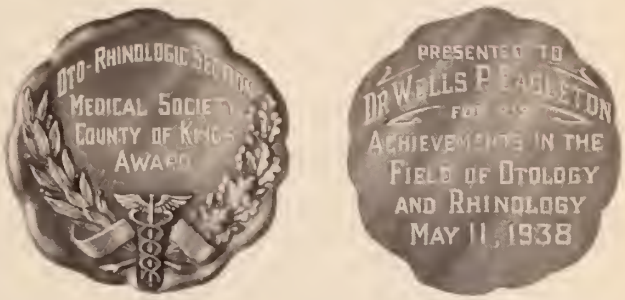
The Public Relations Committee supervised the creation of the exhibit intended to show the contributions of different organizations, both official and voluntary, to the total health care of man.

The Chairman of your Public Relations Committee delivered three radio talks, one each day of the convention, over station WPG, explaining the organization and functions of the Medical Society and pointing out how its activities were inseparably interwoven with improved health for all the people of the State.

In publicizing the 1938 annual convention, your Public Relations Committee used three media—the press, the radio, and the exhibit—in an effort to give the public a clearer understanding of the purposes, the voluminous work, and the accomplishments of The Medical Society of New Jersey.

AN ADDRESS OF APPRECIATION OF THE WORK AND SERVICES OF DR. WELLS P. EAGLETON

Given at the presentation of a medal by the Section on Laryngology, Rhinology, and Otology of the Medical Society of the County of Kings and Academy of Medicine of Brooklyn, N. Y., May 11, 1938, by Dr. A. C. Howe of Brooklyn.



Dr. Wells P. Eagleton: It is a great honor to me to have the privilege of trying to express to you the very great esteem, the very great affection and the grateful appreciation of the Brooklyn Medical Profession as a whole and especially the Otolaryngologists represented by the Brooklyn Otological Society gathered here. I know of no man to whom we owe a greater debt for simplifying the prevention of intracranial tragedies; for clarifying the processes by which sepsis gains access to the intracranium and the sinuses; for constructing the signposts by which we can visualize these pathologies. You laid a solid foundation upon which the present progress in intra-cranial diagnosis and surgery was built and rests. I know of no man who sacrificed more leisure, more personal resources or who incurred greater physical and mental exhaustion than you to bring the results of your research and of your operation room experiences to the otolaryngologist. You traveled to every section of our country to encourage and give hope to other workers in our specialty, that the great scourge of meningitis and intra-cranial lesions could be conquered. As a result of your work, many capable men are qualified today to surgically and otherwise meet the dread intracranial threat. In the earlier days of our specialty you alone stood out as the most capable source of help we could call upon, and you were always most generous in your contribution to the solution of our problems.

We of Brooklyn owe you a great debt of gratitude. Harlow Brooks, who recently left us, was known in and out of the profession as the Beloved Physician. To us you have long been and tonight are the Beloved Physician, Teacher and Friend. No man outside of Brooklyn is held in higher esteem by us. We are grateful for the opportunity to tell you how deep our affection and admiration for you is. As evidence of this relation to you, the Brooklyn Otological Society begs you to accept this token to remind you that you have fought a good fight and have won honor and gratitude such as is extended to but few men.

ANNUAL REPORT OF THE TREASURER

1937-1938

PERMANENT FUND

May 31, 1937—	
4M U. S. Treasury bonds	$ 4,045.94
Investors Title & Mort. Guar. Co.	2,910.00
Trenton Mortgage Service Co.	2,415.00
First Nat. Bank of Paterson, Svgs. ac.	5,694.31
Feb. 7, 1938—	
Transfer from Surplus	1,000.00
	$16,065.25
Feb. 7, 1938—	
Depreciation written off	$ 1,000.00
May 31, 1938—	
4M U. S. Treasury bonds	4,045.94
Investors Mortgage & Realty Co.	2,050.00
Trenton Mortgage Service Co.	1,852.75
First National Bank, savings acc't	7,116.56
	$16,065.25

KIPP MEMORIAL FUND

May 31, 1937—	
Deposit, Howard Savings Institution	$30.00
May 5, 1938—	
Interest to date	1.05
	$31.05
May 31, 1938—	
Deposit, Howard Savings Institution	$31.05

GENERAL ACCOUNT

RECEIPTS

Balance, May 31, 1937		$ 44,521.62
Assessment—		
Atlantic	$ 2,007.00	
Bergen	4,169.00	
Burlington	926.00	
Camden	2,664.00	
Cape May	416.00	
Cumberland	840.00	
Essex	14,212.50	
Gloucester	652.00	
Hudson	6,712.00	
Hunterdon	511.00	
Mercer	3,247.00	
Middlesex	2,051.00	
Monmouth	2,032.00	
Morris	1,591.00	
Ocean	435.00	
Passaic	5,761.00	
Salem	360.00	
Somerset	836.00	
Sussex	369.00	
Union	4,895.00	
Warren	523.00	
		55,209.50
Publication receipts		11,855.65
Commercial Exhibits, Annual Meeting		3,704.50
Interest		761.75
Miscellaneous		656.19
		$116,709.21

PAYMENTS

For 1937 account, bills payable May 31		$ 2,517.79
" Administration:		
Executive Officer, salary	$ 7,000.00	
Clerical services	4,474.61	
Printing	2,535.77	
Office expenses	1,548.28	
Travel	829.07	
Rent	2,942.52	
Finance department	761.73	
Secretary's office	202.58	
		20,294.56
" Publication:		
Journal	$13,674.83	
Editor: salary & expenses	5,173.96	
Clerical & office expense	2,213.73	
		21,062.52
" Welfare:		
General Committee	$ 756.14	
Legislative Committee	605.39	
Public Health Com.	1,398.56	
Public Relations Com.	2,566.92	
Medical Practice Com.	237.80	
		5,564.81
" President's office		1,960.36
" Legal expenses		2,268.98
" Honorarium, ex-secretary		1,500.00
" Annual Meeting, 1938		3,622.07
" Tri-State Directory		665.20
" Office furniture & equipment		390.90
" Trustees		411.63
" Miscellaneous		129.09
Refund to Hudson County		1,265.90
Transfer to Permanent Fund		1,000.00
Balance forward		54,055.40
		$116,709.21

SUMMARY

Expected income	$66,000.00
Actual receipts	72,187.59
Budget appropriations	66,680.00
Expenditures	62,653.81
Cash balance	$54,055.40
Unearned income (7/12 of assessment paid)	30,811.06
Surplus	$23,244.34
Surplus, 1937 (auditor's report)	$20,481.96

The report of the Auditor, when complete, will be filed in the office in Trenton, for the inspection of any interested member.

Respectfully submitted,

E. J. MARSH, M.D.,
Treasurer.

OBITUARIES

DR. HARRY H. SATCHWELL

Dr. Harry H. Satchwell, a prominent cardiologist, and teacher, and an outstanding leader in medical societies, died on April 6, in his home in Irvington, Essex County, of a heart affection, after an illness of four months. He was fifty-four years of age on April 2.

Dr. Satchwell was a native of Newark. He graduated from the New York University Medical College in 1904, and spent his interneship in Bellevue Hospital. He then engaged in the newly developing specialty of internal medicine, and was a member of the medical staffs of several hospitals in Newark and New York. He also took a deep interest in legal medicine, and graduated from the New Jersey Law School in 1913.

Dr. Satchwell was active in medical education and was a member of the teaching staff of the New York University Medical College. He was also a leader in medical education, and served on the Committee of Post-Graduate Education of the State Medical Society from the time of its establishment in 1929, and was made its chairman in 1934. He was also chairman of the Committee on Nursing Education of the State Society.

Dr. Satchwell was also a member of the Board of Medical Examiners of the State of New Jersey, and was active in raising the standards for licensure to practice medicine.

Dr. Satchwell leaves a wife and a son.

DR. FRANK SANDT

Dr. Frank Raymond Sandt, pathologist to the Paterson General Hospital, died on April fifth from a heart affection. He was sixty-one years of age, and was a native of Easton, Pa. He graduated from the University of Pennsylvania in 1900, and served as interne in the Pottsville, Pa., Hospital. He then began to practice in Paterson. In 1902 he became pathologist at the General Hospital, Paterson. He received an honorary degree from Lafayette College in 1927.

Dr. Sandt was an active member of the Passaic County Medical Society, St. Paul's Episcopal Church, and Joppa Lodge, F. & A. M.

DR. JAMES C. WOLFE

Dr. James C. Wolfe, one of the younger physicians of Montclair, died in his home in Glen Ridge on May twenty-third from a sudden heart attack. He was the son of Dr. Jacob S. Wolfe, of Bloomfield, and was born July 24, 1898. He took a premedical course in Lafayette College, and graduated from the Medical Department of the University of Maryland in 1921. He interned in the Mountainside Hospital, Montclair, and remained connected with it as chief anesthetist. He leaves a wife and two boys who are now in the high school of Glen Ridge, where he had his home.

DR. W. G. MOORE

The report of the Committee on Resolutions for the death of Dr. Moore was read by Dr. R. S. Gamon.

William G. Moore, M.D., born in Philadelphia, Pa., October 20th, 1884, and graduated from University of Pennsylvania, Department of Medicine, in 1907. He interned at Howard Hospital, Philadelphia, and Chester Hospital, Chester. He practiced medicine in Cumberland Valley until 1912. He came to Camden in 1912, and located at Mt. Ephraim Avenue and Chase Street, Camden, N. J. He was elected coroner in 1930. He died April 30th, 1938, at Jefferson Hospital, Philadelphia.

Whereas, the late William G. Moore, M.D., a member of the Camden County Medical Society, departed his life on the 30th day of April, 1938;

Whereas, the Camden County Medical Society knowing of his humanitarian acts, his loyalty to the profession, his ever-willingness to help his fellow-men, and his congeniality that endeared him to his fellow physicians;

Therefore, be it resolved, that the Camden County Medical Society extend its heartfelt sympathies to the family of the late William G. Moore, and especially his daughter Ruth, and to his father, Thomas Moore.

(Signed) B. Wroblewski, M.D.
Samuel Butler, M.D.
Maurice E. Baker, M.D.

DR. HENRY O. REIK

Dr. Henry O. Reik died of a heart ailment on June 2, 1938, at his home, 56 Sterling Avenue, Weehawken, at the age of 70. He was born in Baltimore, Maryland, and graduated from the University of Maryland Medical School. He practiced the specialty of eye, ear, nose and throat. He served in Base Hospital 67 in France with the overseas troops. For ten years, until October, 1933, he was Executive Secretary of The Medical Society of New Jersey and Editor of its Journal.

PHYSICIANS DYING IN NEW JERSEY IN APRIL, 1938

Reported by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Richard H. Dingelstedt	65	April 22, 1938	Jersey City	Same	Cardiac disease.
Thomas W. Harvey	84	April 8, 1938	Orange	Same	Arterio sclerosis.
Frank R. Sandt	61	April 5, 1938	Paterson	Same	Chronic myocarditis.
Harry H. Satchwell	53	April 6, 1938	Newark	Same	Nephrosclerosis.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1937

DIPHTHERIA TOXOID

County	Total to Mar. 31	Month of April	Total to Apr. 30	Average per Month
Atlantic	313	13	326	32.6
Bergen	1792	636	2428	242.8
Burlington	743	393	1136	113.6
Camden	1038	13	1051	105.1
Cape May	109	65	174	17.4
Cumberland	758	16	774	77.4
Essex	3937	547	4484	448.4
Gloucester	258	156	414	41.4
Hudson	963	85	1048	104.8
Hunterdon	296	0	296	29.6
Mercer	1723	9	1732	173.2
Middlesex	1006	77	1083	108.3
Monmouth	1444	39	1483	148.3
Morris	329	118	447	44.7
Ocean	259	22	281	28.1
Passaic	2485	263	2748	274.8
Salem	907	14	921	92.1
Somerset	434	6	440	44.
Sussex	211	0	211	21.1
Union	1307	287	1594	159.4
Warren	56	27	83	8.3
Totals	20368	2786	23154	2315.4

SMALLPOX VACCINE

County	Total to Mar. 31	Month of April	Total to Apr. 30	Average per Month
Atlantic	515	5	520	52.
Bergen	1113	72	1185	118.5
Burlington	338	23	361	36.1
Camden	1593	50	1643	164.3
Cape May	122	2	124	12.4
Cumberland	322	13	335	33.5
Essex	3804	230	4034	403.4
Gloucester	406	48	454	45.4
Hudson	370	2	372	37.2
Hunterdon	182	359	541	54.1
Mercer	761	16	777	77.7
Middlesex	762	127	889	88.9
Monmouth	2177	4	2181	218.1
Morris	584	87	671	67.1
Ocean	36	1	37	3.7
Passaic	2034	62	2096	209.6
Salem	222	5	227	22.7
Somerset	274	9	283	28.3
Sussex	5	0	5	.5
Union	1873	54	1927	192.7
Warren	186	16	202	20.2
Totals	17679	1185	18864	1886.4

DIPHTHERIA TOXOID

County	Total to April 30	Month of May	Total to May 31	Average per Month
Atlantic	326	44	370	33.6
Bergen	2428	553	2981	271.3
Burlington	1136	413	1549	140.9
Camden	1051	62	1113	101.1
Cape May	174	11	185	16.8
Cumberland	774	8	882	80.1
Essex	4484	1150	5634	512.2
Gloucester	414	238	652	59.2
Hudson	1048	1867	2915	256.
Hunterdon	296	18	214	19.3
Mercer	1732	342	2074	188.5
Middlesex	1083	178	1261	114.6
Monmouth	1483	78	1561	141.9
Morris	447	210	657	59.7
Ocean	281	56	337	30.6
Passaic	2748	366	3114	283.1
Salem	921	4	925	84.1
Somerset	440	41	481	43.7
Sussex	211	0	211	19.1
Union	1594	550	2144	194.9
Warren	83	1	84	7.6
Totals	23154	6190	29344	2667.6

SMALLPOX VACCINE

County	Total to April 30	Month of May	Total to May 31	Average per Month
Atlantic	520	47	567	51 5
Bergen	1185	266	1451	131.9
Burlington	361	37	398	36.1
Camden	1643	10	1653	150.2
Cape May	124	6	130	11.8
Cumberland	335	22	357	32.4
Essex	4034	344	4378	396.1
Gloucester	454	10	464	42.1
Hudson	372	205	577	52.4
Hunterdon	541	174	715	65.
Mercer	777	170	947	86.9
Middlesex	889	34	923	83.9
Monmouth	2181	100	2281	207.3
Morris	671	46	717	65.1
Ocean	37	21	58	5.2
Passaic	2096	219	2315	210.4
Salem	227	6	233	21.1
Somerset	283	6	289	26.2
Sussex	5	0	5	.4
Union	1927	231	2158	196.1
Warren	202	13	215	19.5
Totals	18864	1967	20831	1893 7

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

June, 1938				July, 1938	
8	Mercer	16	Morris	19 Warren	26 Hunterdon
9	Somerset	22	Monmouth		
14	Bergen		Camden (Outing Meeting)		
14	Cumberland				
15	Middlesex				

Cape May has two other meetings at the call of the President.

ATLANTIC COUNTY

E. H. Nickman, M.D., Reporter

The regular meeting of the *Atlantic County Medical Society* was held April 8, 1938, at the Ambassador Hotel, Dr. H. S. Read, presiding.

Upon proper motion, the minutes of the March meeting were not read.

COMMUNICATIONS

Communications from Assemblymen Fairley and Hannemann were read.

A letter from Dr. Samuel Barbash with reference to the Pine Rest building program was referred to the Tuberculosis Committee for report at the May meeting.

The Society voted to take part in the Community Chest plan as an institutional member, with the Secretary and Treasurer as delegates.

NEW MEMBER

Dr. R. M. Fowler was unanimously elected to membership.

MEDICAL ECONOMICS SURVEY

Dr. H. L. Harley in reporting for the Medical Economics Committee requested Dr. Read to increase his committee to approximately thirty members in order to carry out the survey of the A. M. A. in checking the supply of medical care of each community.

LEGISLATION

Dr. D. B. Allman reported for the Legislative Committee on bills of interest to the Society.

FREE MEDICAL EXAMINATIONS

Dr. LeRoy A. Wilkes, Executive Secretary of The Medical Society of New Jersey, was requested to call upon the Commissioner of Education who, in an address before the Ventnor Parent-Teacher Association, made statements regarding pre-school medical care being done free by physicians regardless of the economic status of the family. It was felt that, in view of the fact that the Parent-Teacher Association had promised that only indigent patients would receive free care, some notice should be taken of such remarks coming from the Commissioner of Education of the State.

SCIENTIFIC

The scientific program was presented by Dr. Thomas Fitz-Hugh, Associate Professor of Medicine and Chief of the Hematological Laboratory, University of Pennsylvania, Philadelphia, Pennsylvania, whose address was on "The Medical and Surgical Management of the Blood Dyscrasias".

The annual meeting of the *Atlantic County Medical Society* was held at the Ambassador Hotel, May 13, 1938, with President Hilton S. Read presiding, and about sixty members and guests present.

LEGISLATION

Dr. D. B. Allman, reporting for the Legislation Committee, stated that Bill No. 511 would come up again on Monday, May 16, and urged the members to get in touch with the legislators with regard to this Uniform Medical Practice Act.

MEDICAL ECONOMICS

Dr. H. L. Harley, Chairman of the Medical Economics Committee, reported that twenty additional members had been appointed to his committee for the study of the supply of medical care in this county.

NEW MEMBER

Dr. C. C. Charlton, reporting for the Board of Censors, stated that the transfer of Dr. M. M. Molitch to this Society from the Philadelphia Society was in order and he was unanimously elected.

TUBERCULOSIS BUILDING

The Committee on Tuberculosis requested more time to work on their report on the building project of Pine Rest Sanitarium, which is under controversy.

OUTING

Dr. L. M. Walker, Chairman of the Entertainment Committee, reported that the Annual Outing would be held at Dox Folly on June 10, and the cost per person was fixed at $1.50, this amount to cover all expenses.

DEATH

The untimely death of Dr. Samuel Stalberg was reported and the Secretary instructed to communi-

cate the sympathy of this Society to the sorrowing family.

ANNUAL MEETING OF STATE SOCIETY

Dr. Allman urged the delegates to the State Convention to attend the meetings or arrange with their alternates to attend. He also requested all the members to register early.

ELECTION OF OFFICERS

The report of the Nominating Committee was made by Dr. Carl Surran, and the following officers were elected for the year 1938-39:

President, Dr. James H. Mason
Vice-President, Dr. Myrtile Frank
Secretary, Dr. J. Carlisle Brown
Treasurer, Dr. David B. Allman
Reporter, Dr. E. H. Nickman
Historian, Dr. H. L. Harley

Delegates to the State Society: Drs. V. E. Johnson, Harry Subin, C. C. Charlton.
Delegate to the A. M. A.: Dr. Hilton S. Read
Alternates to State Society: Drs. Herman Kline, G. R. Stamps and W. W. Hersohn
Executive Committee: Dr. Andrew M. Smith
State Nominating Committee: Dr. D. Ward Scanlon

VENEREAL DISEASE CONTROL

Dr. Karl M. Scott reported for the Venereal Disease Control Committee that the work was being carried on satisfactorily in this county, with clinics at the Municipal Hospital in Atlantic City, at the Asylum, and in Mays Landing. He felt that some work should be done in Egg Harbor and Hammonton.

THE SOCIETY'S BULLETIN

Dr. Samuel Barbash, reporting for the Publication Committee, stated that the Bulletin "speaks for itself", and commended Drs. Hoffman and Nickman for their work.

APPRECIATION OF PRESIDENT READ

A rising vote of thanks was given to Dr. Read for his fine work as President, and the new President, Dr. James H. Mason, was introduced.

SUPPER

After the meeting a buffet supper was enjoyed, at which the members of the Auxiliary were guests of the Society.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The regular monthly meeting of the *Camden County Medical Society* was held at the West Jersey Homeopathic Hospital on April 5th, 1938, at 9 p. m., with the President, Dr. J. L. Mahaffey, presiding, and 105 members and guests in attendance.

NEW MEMBERS

Dr. Nathan Asbell, Camden, and Dr. William F. Fearn, Westmont, were unanimously elected to active membership.

Two applications for membership were received.

SCIENTIFIC

The following scientific program was ably presented by members by the West Jersey Homeopathic Hospital Staff:

1. Malformation of the Uterus,—presentation of case histories, by Drs. Hadley, Hessert, Ornaf.
2. Elliptical Cell Anemia, by Dr. Grant Favorite.
3. Menopausel Arthritis, by Dr. David Andrus.
4. Carcinoma of the Rectum, by Dr. H. Wesley Jack.
5. Orbital Abscess, by Dr. Earl S. Hallinger.
6. Air-rifled Eyes, by Drs. Maldeis and Swiecicki.

HOSPITAL ADVISORY

A letter was read from Dr. Warren Pinner, Chairman of the General Hospital Committee of the Board of Freeholders, requesting that a committee be appointed to act as an advisory committee with the General Hospital Committee to discuss medical affairs of the Lakeland General Hospital. The following committee was appointed: Dr. T. K. Lewis, Chairman; Drs. Jack, Bentley, Hallinger and Sherk.

MEMORIAL, DR. THOMAS HUGHES

Dr. W. G. Mengel, Chairman of the Committee to Present Resolutions on the Death of Dr. Thomas Hughes:

"Whereas, an all wise Providence in His infinite wisdom has taken from our midst through death Thomas E. Hughes, M.D., and

"Whereas, his association with the Camden County Medical Society has been of a most pleasing nature and his usefulness as a physician in the community has been strikingly commendable in every respect, therefore be it

"Resolved, by the Camden County Medical Society that its membership keenly feel that loss sustained through his demise and hereby gives expression of its sincere sympathy with his family in their period of sadness, and be it further

"Resolved, that we, individually and collectively, heartily attest to his nobility of character, his professional skill and tactfulness, his cheerful spirit and his genuine interest in his work, which qualities deservedly endeared him to all who knew him, and be it further

"Resolved, that a copy of these resolutions be forwarded to the family, and incorporated in the minutes of the Camden County Medical Society.

"Willard G. Mengel, M.D.
Arthur L. Stone, M.D.
John P. Brennan, M.D."

The annual meeting of the *Camden County Medical Society* was held May 3rd, 1938, at 9 p.m. at the Camden City Dispensary Building, President Mahaffey presiding. There were sixty-two members present. Dr. Diverty, of Gloucester County, and Dr. Shipps, of Burlington County, were welcomed as guests.

NEW MEMBER

Dr. Nathan Asbell was installed as a new member of the society.

BUSINESS COMMITTEE REPORT

Dr. E. B. Rogers, Chairman of the Business Committee, recommended that the By-Laws be brought up to date, printed, and distributed to the members. This was passed by the society.

It was moved by Dr. Rogers that a standing committee be appointed to serve as a *Medical History Committee.*

LAKELAND HOSPITAL

Dr. T. K. Lewis, Chairman of the Advisory Committee to the Board of Freeholders, presented the following report:

"The Advisory Committee on Lakeland General Hospital, during the course of its studies, has been impressed with the desirability of the creation of a Board of Trustees, similar to that controlling the destinies of tuberculosis institutions. With the ever-changing personnel of the Chosen Board of Freeholders, our county medical institutions, excepting the Lakeland Tuberculosis Hospital, from time to time become a political football. Certainly with constant changes in the managing body and frequent political shake-ups, it is difficult to establish a continuity of governing philosophy. This condition would be largely corrected by a semi-permanent body, such as the Board of Tuberculosis Hospital. Under existing statutes, this is legally an impossibility. The Princeton Survey Department has just completed an excellent study of municipal government, as a result of which new legislation is anticipated. It is implied that, as its next task, the Princeton Survey Department will undertake a study of county government.

"It is, therefore, the suggestion of your committee that the Camden County Medical Society, through proper channels, recommend to The Medical Society of New Jersey that it call the attention of the Princeton Survey to the imperfections of the control of county medical institutions, excepting the tuberculosis hospitals, and request a study of the feasibility of legalizing permanent Boards of Trustees, consisting of an equal number of physicians (members of County Society) and businessmen to direct the management of all county medical institutions."

This was passed by the society.

Dr. Lewis then read a majority and minority report concerning the advisability of turning Lakeland General Hospital into a *General Hospital* for treatment of acute diseases. The majority report dealt with the inadvisability of doing this because of the increased cost and the difficulty of staffing the hospital. The minority report dealt with the advisability of having the Lakeland Hospital for acute cases. This report dealt with the need for more acute beds in Camden County, and the fact that location is not so far away and is connected by good roads to every part of the county. Also the better climate and environment for a hospital should not be overlooked. The cost was to be offset by the patients paying part, and the freeholders paying their hospital grants to Lakeland Hospital. The staff was to be made up of rotating services.

Both reports were received with a great deal of attention. There was some discussion and the society voted that the majority report be adopted.

ELECTION OF OFFICERS

The following list of officers were elected:

President, H. Wesley Jack, M.D.
Vice-President, I. E. Deibert, M.D.
Secretary, George B. German, M.D.
Treasurer, E. C. Shull, M.D.
Historian, H. B. Decker, M.D.
Trustee, T. M. Kain, M.D.
Censor, J. Lynn Mahaffey, M.D.
Reporter, Harold D. Barnshaw, M.D.

The incoming officers were read the oath of office, and Dr. Jack, their new President, thanked the members for their confidence.

PRESIDENT'S REPORT

Dr. Mahaffey presented the President's annual address which included discussions from a public health angle, the future of the people and medicine in general. This was ably presented and in keeping with the present trend of medicine.

ESSEX COUNTY

THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

Franklin J. Tobey, M.D., Reporter

The stated meeting of the *Academy of Medicine of Northern New Jersey* was held on Thursday, April 21, 1938, at the Academy, 91 Lincoln Park, South, Newark, under the auspices of the Section on Surgery. The meeting was called to order by President Henry C. Barkhorn at nine p.m.

ELECTION

The tellers of the annual election reported that all the ballots were in the affirmative. The President directed the Secretary to cast a ballot for the officers.

Vice-President (two years), Charles F. Rathgeber, M.D., East Orange
Trustees (five years): Edward J. Ill, M.D., Newark; Wells P. Eagleton, M.D., Newark
Library Committee (five years), Edgar P. Cardwell, M.D., Newark
Library Committee (two years), C. Abbott Beling, M.D., Newark
Committee on Admission (five years): James B. Davidson, D.D.S., Newark

NEW MEMBERS

The following candidates recommended by the Council were elected to Fellowship:

R. W. Baeseman, Asbury Park
Paul V. Reinartz, Bloomfield
William A. Tansey, Newark
John B. Makin, Asbury Park
Sidney D. Becker, Asbury Park
Arthur Strauss, Long Branch

Albert S. Tenney, East Orange
Samuel A. Muta, East Orange
Maynard G. Bensley, Summit
Charles W. Naulty, Jr., Perth Amboy

Junior Fellows elected were:

Frederick C. DeTroia, Newark
Casimir F. Gadomski, Elizabeth

In the Surgical Section Dr. John J. Connolly was elected chairman, and Dr. William H. Huber, secretary.

SCIENTIFIC

Dr. English introduced the guest speaker, Dr. Isabel M. Scharnagel, Instructor in Post-Graduate Surgery, New York University.

Dr. Scharnagel's paper, "Recent Contributions in the Etiology and Diagnosis of Carcinoma of the Breast", was a thorough review of the etiology and the use of a needle biopsy and x-rays of the breast for diagnosis. The paper was illustrated with lantern slides.

Drs. E. J. Ill, Friedman, Finkler and Wolf discussed the paper.

The meeting adjourned with a rising vote of thanks to our guest.

GLOUCESTER COUNTY

H. B. Diverty, M.D., Reporter

The regular monthly meeting of the *Gloucester County Medical Society* was held on Thursday evening, May 26th, 1938, at The Homestead, Woodbury, with the President, Dr. Oran A. Wood, presiding.

VENEREAL DISEASE

Dr. I. W. Knight, Chairman of Public Health Committee, reported that the Venereal Disease Clinic has fifty-two patients now on the roll. If the number of cases increases it will probably be necessary to operate the clinic on a two-hour basis instead of the present one-hour arrangement. Dr. Knight reminded the members that after July 1st no marriage license shall be issued unless both parties have had a Wassermann done. The physician must then certify that they do not have syphilis or that it is not in a communicable stage. When the physician sends in the specimen for blood Wassermann he should state on the slip that it is for marriage purposes.

Dr. Hollinshed stated that he had visited the Venereal Disease Clinic and urged others of our members to do so too. He stated that the clinic is being supported by the generosity of the Underwood Hospital in allowing use of rooms, and by the local Boards of Health of the county, who contribute certain sums of money toward the maintenance of the clinic. Dr. Hollinshed further stated that the members of our Society who are in touch with Boards of Health throughout the county should make an effort to inform them of the fine work being done in the clinic so as to keep them interested in the project. Since our County Society sponsored this work, it is necessary for our members to support the clinic by referring only indigent cases to it. Dr. Hollinshed added that Dr. Knight and Dr. Livengood are making every effort to weed out any patient who is not eligible for treatment. Every patient should be given a note by the physician showing that he is entitled to the services of the clinic.

SALEM COUNTY CLINIC

Dr. Church, a delegate from Salem County, who has been interested in syphilis control in that county for eighteen years, also spoke on the venereal disease subject. He said that $3000 per year was allowed in Salem County for the maintenance of their clinic. Dr. Church emphasized the statement that the venereal disease problem is definitely one of county control. He said that Salem County would have the situation well controlled were it not for the influx of new cases constantly being brought in, particularly by farm workers from Virginia and other Southern States in the Summer.

PUBLIC RELATIONS COMMITTEE

Dr. Hollinshed, Chairman of Public Relations Committee, reported on the work of his committee for the year. Thirteen speaking engagements were arranged for members of the Society through the Woman's Auxiliary. A total number of 513 persons were addressed at these thirteen meetings. Press releases were sent out following most of these meetings. The committee also sent press releases to the press of Woodbury following the meetings of the County Society.

THE ANNUAL MEETING OF THE STATE SOCIETY

Dr. Ulmer referred to the fine distinction of having our member, Dr. Hollinshed, being elected as Chairman of the Board of Trustees of the State Society. Dr. Downs referred to the election of Dr. Ulmer as Councilor for the Fifth Judicial District for three years.

Dr. Hollinshed stated that eight members of our Society had been appointed to committees in the State Society.

Dr. Ulmer stated that seventeen members of our Society had registered at the convention.

SCIENTIFIC

The following interesting case reports were presented by members of our Society:

1. A Case of Cancer of the Rectum—Wendell J. Burkett
2. A Case of Unusual Symptoms, Not Substantiated by Autopsy Findings—Horace M. Fooder
3. A Case of Agranulocytosis—Paul M. Pegau
4. A Case of Infectious Mononucleosis—Fuller M. Sherman
5. A Case of Metrorrhagia—J. Harris Underwood
6. A Case of Coronary Occlusion with Recovery—Ralph C. Venturo

ELECTION OF OFFICERS

The following officers were elected for the coming year:

President, William E. Crain, M.D., Woodbury
Vice-President, Herman W. Wright, M.D., Pitman
Secretary, Chester I. Ulmer, M.D., Gibbstown
Treasurer, Don B. Weems, M.D., Wenonah
Reporter, Henry B. Diverty, M.D., Woodbury

Trustees:
B. A. Livengood, M.D., three years
J. H. Underwood, M.D., two years
William Brewer, M.D., one year

Censors:
O. A. Wood, M.D., three years
C. C. Sheets, M.D., two years
R. L. Moore, M.D., one year

Delegates to State Medical Society:
M. F. Lummis, M.D., three years
B. A. Livengood, M.D., two years
E. E. Downs, M.D., one year

Alternates:
D. B. Weems, M.D. O. A. Wood, M.D.
W. J. Burkett, M.D.

Members of Nominating Committee of State Society: E. E. Downs, M.D.; B. A. Livengood, M.D., Alternate

DELEGATES TO COUNTY MEDICAL SOCIETIES

Burlington—
H. B. Diverty, M.D. W. E. Crain, M.D.
O. A. Wood, M.D.

Camden—
D. B. Weems, M.D. W. W. Pedrick, M.D.
H. B. Diverty, M.D.

Cape May—
J. H. Underwood, M.D. William Brewer, M.D.
H. B. Diverty, M.D.

Cumberland—
W. J. Burkett, M.D. M. F. Lummis, M.D.
L. K. Collins, M.D.

Salem—
Harry Nelson, M.D. E. E. Downs, M.D.
I. W. Knight, M.D.

HISTORICAL COMMITTEE

Dr. Hollinshed suggested that the President appoint a committee consisting of one or more of our members who are interested in historical matters of the Society.

MIDDLESEX COUNTY

Louis R. Panigrosso, M.D., Reporter

The regular meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, N. J., April 20, 1938, Dr. J. V. Smith, President, presiding.

SCIENTIFIC PROGRAM

The speaker of the evening was Dr. Harold J. Stewart, an Associate Professor of Medicine, Cornell University Medical College, on "Studies of the Circulation in Chronic Constrictive Pericarditis (Picks Syndrome), Before and After Resection of the Pericardium". Discussion by Dr. Rowland, Dr. Cleiber, Dr. Howley and Dr. Copleman.

ASSOCIATE MEMBERS

Dr. Gerebin, of Woodbridge, was admitted to associate membership.

Drs. Miller, of Fords; Spritzer, of Dunellen; Gessner, of Highland Park; Margaretten, of Perth Amboy, and B. Mann, of Perth Amboy, were admitted to full membership.

NEW BUSINESS

Dr. J. J. Mann, of Perth Amboy, read the following resolution:

Resolved: That the Middlesex County Medical Society requests the Board of Trustees of the State Medical Society to present to the Governor of New Jersey the name of its esteemed Past President, Dr. John H. Rowland, of New Brunswick, for appointment to the State Board of Medical Examiners;

That Middlesex County has never been represented on the Board of Medical Examiners.

Dr. Uhr again reported on "Child Health Day". Dr. J. J. Mann read communication from old age pension which was stated the fee to be $2 and $1 for a period of one year. Communication placed on file.

COMMUNICATIONS

A report of the Executive Committee of New Jersey Society of Clinical Pathologists was received, requesting for participation by the society in a campaign against "Sylphis".

The next meeting to be postponed to May 25th due to State Society Convention. Meeting adjourned 11 p. m.

CHILD HEALTH DAY MEETINGS

On May 2nd, the Child Health Committee of the Middlesex County Medical Society conducted Child Health Day meetings in the following municipalities throughout the county:

Dunellen, in the auditorium of the Roosevelt High School. The meeting was arranged by Dr. L. C. Bassett, of Dunellen, and there were about 150 persons present. The guest speaker of the evening was Dr. Harry Gerner, of Jersey City Medical Centre, and he spoke on "Relationship of Child, Parent, Teacher and Physician—Corrective Treatment". There were also two-minute talks by the Mayor and other borough officials, and a musical program.

Jamesburg, in the auditorium of Jamesburg High School. This meeting was under the direction of Dr. Lawrence Lief, of Jamesburg, and there were about fifty persons present. The guest speaker of the evening was Dr. Alice Clark, of Trenton, who spoke on the "Growth of an Infant Through Puberty", and discussed health problems that arise at that age.

New Brunswick, in the auditorium of Roosevelt Junior High School under the direction of Dr. J. S. Uhr, of New Brunswick. There were about 160 persons present. The guest speaker of the evening was Dr. Bret Ratner, Professor of Pediatrics, N. Y. U. Medical College. A musical program was also provided.

Perth Amboy, in the auditorium of Perth Amboy High School under the direction of Dr. William London, of Perth Amboy. The guest speaker of the evening was Dr. Allen G. Ireland of the State Department of Education, who spoke on "Education Accepts the Challenge of Child Health". There were about seventy-five persons present.

South Amboy, in the auditorium of Hoffman High School, under the direction of Dr. H. P. Fine, of Perth Amboy. There were about thirty-five persons present. The guest speaker of the evening

was Dr. David P. Lieberman, of Elizabeth, who spoke on "Preventive Measures for the Pre-school Child". A musical program was also provided.

South River, in the auditorium of the South River High School, under the direction of Dr. Ira H. Degenhardt, on "Four Neighbors". A moving picture was shown with Mrs. Phylis Davis, of Rutgers Extension Service, discussing the film. About forty persons were present.

Woodbridge, in the auditorium of Public School No. 11, under the direction of Dr. Joseph Marks. About 100 persons were present. The guest speaker of the evening was Dr. Maurice L. Ripps, of Elizabeth, who spoke on "Benefits of Preventive Measures for the Pre-school Child". A musical program was also provided.

The Child Health Committee had the support of Middlesex County Council of N. J. Congress of Parents and Teachers and other women's clubs organizations. A total of over 600 persons attended the meetings (see also the report of fifty-seven popular lectures given with the coöperation of the Woman's Auxiliary—Jour. April, p. 257).

J. S. Uhr, M.D., *Chairman,*
Child Health Committee.

MONMOUTH COUNTY

O. R. Holters. M.D., Reporter

The monthly meeting of the *Executive Committee of the Monmouth County Medical Society* was held at the Monmouth Memorial Hospital on May 9th, 1938, and was called to order by our newly elected President, Dr. C. Byron Blaisdell, at 8:30 p. m. Those present were Drs. Blaisdell, Pregnall, Magee, Clark, Kazmann, Brown, Moffat, MacKenzie, Albright, and Featherston.

MEDICAL FEE SCHEDULE

A letter was received from the Equitable Life Assurance Society requesting a copy of the medical fee schedule in force in our county. The Secretary was instructed to ascertain the purpose of the inquiry, and then quote a schedule of $3.00 a house call and $2.00 an office call.

ECONOMIC COMMITTEE

A report of a meeting of the New Jersey State First Aid Council was read and referred to the Economics Committee.

CONSTITUTION AND BY-LAWS

Dr. Blaisdell announced the formation of a Committee on Constitutions and By-Laws to study our present rules and regulations, and to draft some necessary changes. The Secretary was instructed to send a copy of our present Constitution and By-Laws to the members of the Executive Committee.

MEDICAL DEFENSE AND INSURANCE COMMITTEE

It was announced that in order to conform with the State regulations as a component society, it will be necessary to appoint a Medical Defense and Insurance Committee. This was made evident by the receipt of two questionnaires from the insurance company which carries group professional liability insurance.

PUBLICATION COMMITTEE

The formation of a Publication Committee is contemplated in an effort to stimulate interest in and increase the size of the monthly bulletin. Advertising matter will be solicited to defray the expense of printing. Dr. Clark was instructed to investigate the possibilities of obtaining advertising matter, and to ascertain the cost of such a publication. The Publication Committee will have charge of printing and distributing the Bulletin.

YOUNGER MEMBERS

It was announced that a Junior Executive Committee is to be appointed for the purpose of fostering the interests of the younger group of men in the Medical Society. It is believed that such a committee will be very helpful to the young practitioner.

MEMBERSHIP DRIVE

Dr. Blaisdell stated that his first objective as President would be to institute a membership drive in an effort to have all the ethical practitioners in the county become members of the Monmouth County Medical Society.

A. M. A. SUGGESTIONS

It was announced that the American Medical Association has asked the component medical societies to consider the following projects:

1. Establishment of a definite County Secretary's office.
2. Employment of a paid secretary with office hours.
3. Plan to improve bulletins.
4. Plan to improve scientific programs.

There being no further business, the meeting was adjourned at about 10:30 p. m.

COMMUNICATION FROM PRESIDENT BLAISDELL

"I urge you to read your copy of our Constitution and By-Laws, to familiarize yourself better with this Society, whose charter goes back one hundred and twenty-two years this month of May. If your copy and its amendments are mislaid, get one from our Secretary, who has plenty.

"The Executive Committee is the time-saver for the Society, and its function is set forth in Chapter III, Section 6 (b), of the By-Laws. All Society members are free to attend its meetings, which are always the second Monday evening of the month at 8:30 p. m. Our Bulletin, which we plan to enlarge, will give the date and place of each coming month's meeting, and we shall give an abstract of everything important that is done by the Executive Committee so that you all may know what is under consideration. All members having any action they wish taken by the Society are urged and requested to meet with the committee first, rather than unnecessarily consume valuable time at the regular meeting, which is primarily for program and scientific work. Let's start on time and give the speakers consideration, and ourselves time to have discussion.—C. B. Blaisdell, President."

COMMITTEES

According to the Constitution and By-Laws of the Monmouth County Medical Society, Chapter IV, Section 1, "There shall be Standing Committees and Special Committees." These committees are as follows:

STANDING COMMITTEES

1. *Committee on Program and Scientific Work*

Harold Kazmann, Chairman

Louis Albright	C. A. Pons
Frank Altschul	Joseph Wiener

And the President, President-Elect and Secretary, ex-officio.

2. *Public Relations Committee*

(By-Laws, Chapter IV, Section 5, amended)

James A. Fisher, Chairman

H. B. Slocum	Stanley Nichols
Walter Rullman	W. H. Fairbanks
Walter Gosling	Victor Knapp
H. B. Mason	R. E. Watkins

And the three officers ex-officio.

3. *Nominating Committee*

(By-Laws, Chapter IV, Section 6 [a] amended)

R. E. Watkins	W. H. Fairbanks
John E. Maher	Walter Rullman
O. K. Parry	

4. *Auditing Committee*

J. B. Makin, Chairman Alfred C. Wallin

SPECIAL COMMITTEES

1. *Public Health Committee*

Stanley Nichols, Chairman

There are eleven sub-committees whose chairmen are as follows:

Maternal Welfare—K. G. Brown
Tuberculosis—Frank Altschul
Pneumonia Control—Louis Albright
Crippled Children—Barclay Moffat
Cancer Control—O. R. Holters
School Physicians—Samuel Edelson
Venereal Disease—D. M. P. Magee
Adult Health (new)—S. Thomas Miller
Occupational Diseases (new)—D. F. Featherston
Pediatrics—R. E. Watkins
Mental Hygiene—J. B. Gordon

Members of all sub-committees will be printed in the June Bulletin, when we will have adequate space.

2. *Economics Committee*

O. R. Holters, Chairman

Murray Woronoff	Harold Kazmann
Emerson Haines	W. G. Herrman
H. H. Freedman	O. K. Parry

3. *Committee on Constitution and By-Laws* (new)

H. W. Ingling, Chairman

W. G. Herrman	William K. Campbell

4. *Committee on Medical Defense* (new)

R. B. Wilson, Chairman

R. E. Watkins	J. E. Maher

5. *Junior Executive Committee* (new)

J. C. Clark, Chairman

J. G. Feman	C. C. Perrine
M. Q. Hancock	H. C. Pieper
J. W. Hardy	S. O. Wilkins

And two to be elected in committee.

OFFICERS

President, C. Byron Blaisdell
President-Elect, Robert A. MacKenzie
Secretary-Treasurer, D. F. Featherston
Assistant Secretary-Treasurer, J. C. Clark
Reporter, O. R. Holters

BOARD OF CENSORS

Havery Brown, Chairman

L. L. Leonard	Murray Woronoff
Joseph Villapiano	Martin Quirk

DELEGATES TO STATE CONVENTION

Three Years—	Alternate
D. F. Featherston	Joseph Wiener
C. A. Pons	Robert McTague
R. A. MacKenzie	W. F. Jamison
Two Years—	**Alternate**
Walter Rullman	D. V. Manahan
R. E. Watkins	J. C. Clayton
O. R. Holters	William Matthews
One Year—	**Alternate**
C. B. Blaisdell	J. B. Gordon
Frank Altschul	Harold Kazmann

MEMBER OF STATE NOMINATING COMMITTEE

D. F. Featherston Alternate, Joseph Wiener

EXECUTIVE COMMITTEE

C. B. Blaisdell	D. M. P. Magee
Robert MacKenzie	Barclay Moffat
O. K. Parry	James Pregnall
D. F. Featherston	Louis Albright
J. C. Clark	William Matthews
Harold Kazmann	K. G. Brown
Walter Gosling	

District Field Physician of the State Maternal Welfare Committee—Dr. William Hearley, 23 Monmouth Street, Red Bank, N. J.; phone, Red Bank 80.

The regular monthly meeting of the *Monmouth County Medical Society* was held on May 25th at 8:30 p. m. at the New Jersey State Hospital, Marlboro, N. J.

SCIENTIFIC

The Staff of the State Hospital provided an unusually instructive and dramatic program. A paper was first read by Dr. C. C. Graves entitled "Insulin and Other Forms of Shock Therapy in the Treatment of Dementia Praecox".

Six demonstrations were made on the actual pa-

tient. Intravenous injections of large doses of *insulin* were given in three cases, and in the remaining three intravenous injections of *metrazol*. Following the injections the patients shortly thereafter developed a series of clonic convulsions.

It is the conclusion of Dr. Graves that the above type of treatment is very beneficial in many instances. There has been no mortality at this institution incidental to this type of treatment.

ADVERTISING IN THE BULLETIN

A motion was carried that no advertising be solicited for the monthly bulletin, but that the cost of same will be borne by the society.

OUTING MEETING IN JUNE

It was unanimously decided that at the June meeting that the scientific program be omitted and the evening be given over to a banquet to be held at the Deal Country Club. The afternoon of the same day will be given over to a program of sports, with prizes for the successful contestants.

FITKIN MEMORIAL HOSPITAL

The regular monthly meeting of the staff of the Fitkin Memorial Hospital was held on May 16th, 1938, at the hospital. There was presentation of several interesting cases from several services.

Dr. O. R. Holters demonstrated a pathological specimen of a Meckel's diverticulum that was successfully removed from a patient with a section of the small intestine.

MONMOUTH MEMORIAL HOSPITAL

The regular monthly meeting of the staff of the Monmouth Memorial Hospital in Long Branch was held on May 11th at the hospital with an unusually large attendance. Several case histories were presented by various members of the staff.

NEWS NOTES

Thirty-five members of the County Society attended the recent convention at Atlantic City. Many of them were present at the banquet given in honor of Dr. William G. Herrman at the Ambassador Hotel.

Drs. Featherston, Pons, MacKenzie, Jamison, Watkins, Holters, Blaisdell, and Altschul attended as delegates to the convention.

It is with pleasure that we announce that Dr. Victor Knapp, of Asbury Park, has just successfully completed a book entitled "Principles and Practice of Medical Nursing" and which has been accepted for publication by G. P. Putnam & Sons. It is a text book designed for use in schools of nursing education.

Dr. and Mrs. James Fisher just returned from an extensive cruise to the Orient.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

Sponsored by The Medical Society of New Jersey, in coöperation with the State Board of Health, four of a series of five free lectures to physicians were held at the New Jersey State Hospital at Greystone Park during April, of which the following is a syllabus:

DR. MARTIN M. MALINER

On April 6, Dr. Martin M. Maliner, Professor Cardiac Disorders, New York Post-Graduate Medical School, gave an excellent lecture on heart conditions of children, with original slide illustrations. The presentation emphasized that heart disease heads the list of deaths in children as well as adults. Discussion was participated in by Drs. Murray, Gebirtig, Ferris and Curry.

DR. HARRY BAKWIN

April 13, Dr. Harry Bakwin, Associate Pediatrician of Bellevue Hospital, New York, lectured on "Normal Growth and Development", emphasizing pre-school age care and supervision. *Growth* is merely increase in size; but *development* means increase in complexity of the organism. By means of slides were shown that different parts of the body developed at different rates; and some statistics were given by which normal growth and development of the child could be determined. The paper was well received, and following general discussion refreshments were enjoyed.

DR. IRA WILE

April 20, a lecture was given by Dr. Ira Wile of Mt. Sinai Hospital, New York City, the speaker being introduced by Dr. Krauss. Dr. Wile spoke on "The Importance and Appraisal of Criteria for Determining Mental and Emotional Development". Emphasis was placed on the importance of knowing the *mental development* of the child rather than the actual physical extent of the lesion in arriving at accurate prognosis in some conditions, such as simple hemiplegia, and hydrocephalus. Although insisting that the I. Q. is properly rated only on the Binet test and its revision, he mentioned several simple aptitude tests, including the Detroit First Grade Intelligence Test, which the physician can employ in his own office in a few minutes, to give the approximate mental capacity of the child.

DR. ARTHUR B. GABEL

April 27, Dr. Arthur B. Gabel, Professor Operative Dentistry, University of Pennsylvania, was introduced by Dr. Harold A. Murray, and spoke on "Dental Problems of the Child of Pre-school Age". He advised that all children should be examined when they are three years old, but warned that the normal growth and development would take place without much mechanical interference, even though some of the deciduous teeth were lost early; that there is still much difference between those believing that caries is due to an acid-forming organism in the mouth, and those blaming it on nutritional defects. Slides showing the various stages of dental development in children from one to eight years were shown. Considerable discussion followed in

which some of the visiting dentists joined. After the formal meeting light refreshments were served.

The fifth and final chapter of free lectures under the auspices of The Medical Society of New Jersey, in coöperation with the State Board of Health, for the purpose of emphasizing pre-school supervision and care, was held the evening of May 4, 1938, at the Greystone Park State Hospital.

The speaker of the evening, Dr. Murray Bass, Associate Professor of Pediatrics at the Post-Graduate School, Columbia University, was introduced by Dr. D. W. Teller, of Morristown, a former pupil of Dr. Bass. The subject was "Food and Nutrition", and an excellent presentation was given on this subject as contrasted with older ideas and beliefs. Emphasis was placed upon the protecting elements, including the various amino-acid minerals and vitamins, and the wide difference between disease-preventing dosage and that required for optimum health was stressed. However, the speaker warned against the use of vitamins as a cure-all or nostrum for every illness to which a child may succumb. Dr. Bass's excellent presentation generated much interest and discussion. The formal meeting was followed by refreshments.

A regular monthly meeting of the *Morris County Medical Society* was held the evening of Friday, April 22, at the Spring Brook Country Club in Morristown, with President Williams presiding over an attendance exceeding 100 members and guests.

Secretary Young read the proceedings of the Executive Board and it was revealed that there are eighty-two paid-up members, which entitled the Society to five delegates to the State Convention.

The Secretary also read letters from the Hudson County Society in reference to changes in Article VI of the State Constitution relating to the Board of Trustees. While it appeared that the society was favorable to the suggestions, the delegates were uninstructed. One suggestion was made that there be added to the planned Board one member from the Fellows.

Dr. Lathrope, Chairman of the Nominating Committee, reported the list of candidates to be voted on at the June annual meeting.

ENTERTAINMENT

The feature of the evening was a presentation by Dr. Harlan Tarbell of demonstrations of magic typical of many nations. He climaxed his excellent entertainment by a remarkable exhibition of extra-sensory perception in which he described five men and five women of the audience and various articles which they held in their hands, all this after his eyes had been securely covered with adhesive tape by two physicians and a heavy black blindfold placed over them.

This combination business and recreational meeting was very interesting and decidedly popular.

The annual meeting in June will be held at the Spring Brook Country Club in Morristown.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held Thursday evening, May 12th, 1938, at 8:30 at the Church of the Messiah Annex, Broadway and Summer Street, Paterson. Dr. Vosburgh, President, presided.

MEMORIAL OF DR. SANDT

The following resolution on the death of Dr. Frank Raymond Sandt, read by the Secretary, Dr. J. Allen Yager, was adopted (see p. 389):

"Dr. Frank Raymond Sandt died in Paterson on April 5th, 1938, at the age of sixty-two of angina pectoris. He was born in Easton, Pa., in 1876.

"Dr. Sandt graduated from the University of Pennsylvania in 1900 and practiced medicine and pathology in Paterson for thirty-eight years. In 1908 he became a member of the attending staff of the Paterson General Hospital. In 1927 Lafayette University conferred upon Dr. Sandt an honorary degree of M.A. for his outstanding work in pathology. In 1933 he was appointed Director of the Bell Memorial Laboratory of the Paterson General Hospital, in which capacity he served until his untimely passing.

"*Wherefore*, Be it resolved: That the Passaic County Medical Society does herewith record the high esteem in which we held Dr. Sandt, and the sincere sorrow occasioned to us through his loss, and be it further resolved that this resolution be inscribed upon the minutes and a copy thereof be sent to the bereaved family of Dr. Sandt as a memorial to his life and splendid character.

"John C. McCoy, *Chairman*
Donald B. Low
Francis H. Todd."

The Nominating Committee placed the following members for nomination for the coming year, and they were unnaimously elected:

President, Louis G. Shapiro
First Vice-President, Wayne W. Hall
Second Vice-President, Francis W. Ash
Secretary, J. Allen Yager
Treasurer, Harry Wolfson
Reporter, Irving Okin

Censors: Wright MacMillan, Norman M. Dingman, Fred Vosburgh

DUES

The Treasurer, Dr. Harry Wolfson, reported that the budgeted expenses for the future year would be the same, and therefore believed that the dues should remain at the same figure as this year. His report and recommendations were accepted by unanimous vote.

HONORING DR. E. J. MARSH

The Society approved the resolutions of the Welfare Committee and Delegates to the State Convention that the name of Dr. Elias J. Marsh, of Paterson, be nominated to the office of Second Vice-President of The Medical Society of New Jersey at the coming Convention in Atlantic City.

A resolution was then passed that the President appoint a committee to write a letter of apprecia-

tion to the Executive Officer of the State Medical Society for the helpful guidance and coöperation of the Executive Offices to the Passaic County Medical Society in the past year.

APPOINTMENT TO WORKMEN'S COMPENSATION BUREAU

The Secretary announced that Dr. Leon E. DeYoe has been appointed by Commissioner John J. Toohey, Jr., of the Department of Labor, as the representative from the Passaic County Medical Society on the Medical Committee of the Workmen's Compensation Bureau.

SCIENTIFIC

The scientific program was as follows:

COMPREHENSIVE PLANNING OF MEDICAL CARE

1. "The Responsibility of the Welfare Agency"
   Sherrard Ewing, Executive Director, Paterson Community Chest and Social Planning Council
2. "The Hospital's Responsibility"
   Emil Frankel, Ph. D., Director Division of Statistics and Research, New Jersey Department of Institutions and Agencies
3. "The Physician's Responsibility"
   Thomas K. Lewis, M.D., Chairman of Board of Trustees and Medical Practice Committee of The Medical Society of New Jersey

These papers will be published in an early issue of the Journal.—Editor's note.

SOMERSET COUNTY

Albert W. Pigott, M.D., Reporter

The April meeting of the *Somerset County Medical Society* was held on the 14th in the Nurses' Home of the Somerset Hospital, with twenty-two members and three guests present. The President, Dr. Sferra, presided.

COMMUNICATIONS

Letters were brought before the society from Senator Bowers and Assemblyman Pyne, acknowledging receipt of a letter sent by the Secretary asking for the support of the Medical Practice Act. Letters were also read from the Woman's Auxiliary of the State Medical Society asking that we cooperate in their hobbies exhibit and asking our attendance at the annual President's Ball.

PUBLIC HEALTH COMMITTEE

Dr. Flint reported for the special Tuberculosis Committee, which was appointed at the last meeting. The following plan had been formulated:

There are three routes through which discovery of tuberculosis is most feasible:

1. By patients with chest conditions coming voluntarily to the physicians' offices.

2. The investigation of contacts with known active cases of tuberculosis: relatives, friends, etc., who may not be ill, but who may show, through x-ray or Mantoux, incipient infections.

3. Through the schools. The following program was suggested for handling school children: (a) Tuberculin tests in all grammar schools annually, as well as all juniors in high schools. This is to be done by qualified physicians, who shall be properly remunerated. (b) X-ray of chests of all positive Mantoux tests. (c) Following up verified positive reactions through the agency of the Somerset County Health and Tuberculosis Association. (d) All positives be reported to the child's family physician by the County Health Association, and parents instructed to take the child to him for treatment.

It was moved, seconded and passed that this report be accepted, and a copy be sent to the members of the Association. Dr. Lawton said that the Somerset County Health and Tuberculosis Association is willing to coöperate with the physicians in any form of tuberculosis work. It is essential that we report these cases, however, in order to obtain this coöperation. He reported that the Mantoux testing had been started by the physicians of the State Tuberculosis Hospital and school physicians. Tuberculosis clinics are to be established in various parts of the county, but admission will be granted only if a note is given by a physician. Positive Mantoux cases will go directly to clinics for x-ray study. Non-indigent patients will naturally be required to pay for this service. Dr. Flint reported that Dr. Douglass, of Bernardsville, will handle the Somerset tuberculosis clinics, and that every patient will have a thorough examination, both physical and x-ray.

POST-GRADUATE STUDY

Dr. Pigott reported that Tuesday evening lectures were given under the auspices of the Social Security Act on the subject—the pre-school age management of children. He also announced that the regular post-graduate lectures were being held on Thursday evenings. There are only seventeen members enrolled and the society is indebted for an enrollment of twenty-five members. He asked for suggestions as to where the rest of the money was coming from. Dr. Sferra said that about two years ago there had been a surplus of $15.00. It was moved and seconded that the Treasurer make up the deficit. Dr. Ely was of the opinion that there was a sum in the State Association to take care of this deficit. Dr. Pigott was instructed to take the matter up with the Executive Committee of the State Medical Society, and report at the next meeting.

Dr. Field reported on the last meeting of the State Welfare Committee.

HISTORICAL BANNER

Dr. Ely reported that the old banner with the names of the original charter members of the Somerset County Medical Association had been found; had been given moth-proof treatment and framed. It is now hung in the staff room of the hospital. It was moved, seconded and passed that the Treasurer pay for the expenses incurred.

CONSTITUTION

Dr. Sferra brought to the attention of the society that Section 5, Chapter 4, of the constitution was

void because of the amendments which had been made, changing our annual meeting from October to June. He suggested that it be made to read that the Nominating Committee be appointed at the April meeting instead of the June meeting. This was moved, seconded and passed. Drs. Lawton, Ely and Brittain were appointed to act as the Nominating Committee.

SCIENTIFIC

Dr. J. C. Yaskin, of Philadelphia, spoke to the society on "Neuroses and Psycho-Neuroses and Their Treatment".

SUSSEX COUNTY

A. H. Groeschel, M.D., Reporter

The annual meeting of the *Sussex County Medical Society* was held at the Cochran House, Newton, on the evening of Tuesday, May 10th.

ELECTION OF OFFICERS

Officers were elected as follows:

President, James H. Spencer, Franklin
Secretary, A. H. Groeschel, Sussex
Treasurer, Victor E. Burn, Newton
Reporter, Edward K. Hawke, Newton
Trustees:
Warren H. Smith, Newton
J. G. Coleman, Hamburg
E. W. Landis, Stillwater
Delegates to State Convention:
Jesse McCall, Newton
Fred H. Morrison, Newton
Herbert Aitkens, Ogdensburg

SCIENTIFIC

An address on "The Treatment of Heart Disease" was given by Dr. Harvey Ewing, of Mountainside Hospital, Montclair.

UNION COUNTY

Ronald J. Walsh, M.D., Reporter

The regular meeting of the *Union County Medical Society* was held at the Overlook Hospital, Summit, N. J., on April 13th, 1938. President Henrie Abel called the meeting to order at 9:30.

NEW MEMBERS

The following candidates were elected to the Society:

Dr. Walter Dalberg, Elizabeth, N. J.
Dr. Seymour Goldgraben, Plainfield, N. J.
Dr. Harold J. Orris, Hillside, N. J.
Dr. William Wuester, Elizabeth, N. J.

and for transfer Dr. Lewis J. Franklin, Union, N. J.

Dr. T. J. Walsh moved an amendment to the constitution, requiring that membership to the Society should necessitate citizenship. This was referred for final action.

HEALTH INSURANCE COMPANY

Dr. A. Strelinger asked that an investigation be made of the Associated Physicians Service, Inc., an organization promoting health insurance, and which has circularized many of the profession. The matter was referred to the Board of Censors.

The meeting then adjourned with the statement from the President that the next meeting would take place in Elizabeth on May 11 with Governor Moore addressing the Society.

SCIENTIFIC

The speaker of the evening was Mr. William P. Braun, attorney and counselor-at-law, who spoke on the subject of "The Physician and Malpractice Claims". Mr. Braun's address was highly interesting and practical. He emphasized the importance of keeping adequate records, the evils of careless discussion, and the danger of omitting standard expected procedures, e. g. x-rays, to save the patient money. He outlined the proper attitude of the physician on the witness stand, and deplored the frequency of conflicting medical testimony.

After his address Mr. Braun answered questions from the floor for the better part of an hour.

WARREN COUNTY

H. B. Bossard, M.D., Reporter

The regular quarterly meeting of the *Warren County Medical Society* was held Thursday evening, April 19, in the club rooms of the Washington National Bank at Washington, N. J., with the following members and guests present: Drs. William Skinner, William Varney, A. C. Zuck, F. J. LaRiew, A. Potter and C. F. Smith, from Washington; Herman Baldauf and G. W. Cummins, of Belvidere; James Weres, of Alpha; F. W. Curtis, of Stewartsville; H. B. Bossard, of R. D. No. 2, Phillipsburg; and W. R. Stecher, of Easton.

Communications from the State Medical Society were read, and also a communication from the New Jersey League of Legal Voters concerning the bill on sterilization which is before the legislature. The society went on record as approving the bill.

Dr. Varney gave a report of the meetings of the Welfare Committee.

Dr. Weres gave a report of the Maternal Welfare Committee.

SCIENTIFIC

Dr. W. R. Stecher, of Easton, Pa., gave a very interesting discourse on stimulants of pulmonary tuberculosis from an x-ray standpoint, illustrating his talk by numerous x-ray films.

THE WOMAN'S AUXILIARY

THE WOMAN'S AUXILIARY IN HISTORICAL RESEARCH

An Editorial Address at the Annual Meeting

The Auxiliary has a very real field of usefulness in connection with The Medical Society of New Jersey and the County Societies. Its State meeting has two particular fields:

1. The Exhibit.
2. The Social Evening.

EXHIBITS

The Exhibit is an opportunity for the display of artistic work done in times of *relaxation* of the doctors and their wives. It also has a peculiar field of permanent usefulness in historical research, and the promotion of the collection of historic material.

MEDICAL BIOGRAPHIES

The medical profession of New Jersey is outstanding in the number of practitioners who have inherited their love of the practice of medicine from their forefathers. There are several instances of practicing physicians each of whom is descended from *seven* physicians, counting the ancestors of their mothers and grandmothers.

There are several instances of families who have produced physicians in four and five generations of linear descendants. Take the Elmer family for example. There have always been several physicians in the Elmer family in every year since the Society was founded. To identify them is difficult for the reason that William is a favorite given name. We would very much like to know the identity of the family tree of each of the numerous William Elmers.

The Vander Veer family has produced at least seven doctors, the majority of whom are named Henry.

The women of the Auxiliary can be of essential assistance in tracing the ancestry of the Doctors Elmer and Vander Veer, and of other families.

It is a striking fact that in many instances the present surviving members of long lines of doctors are elderly women, several of whom have written to the Editor of their desire to give him the information which they alone possess. If this information is not secured in the very near future, it will be forever lost. The members of the Woman's Auxiliary can approach these surviving ladies and secure this information.

The Medical Society of New Jersey is about to establish a Standing Committee on Medical History, which will doubtless take steps to discover and coördinate the information which is now unsuspected. The wives of doctors can be of essential assistance to this committee.

COUNTY SOCIETY HISTORIES

Some of the County Medical Societies are already taking steps to discover and preserve their own medical history and traditions. A half century ago eight county society histories were written and printed in the Annual Transactions of the State Society. The time has now come for bringing the information up-to-date.

INHERITANCE OF CO-OPERATIVE SPIRIT

The present high state of efficiency of the medical organization of New Jersey is the direct result of the information and inspiration handed down from the older practitioners to their sons and grandsons. Every distinctive feature of the present form of organization of The Medical Society of New Jersey has developed from a simple coördinated service which filled the need of the times, and these needs were of the same nature as those of the present time. The forms of organization which were developed a century or more ago have expanded into the present system of officers and committees.

Each generation of physicians added to the older methods of organization with no preconceived idea of the extent to which they would grow. Each step of the development of the organization seemed commonplace at the outset, and its importance was seldom realized at the time it was undertaken. But a study of the record of the Society over a period of years has demonstrated the solid foundation on which our medical forefathers builded.

AUXILIARY MEDICAL SERVICES

The progress of medical practice has not been confined to scientific discoveries. Equally important have been the methods of *administration* or the ways by which these services are *delivered* to the people. New Jersey is a field in which the development of methods of delivery of the services can be traced, particularly the services of hospitals and nurses, and later

of welfare organizations which enable physicians to deliver their services to the needy. The story of the development of nursing and relief services centers around medical history. These fields are so new that the facts regarding their development are readily available.

A peculiar opportunity is open to the Auxiliary to trace the beginnings of local hospitals, nursing organizations and official welfare relief. The stories of these local organizations are of peculiar value in their relations to modern medical practice. These services were developed largely by women's organizations, and their histories in each local community can best be discovered and recorded by the local Auxiliaries.

The medical societies of the State and the counties look to the Auxiliary to undertake those researches into local medical history along the lines which have rendered possible the delivery of efficient medical services to all classes of people.

SOCIAL ASPECTS OF THE 1938 CONVENTION

By Mrs. Carl A. Surran, Convention Chairman

The 1938 Convention is now a memory,—but how pleasing!

In May over 1600 doctors and their wives assembled at the Hotel Ambassador to accomplish serious things, and having done that well, to enjoy the relaxation of social "getting-together". Due to the generosity of The Medical Society of New Jersey, the Convention Chairman of the Woman's Auxiliary and her enthusiastic committee were able to carry out some spectacular plans for the entertainment of the doctors and their wives.

BOARDWALK RIDE

Tuesday, an hour before the Auxiliary Luncheon, the visitors were given opportunity for a noon-day rolling chair ride along the Boardwalk. Many took advantage of this chance to whet the appetite, for a brisk salty wind was blowing, and the guests returned ready to enjoy the excellent luncheon served in the Surf Room of the Hotel Ambassador.

LUNCHEON

The Surf Room was a picture when the guests entered. Spring flowers on the tables transformed the entire room into a bower, set against a background of blue sky and sea green ocean. It is unusual to have men at this luncheon, but the genial Auxiliary President and the Convention Chairman had decided to make changes this year and many distinguished doctors as well as their exquisitely dressed wives attended. Chief among the guests were Dr. and Mrs. George Crile, of Cleveland, Ohio. Dr. Mahaffey spoke of the seriousness of health problems, and Dr. Ulmer treated the same subject in a humorous vein. Dr. Herrman spoke briefly, but to the point, in appreciation of Auxiliary help. Mrs. Salasin outlined in brief the aim of her year's activities. Mrs. Surran served as toastmistress.

In addition to the speeches there was splendid musical entertainment. Mary Anne Chauvront seemed a child prodigy with a magnificent voice, Joseph Lilly gave some fine piano music, and lovely Dorothy Pinhero Bowen delighted the audience with her charm and her beautiful voice.

BUSINESS SESSION

Wednesday, the Auxiliary was in session. The meeting opened with an invocation by Dr. Henry Merle Mellen, and closed with a review of "Shadows Over the Land", written by Dr. Thomas Parran, and reviewed by Mrs. G. R. Stamps. After the meeting tea was served, and guests gathered to exchange friendly greetings.

SOCIAL AFFAIRS

From 5 to 6 p. m. Dr. and Mrs. Herrman and Dr. and Mrs. Salasin "received" informally in "Club 22".

At 7:30 p. m., all cares forgotten, the doctors, their wives, and children met in the Rotunda for the "President's Reception", and at 8 p. m. sharp, the doors of the Renaissance Room opened for the Dinner Dance. The room was filled to capacity. Tiny red rosebuds and baby's breath formed the table decorations, and after dinner each gentleman was urged to place a rosebud in his button hole. Pretty junior aides passed great trays of Belmont gardenias, and each lady received a corsage. The entire room was perfumed with the fragrance of the lovely flowers.

Brief and well-spoken were the addresses of those at the Speakers' Table. Dr. Herrman paid tribute to his father; and Dr. Carrington to the honor of the Medical Profession. Dr. Clothier made an impressive address as he presented the past president's key to Dr. Herrman. Dr. Read served as Toastmaster.

Bert Estlow's excellent orchestra played the

dance music, and many novelty dances added to the pleasure of the evening. Lucia Van Ault and Robert Cummins, of the Arthur Murray School of Dance, gave exhibition ballroom dancing.

The high point of entertainment was reached when the Kiwanis Club Band Table of Atlantic City put on a spectacular entertainment. Beautiful tableaux, set in huge picture frames, were shown, and were followed by the chorus of forty voices singing the popular songs of half a century ago.

AUTOMOBILE TOUR

Thursday at 11:30 a. m. fifteen automobiles, led by a motorcycle escort, went on an Automobile-Caravan-Trek through Atlantic City and its suburbs, and to the Northfield Country Club for luncheon. After luncheon the caravan proceeded through Atlantic County, passing many beautiful spots of historic interest. The caravan returned to the Ambassador Hotel in time to hear Dr. Overton's discussion of New Jersey Medical History, Arts, and Hobbies, ably read by Miss Katz; and to enjoy the "Arts and Hobbies" Tea, with the Chairman of this committee, Mrs. Beir, presiding.

Thus ended the 1938 Convention! Pleasant hours spent happily together have cemented many friendships. The Convention Chairman and her committee feel well paid for their efforts.

PUBLIC RELATIONS PROGRAM OF THE WOMAN'S AUXILIARY

By Mrs. A. Haines Lippincott, Public Relations Chairman, Camden, N. J.

1. Have every member in the Auxiliary answer the *card questionnaire* which will be mailed to each member. The object is to know what contacts physicians' wives have with lay organizations, either as member, chairman of committees, or officers.

2. Consult with the Public Relations Chairman in your County Medical Society, and arrange with him for *speakers for organizations* in your county. There is a list of speakers for each county, as well as a list of State speakers. Send for these lists. These lists are for the benefit of the profession and should not be passed on to lay groups.

3. Hold at least one *Reciprocity Meeting* in your county to which are invited representatives from all lay groups. Arrange for speakers through the Speakers' Bureau.

4. Have a *list of books* on medical subjects sponsored by the Medical Society posted on the Bulletin Boards in your local libraries; and ask that as many as possible of the books be placed on the shelves for the reading public to use. Some Auxiliaries are buying books in memory of some physician or physician's wife, and presenting them to libraries for circulation.

5. Establish a *Clipping Bureau* in your county whose function it will be to obtain clippings from local newspapers on physician speakers, and Medical Society activities. These clippings should be sent to the Executive Offices in Trenton. The Bureau will also obtain clippings on Auxiliary activities which are to be used in the County Scrap Book, and will show the kind of work being done, and the social and business organization of the Auxiliary.

6. Each County Auxiliary shall *present its program* on public relations at its first Auxiliary meeting in the Fall and urge that active work begin at once.

7. Each county President shall send a list of names and home addresses of all members of Auxiliary in her county to Dr. LeRoy A. Wilkes, 143 East State Street, Trenton, so that communications, questionnaires, etc., may reach them promptly.

8. Each county Public Relations Chairman shall make a list of all *lay health organizations* in her county, with the name of Chairman of the Committee on Health (or Public Welfare), as well as the name of President, that they may be contacted promptly and offered help in planning health programs within their groups.

9. Each Public Relations Chairman shall make a check-up of all members as to whether the card questionnaire has been answered; and urge upon each member the importance of this accurate file of the membership.

10. A list of subjects of talks for which speakers can be secured through the Auxiliary and the Medical Society of the county will be sent to each P.-T. A. and women's organization in May, while these groups are preparing programs for their next year's work.

11. Each county President shall appoint a Public Relations Chairman at, or immediately after, the election, so that these recommendations may be carried out early in the fiscal year.

12. If finances permit, a bulletin on Public Relations will be sent to each County Auxiliary each month, beginning in September and ending in June,—ten months in all.

Mrs. A. Haines Lippincott.

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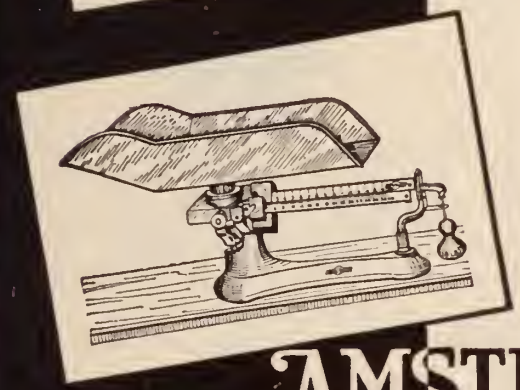

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An excellent trained nurse is a necessity for every camp, for she may be a tower of strength to director, physician and camper alike.

Another feature that needs investigating is the nature of the water supply. Quite as important is the disposal of sewage. As camps are usually located where trunk line sewers are not available, septic tanks are generally relied on to dispose of all waste. These will be satisfactory but must be adequate in area for much more than the estimated population.

Showers are far more sanitary than tubs and, of course, abundance of hot water should be ensured. Toilet facilities should be ample; and an efficient patrolling and policing of toilet and bath houses will prove indispensable.

It is also important to know the source of the milk supply of any camp. While it sounds fine to say that a camp has its own dairy herd, this may be a source of danger rather than of safety unless the utmost care is exercised over every step of the milk production. It is far safer as a rule to rely on the best local dairy available or even to have the milk brought from a distant dairy, provided it is properly iced.

Milk should never be delivered in bulk, that is, in cans. Nothing larger than quart bottles should be permitted, even for so-called cooking milk. Many camps are finding it well within their means to have all milk for drinking supplied in half-pint individual bottles.

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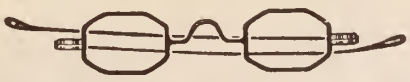

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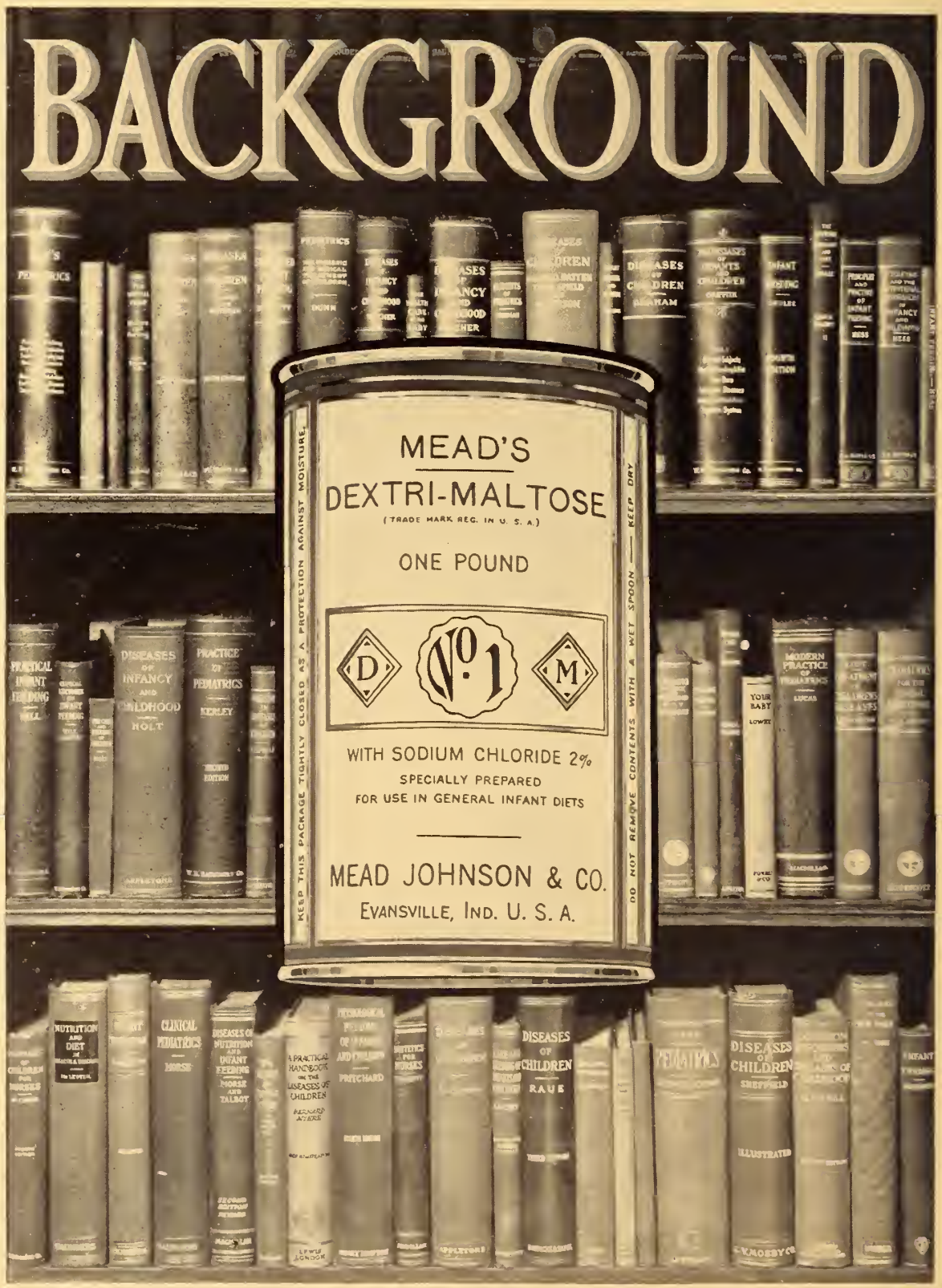

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WOMAN'S AUXILIARY

President, MRS. DON A. EPLER, 45 Hillside Avenue, Newark, N. J.; Tel. Bigelow 3-7231

CO-OPERATING ORGANIZATIONS

State Crippled Children's Commission

J. G. BUCH, *Chairman and Director*
732 Broad Street Bank Building, Trenton
Tel. 2-2131, Ext. 785

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Tel. 2-2131, Ext. 541

State Board of Medical Examiners of New Jersey

JAMES J. MCGUIRE, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

New Jersey Hospital Association

FRED HEFFINGER, *Executive Secretary*
Mercer Hospital, Trenton
Tel. 8241

New Jersey Health and Sanitary Association

JOHN HALL, *Executive Secretary*
Freehold, N. J.
Tel. 65-W

State Board of Pharmacy

ROBERT P. FISCHELIS, Phar. D., *Secretary*
Trenton Trust Building, Trenton
Tel. 2-2131, Ext. 546

Department of Institutions and Agencies

WILLIAM J. ELLIS, Ph. D., *Commissioner*
State House Office Building, Trenton
Tel. 2-2131, Ext. 737

State Board of Children's Guardians

JOSEPH E. ALLOWAY, *Executive Director*
163 West Hanover Street, Trenton
Tel. 2-2131, Ext. 308

Department of Motor Vehicles

ARTHUR W. MAGEE, *Commissioner*
State House Office Building, Trenton
Tel. 2-2131, Ext. 208

New Jersey State Nurses' Association

MISS MARGARET ASHMUN, R.N., *President*
Orange Memorial Hospital, Orange, New Jersey
Tel. Orange 5-1100

THE MEDICAL SOCIETY OF NEW JERSEY

COMMITTEES,—THEIR MEMBERS AND DATES OF MEETINGS,—FOR THE YEAR BEGINNING MAY 19, 1938

WILLIAM J. CARRINGTON, Atlantic City, President and Ex-Officio Member of Each Committee —By-Laws, Chapt. VI, Sect. 1

Adult Health Supervision

Herschel Stratton Murphy, *Chairman* .....Roselle
William Henry Varney, *Vice-Chairman* .....Washington
Edwin Grafing Dewis .....Interlaken
Robert Martin Grier .....Pleasantville
Edward Caffron Klein .....Newark
Watson Budlong Morris, *Consultant* .....Springfield

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Annual Meeting

Charles Butcher Kaighn, *Chairman* .....Atlantic City
Clarence Ladelle Andrews, Chairman, Sub-Com. on Scientific Program .....Atlantic City
Asher Yaguda, Chairman, Sub-Com. on Scientific Exhibits .....Newark
Thomas McGrath Brennock .....Jersey City
John Clifford Clark .....Asbury Park
William John Carrington, *Consultant* .....Atlantic City

Meetings

Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Auxiliary Medical Service

William Wallace Maver, *Chairman* .....Jersey City
Samuel Barbash, *Vice-Chairman* .....Atlantic City
Arturo Raymond Casilli .....Elizabeth
Eugene Garfield Herbener .....Lakewood
Sigurd Walter Johnsen .....Passaic
Jerome Howard Samuel .....Newark
Walter Albert Taylor .....Trenton
Alfred Stahl, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Cancer Control

William Gettier Herrman, *Chairman* .....Asbury Park
Henry Boylan Orton, *Vice-Chairman* .....Newark
Harold Stern Davidson .....Atlantic City
Ellwood Emerson Downs .....Woodbury
John Butler Faison .....Jersey City
Otto Rudolph Holters .....Asbury Park
Joseph Henry Kler .....New Brunswick
Charles B. Woodman .....Morristown
Thomas Benjamin Lee, *Consultant* .....Camden

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Child Health

Stanley Nichols, *Chairman* .....Long Branch
Walter Blair Stewart, *Vice-Chairman* .....Atlantic City
Arthur Fowler Ackerman .....Summit
Ernest Garfield Hummel .....Camden
Irving Okin .....Passaic
Louis Charles Rosenberg .....Newark
Aldrich Clements Crowe, *Consultant* .....Ocean City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Constitution and By-Laws

James Francis Norton, *Chairman* .....Jersey City
David Kraker, *Vice-Chairman* .....Newark
Herbert William Nafey .....New Brunswick
George N. J. Sommer .....Trenton
David H. Bartine Ulmer .....Moorestown
Frederic James Quigley, *Consultant* .....Union City

Meetings

Trenton.....Aug. 7, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.

Contract Practice

Reuben Lore Sharp, *Chairman* .....Camden
L. Samuel Sica, *Vice-Chairman* .....Trenton
Frank William Ash .....Paterson
John Norman Connell .....Jersey City
John George Decker .....Hasbrouck Heights
Henry Haywood .....New Brunswick
Harvey Theodore Herold .....Newark
Edward Frederick Klein .....Perth Amboy
Jennings Howard Hornberger, *Consultant* .....Roebling

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Crippled Children

Barclay Wellington Moffat, *Chairman* .....Red Bank
Elmer Peter Weigel, *Vice-Chairman* .....Plainfield
Oswald Rudolph Carlander .....Camden
Frederick George Dilger .....Hackensack
William Greenfield .....Hackensack
Emanuel Harrison Nickman .....Atlantic City
Toufick Nicola .....Montclair
Herbert William Nafey, *Consultant* .....New Brunswick

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Finance and Budget

HARRY ROSS NORTH, *Chairman* (1939) .....Trenton
HERSCHEL PETTIT (1942) .....Ocean City
WELLS PHILLIPS EAGLETON (1943) .....Newark
ANDREW FRANCIS MCBRIDE (1941) .....Paterson
DAVID B. ALLMAN .....Atlantic City
HENRY SPENCE .....Jersey City
ELIAS JOSEPH MARSH, Ex-Officio .....Paterson

Honorary Membership

LANCELOT ELY, *Chairman* .....Somerville
EPHRAIM ROLAND MULFORD .....Burlington
FREDERIC JAMES QUIGLEY .....Union City
No meetings, work carried on by correspondence.

Hospital Relationships

SPENCER TREADWELL SNEDECOR, *Chairman* .....Hackensack
WILLIAM H. A. WARNER, *Vice-Chairman* .....East Orange
HENRY BRISTOL DECKER .....Camden
FLORENTINE MILTON HOFFMAN .....New Brunswick
CHARLES HYMAN .....Atlantic City
ELTON WALLACE LANCE .....Rabway
GEORGE O'HANLON .....Jersey City
THOMAS KRAPFEL LEWIS, *Consultant* .....Camden

Meetings

Trenton.....June 5, 1938.....11 a m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Industrial Injuries and Occupational Diseases

J. IRVING FORT, *Chairman* .....Newark
LESLIE EDWIN MYATT, *Vice-Chairman* .....Bridgeton
CHARLES LITTWIN .....Teaneck
TRAUGOTT JOHN SCHUCK .....Hoboken
JAMES HERBERT SPENCER, JR. .....Franklin
WILLIAM FRANCIS COSTELLO, *Consultant* .....Dover
HENRY HOWARD KESSLER, *Technical Adviser*, representing Commissioner J. J. Toohey, N. J. Dept. of Labor..Newark
ROY GRIFFITH, *Technical Adviser*, representing the Manufacturers' Association of New Jersey .....Glen Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Legislation

BERTHOLD STEINBACH POLLAK, *Chairman* .....Secaucus
CHARLES HENRY MITCHELL, *Vice-Chairman* .....Trenton
WENDALL JONES BURKETT .....Pitman
HERBERT ROY VAN NESS .....Newark
WILLIAM CRANE WILENTZ .....Pertb Amboy
SAMUEL ALEXANDER, *Consultant* .....Park Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
Others at call of Chairman

Maternal Welfare

ARTHUR WALTER BINGHAM, *Chairman* .....East Orange
JOHN CARLISLE BROWN, *Vice-Chairman* .....Atlantic City
SAMUEL ALLISON COSGROVE .....Jersey City
GEORGE BURTON GERMAN .....Camden
CARL HALLER ILL .....Newark
JULIUS LEVY .....Newark
ROBERT ABBE MACKENZIE .....Asbury Park
WALTER BARCLAY MOUNT .....Montclair
JAMES HARRIS UNDERWOOD .....Woodbury
JAMES WERES .....Alpba
HARRISON BETTS WILSON .....Hackensack
THOMAS BENJAMIN LEE, *Consultant* .....Camden

Meetings

Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
January, 1939, Joint Meeting with County Maternal Committees and Field Pbysicians; date, hour, and place to be selected by Chairman, Dr. Bingham.

Medical Care of Indigent and Low-Wage Group

GEORGE WASHINGTON FITHIAN, *Chairman* .....Pertb Amboy
DAVID WRIGHT GREEN, *Vice-Chairman* .....Salem
FRANK L. FIELD .....Far Hills
DANIEL LEO HAGGERTY .....Trenton
WARREN DAVID ROBBINS .....Cape May
BYRON GRANT SHERMAN .....Morristown
EDWARD MATHIAS ZEH HAWKES, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Medical Defense and Insurance

CHRISTOPHER CHARLES BELING, *Chairman* .....Newark
JOSEPH WALLACE HURFF, *Vice-Chairman* .....Newark
JOHN CHARLES MCCOY .....Paterson
GEORGE THOMAS TRACY .....Beverly
WILLIAM CARTER WESCOTT .....Atlantic City
WELLS PHILLIPS EAGLETON, *Consultant* .....Newark

Meetings

Atlantic City....May 19, 1938.....4 p. m.
Interim meetings at the call of Chairman
Trenton.....Apr. 16, 1939.....4 p. m.

Medical Practice

DAVID BACHARACH ALLMAN, *Chairman* .....Atlantic City
SPENCER TREADWELL SNEDECOR, *Vice-Chairman*....Hackensack
HARRY NOAH COMANDO .....Newark
GEORGE WASHINGTON FITHIAN .....Perth Amboy
JACOB IRVING FORT .....Newark
WILLIAM WALLACE MAVER .....Jersey City
REUBEN LORE SHARP .....Camden
CHESTER ISAAC ULMER .....Gibbstown
ANTHONY CHARLES ZEHNDER .....Newark
THOMAS KRAPFEL LEWIS, *Consultant* .....Camden

Meetings

Atlantic City....May 19, 1938.....4 p. m.
Trenton.....Apr. 16, 1939.....4 p. m.
For meeting of Advisory Committees see their scbedules

Mental Hygiene

JAMES STUART PLANT, *Chairman* .....Newark
MARCUS ALBERT CURRY, *Vice-Chairman* .....Greystone Park
WILLIAM COLE DAVIS .....Atlantic City
BARCLAY STOKES FUHRMANN .....Flemington
ALLEN GILBERT IRELAND .....Trenton
EDWARD SHEAFE KRANS .....Plainfield
CLARENCE MORTON TRIPPE .....Asbury Park
HERBERT WILLIAM NAFEY, *Consultant* .....New Brunswick
AMBROSE DOWD, *Technical Adviser*, representing Commissioner Ellis, N. J. Department of Institutions and Agencies .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
One or two other meetings at call of Chairman

Nursing and Nursing Education

ANTHONY CHARLES ZEHNDER, *Chairman* .....Newark
GEORGE MILTON KNOWLES, *Vice-Chairman* .....Hackensack
HORACE WESLEY JACK .....Camden
VICTOR KNAPP .....Asbury Park
FRANK LESLIE PERRY .....Woodstown
HARRY SUBIN .....Atlantic City
THOMAS J. FRANCIS WALSH .....Elizabeth
WELLS PHILLIPS EAGLETON, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Pharmaceutical Problems

Chester Isaac Ulmer, *Chairman* ..... Gibbstown
Reeve Leslie Ballinger, *Vice-Chairman* ..... Arlington
Jacob John Mann ..... Perth Amboy
Merwin Lester Hummel ..... Merchantville
Charles Joseph Murn ..... Paterson
Daniel Woolsey Teller, Jr. ..... Morristown
Ralph King Hollinshed, *Consultant* ..... Westville

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Pneumonia Control

Robert Anthony Kilduffe, *Chairman* ..... Atlantic City
Thomas Michael Kain ..... Camden
Henry Paul Dengler ..... Springfield
Marshall Flower Lummis ..... Pitman
Frederick Thomas Vosburgh ..... Passaic
Ralph King Hollinshed, *Consultant* ..... Westville
William MacDonald, *Technical Adviser*, representing Dr. J. Lynn Mahaffey, Director N. J. Department of Health ..... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Post-Graduate Education

David Fuller Bentley, *Chairman* ..... Haddonfield
Stuart Zeh Hawkes, *Vice-Chairman* ..... Newark
Albert William Pigott ..... Skillman
Ernest Francis Purcell ..... Trenton
Hammell Pierce Shipps ..... Delanco
Sloan Griffin Stewart ..... Atlantic City
Clarence Wilton Way ..... Sea Isle City
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.

Public Health

Stanley Nichols, *Chairman* ..... Long Branch
Frederic William Lathrop, *Vice-Chairman* ..... Plainfield
Arthur Walter Bingham ..... East Orange
Charles Byron Blaisdell ..... Long Branch
Jacob Irving Fort ..... Newark
Ernest Garfield Hummel ..... Camden
Allen Gilbert Ireland ..... Trenton
Abraham Ezra Jaffin ..... Jersey City
Robert Anthony Kilduffe ..... Atlantic City
Isaac Warner Knight ..... Pitman
Julius Levy ..... Newark
Barclay Wellington Moffat ..... Asbury Park
Herschel Stratton Murphy ..... Roselle
Henry Boylan Orton ..... Newark
James Stuart Plant ..... Newark
Elbert Stetson Sherman ..... Newark
Theodor Teimer ..... Newark
Edward Mathias Zeh Hawkes, *Consultant* ..... Newark

Technical Advisers

Ellen Potter and Emil Frankel, representing Wm. G. Ellis, N. J. Dept. Institutions and Agencies.
Henry Howard Kessler, representing J. J. Toobey, N. J. Dept. of Labor.
William MacDonald, representing Director Mahaffey, N. J. Dept. of Health.
Howard Dare White, representing Director Elliott, N. J. Dept. of Public Instruction.

Meetings

Long Branch.... July 10, 1938..... 3 p. m.
Newark..... Sept. 7, 1938..... 3 p. m.
Newark..... Oct. 5, 1938..... 3 p. m.
Newark..... Nov. 2, 1938..... 3 p. m.
Newark..... Dec. 7, 1938..... 3 p. m.
Newark..... Jan. 4, 1939..... 3 p. m.
Newark..... Feb. 1, 1939..... 3 p. m.
Newark..... Mar. 1, 1939..... 3 p. m.
Newark..... Apr. 5, 1939..... 3 p. m.
Newark..... May 3, 1939..... 3 p. m.

Public Relations

Joseph Henry Kler, *Chairman* ..... New Brunswick
Joseph Berkeley Gordon, *Vice-Chairman* ..... Marlboro
George Barton Barlow ..... Englewood
Edgar Parmele Cardwell ..... Newark
Homer Isaac Silvers ..... Ventnor
Jacob Allen Yager ..... Paterson
Elias Joseph Marsh, *Consultant* ..... Paterson

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Publication

Henry C. Barkhorn, *Chairman* ..... Newark
Edward Joseph Ill ..... Newark
James Lawrence Evans ..... Northb Bergen
William John Carrington, Ex-Officio ..... Atlantic City
Alfred Stahl, Ex-Officio ..... Newark
Frank Overton, Editor ..... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Newark..... July 27, 1938..... 4:30 p. m.
Newark..... Aug. 31, 1938..... 4:30 p. m.
Newark..... Sept. 28, 1938..... 4:30 p. m.
Newark..... Oct. 26, 1938..... 4:30 p. m.
Newark..... Nov. 23, 1938..... 4:30 p. m.
Newark..... Dec. 28, 1938..... 4:30 p. m.
Newark..... Jan. 25, 1939..... 4:30 p. m.
Newark..... Feb. 22, 1939..... 4:30 p. m.
Newark..... Mar. 29, 1939..... 4:30 p. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Exhibits

Asher Yaguda, *Chairman* ..... Newark
James Gordon Boyes, *Vice-Chairman* ..... Plainfield
Nicholas Mark Alter ..... Jersey City
William Wolf Hersohn ..... Atlantic City
Luther Agustus Markley ..... Teaneck
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Program

Clarence Ladelle Andrews, *Chairman* ..... Atlantic City
Robert Speer Gamon, *Vice-Chairman* ..... Camden
Louis Charles Lange ..... Weehawken
Harrison Stanford Martland ..... Newark
Paul Bryson Reisinger ..... Trenton
William John Carrington, *Consultant* ..... Atlantic City

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Study of Sterilization

Charles Wright MacMillan, *Chairman* ..... Passaic
Samuel Emlen Stokes, *Vice-Chairman* ..... Moorestown
Walter John Farr ..... Teaneck
Theodore Russell Robie ..... East Orange
Alfred Frederick Sferra ..... Bound Brook
Samuel Alexander, *Consultant* ..... Park Ridge

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Traffic Accidents

ELBERT STETSON SHERMAN, *Chairman* ..... Newark
MILLARD FREEMAN SEWALL, *Vice-Chairman* ..... Bridgeton
THOMAS SIMON PADDOCK FITCH ..... Plainfield
CHRISTIAN PETER SEGARD ..... Leonia
GEORGE JOHN YOUNG ..... Morristown
JESSE LYNN MAHAFFEY ..... Haddonfield
WATSON BUDLONG MORRIS, *Consultant* ..... Springfield
ARNOLD VEY, *Technical Adviser*, representing A. W. Magee, Commissioner of Motor Vehicles of N. J. ... Trenton

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Oct. 2, 1938 ..... 11 a. m.
Trenton ..... Dec. 4, 1938 ..... 11 a. m.
Trenton ..... Feb. 19, 1939 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

Tuberculosis

ABRAHAM EZRA JAFFIN, *Chairman* ..... Jersey City
SAMUEL BUDD ENGLISH, *Vice-Chairman* ..... Glen Gardner
NORMAN WYVELL BURRITT ..... Summit
LEO BERTHIER DRAKE ..... Franklin
CLYDE M. FISH ..... Pleasantville
MARCUS WARD NEWCOMB ..... Browns Mills
HAROLD SIMON HATCH ..... Morristown
JOHN EDMUNDS RUNNELLS ..... Scotch Plains
HARRY BURTON WALKER ..... Vineland
FREDERIC JAMES QUIGLEY, *Consultant* ..... Union City

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Oct. 2, 1938 ..... 11 a. m.
Trenton ..... Dec. 4, 1938 ..... 11 a. m.
Trenton ..... Feb. 19, 1939 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

Venereal Disease Control

CHARLES BYRON BLAISDELL, *Chairman* ..... Long Branch
MARSHALL DAVIS HOGAN ..... Boonton
BAXTER ALFONSO LIVENGOOD ..... Swedesboro
STANLEY MARTIN MCGEEHAN ..... Atlantic City
ROBERT RAYMOND SELLERS ..... Newark
STANLEY R. WOODRUFF ..... Jersey City
WILLIAM FRANCIS COSTELLO, *Consultant* ..... Dover
ARTHUR JAY CASSELMAN, *Technical Adviser*, representing Dr. Jesse Lynn Mahaffey, Director of N. J. Dept. of Health ..... Camden

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Oct. 2, 1938 ..... 11 a. m.
Trenton ..... Dec. 4, 1938 ..... 11 a. m.
Trenton ..... Feb. 19, 1939 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

Welfare

HILTON SHREVE READ, *Chairman* ..... Ventnor
WILLIAM JOHN CARRINGTON, Ex-Officio ..... Atlantic City
ALFRED STAHL, Ex-Officio ..... Newark
DAVID BACHARACH ALLMAN ..... Atlantic City
FRANK WILLIAM ASH ..... Paterson
GEORGE BARTON BARLOW ..... Englewood
ARTHUR WALTER BINGHAM ..... East Orange
CHARLES BYRON BLAISDELL ..... Long Branch
WENDALL JONES BURKETT ..... Pitman
NORMAN WYVELL BURRITT ..... Summit
EDGAR PARMELE CARDWELL ..... Newark
HARRY NOAH COMANDO ..... Newark
MARCUS ALBERT CURRY ..... Greystone Park
WALTER JOHN FARR ..... Teaneck
FRANK L. FIELD ..... Far Hills
GEORGE WASHINGTON FITHIAN ..... Perth Amboy
JACOB IRVING FORT ..... Newark
BARCLAY STOKES FUHRMANN ..... Flemington
JOSEPH BERKELEY GORDON ..... Marlboro
DAVID WRIGHT GREEN ..... Salem
DANIEL LEO HAGGERTY ..... Trenton
HENRY HAYWOOD ..... New Brunswick
EUGENE GARFIELD HERBENER ..... Lakewood
WILLIAM GETTIER HERRMAN ..... Asbury Park
ERNEST GARFIELD HUMMEL ..... Camden
ALLEN GILBERT IRELAND ..... Trenton
ABRAHAM EZRA JAFFIN ..... Jersey City
SIGURD WALTER JOHNSEN ..... Passaic
ROBERT ANTHONY KILDUFFE ..... Atlantic City
JOSEPH HENRY KLER ..... New Brunswick
ISAAC WARNER KNIGHT ..... Pitman
FREDERIC WILLIAM LATHROP ..... Plainfield
JULIUS LEVY ..... Newark
CHARLES LITTWIN ..... Teaneck
JOSEPH FRANCIS LONDRIGAN ..... Hoboken
CHARLES WRIGHT MACMILLAN ..... Passaic
JACOB JOHN MANN ..... Perth Amboy
WILLIAM WALLACE MAYER ..... Jersey City
CHARLES HENRY MITCHELL ..... Trenton
BARCLAY WELLINGTON MOFFAT ..... Red Bank
HERSCHEL STRATTON MURPHY ..... Roselle
LESLIE EDWIN MYATT ..... Bridgeton
STANLEY HETFIELD NICHOLS ..... Long Branch
JAMES FRANCIS NORTON ..... Jersey City
BERTHOLD STEINBACH POLLAK ..... Secaucus
WARREN DAVID ROBBINS ..... Cape May
MILLARD FREEMAN SEWALL ..... Bridgeton
TRAUGOTT JOHN SCHUCK ..... Hoboken
REUBEN LORE SHARP ..... Camden
BYRON GRANT SHERMAN ..... Morristown
HOMER ISAAC SILVERS ..... Ventnor
SPENCER TREADWELL SNEDECOR ..... Hackensack
JAMES HERBERT SPENCER, JR. ..... Franklin
SAMUEL EMLEN STOKES ..... Moorestown
THEODOR TEIMER ..... Newark
CHESTER ISAAC ULMER ..... Gibbstown
HERBERT ROY VAN NESS ..... Newark
HARRY BURTON WALKER ..... Vineland
JAMES WERES ..... Alpha
WILLIAM CRANE WILENTZ ..... Perth Amboy
JACOB ALLEN YAGER ..... Paterson
GEORGE JOHN YOUNG ..... Morristown
ANTHONY CHARLES ZEHNDER ..... Newark

Meetings

Trenton ..... June 5, 1938 ..... 1 p. m.
Trenton ..... Oct. 2, 1938 ..... 1 p. m.
Trenton ..... Dec. 4, 1938 ..... 1 p. m.
Trenton ..... Feb. 19, 1939 ..... 1 p. m.
Trenton ..... Apr. 16, 1939 ..... 1 p. m.

Woman's Auxiliary

GUSTAV AUGUST BRAUN, *Chairman* ..... Newark
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Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

Workmen's Compensation

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STEPHEN J. LORENZ, *Technical Adviser*, representing J. J. Toohey, N. J. Dept. of Labor ..... Trenton
ROY GRIFFITH, *Technical Adviser*, representing the Manufacturers' Association of N. J. ..... Glen Ridge

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
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Trenton ..... Dec. 4, 1938 ..... 11 a. m.
Trenton ..... Feb. 19, 1939 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

GAUCH, WILLIAM, Newark, General Chairman of the Local Committee on Arrangements for the Clinical Meeting of the M. S. of N. J.
SPRAGUE, EDWARD WHARTON, representing the M. S. of N. J. on the Board of Trustees of the Hospital Service Plan of N. J.

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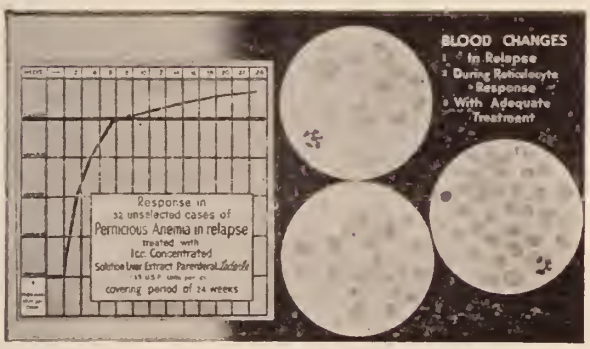

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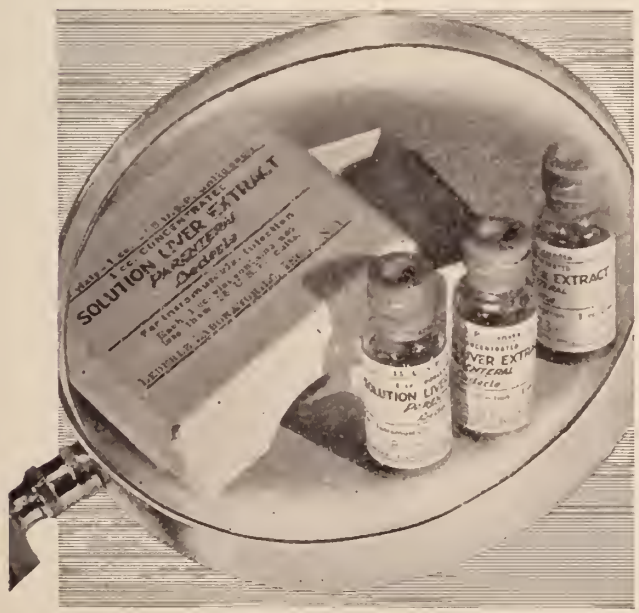

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**Bender, L. F. and Blanchard, K.—read before Pediatric Section, N. J. State Med. Asso., Atlantic City, N. J., May 18, 1938.*

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BASIC OPERATIONS IN COMMERCIAL CANNING PROCEDURES

V. HEAT PROCESSING THE SEALED CONTAINER

● Previously, we have described how raw food material is sealed in the tin container after proper preparatory treatment. After sealing, the next important step in commercial canning is the heat process, or "process" as it is called in the industry.

Essentially, the processing operation involves exposure of the sealed container to hot or boiling water, or to steam under pressure, for the correct period of time. The purpose of the process is to destroy pathogenic or spoilage organisms which may be present on raw food material; the seal on the can then prevents re-infection of the foods by such organisms. Thus, the sealing and processing operations combine to insure a sound, wholesome canned product.

It is not possible here to review all factors which must be considered in the establishment of an adequate heat process for any specific product. Such factors have been briefly discussed in recent publications (1, 2). It must suffice to state that, in general, commercial processing operations are divided into two general types, depending upon the acidity of the food being canned.

The "acid" foods—including the common fruits and certain vegetables or vegetable products whose pH values fall below 4.5—are quite easily heat processed. With such foods it is only necessary to heat the sealed container long enough to permit the attainment of a definite temperature in the center of the can (usually 200°F. or slightly less). In fact, some acid products may be processed by filling sufficiently hot, sealing and inverting the cans, and cooling without further process.

The "non-acid" foods—such as meat, sea foods, milk and most of the common vegetables—require temperatures above that of boiling water for adequate heat processing. Such foods are processed under steam pressure in a closed "retort", usually at a temperature of 240°F. Years of research have made possible the issuance for the guidance of modern canners of a bulletin listing recommended process schedules for the non-acid products (3).

Regardless of the temperature of processing, equipment is available which permits use of the batch or "still" process, and the "continuous" or "agitating" types of process for sealed cans. Improvements in processing machinery and accessory instruments during the past two decades permit precise, scientific control of commercial processing operations.

Above all, however, the modern canner has a clear understanding of the underlying purpose of the process and a deep appreciation of the necessity for strict supervision of the processing operation. Commercially canned foods, consequently, must be ranked today among the most wholesome foods coming to the American table.

AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

(1) 1938 Food Research 3, 13. (2) 1937. J. Amer. Med. Assn. 109, 1046. (3) 1937. Natl. Canners Assn. Bull. 26L, 3rd ed.

This is the thirty-eighth in a series of monthly articles, which summarize, for your convenience, the conclusions about canned foods reached by authorities is nutritional research. We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

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Volume XXXV.
Number 7

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

Under the
Direction of the
Committee on Publication

Editor of
The Journal
Frank Overton, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
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Vol. XXXV, No. 7 July, 1938 Subscription, $3.00 per Year
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EDITORIALS

A Month of the New Administration

The record of the new administration of The Medical Society of New Jersey, now scarcely more than a month old, reads like that of October not many years ago. The following are some of the results already accomplished:

1. The announcement of the new committees, and the realignment of their members immediately at the close of the Annual Meeting.

2. A general meeting of the officers and personnel attended by over 200 members.

3. An organization meeting of every committee, and the announcement of its specific plans at a meeting of the Welfare Committee.

4. The active participation of the full New Jersey delegation in the annual meeting of the American Medical Association.

5. The initiation of the project of a survey of the medical needs of the people of New Jersey, and of the response of the medical profession to those needs.

6. The development of plans for a Fall Clinical Session, to be devoted to the scientific practice of medicine.

7. The initiation of a program of announcements in The Journal regarding the specific plans of the several committees.

8. The initiation of plans for broadening the influence and opportunities of The Journal, especially by periodic announcements written by the officers and committeemen.

9. The initiation of plans promoting the more active participation of the County Societies in the affairs of the State Society.

10. The development of plans for promoting a knowledge of the Medical History of the State Society and of the county societies.

11. The promotion of the Bulletins of the county societies as a means of informing their members regarding the activities of their societies, particularly among those who complain that they do not know what is going on.

All history demonstrates that every era of progress has developed from quiet influences whose existence was scarcely appreciated at their beginnings. There has been a rising tide of knowledge and comprehension among the officers and members of The Medical Society of New Jersey and its component county societies. It is the opportunity of the new administration to harness this tide of sentiment and aspiration, and direct its energies to constructive action.

Securing Medical Legislation

The success of legislation sponsored by the Medical Society depends upon what the legislators call "heat" more than upon the logic of the argument in support of proposed bills. During the 1938 session of the Legislature, three hundred and sixty-five registered chiropractors,—probably short on logic, but certainly long on applying the "heat" on legislators,—have practically outdone more than 5000 of our professional brethren who rely too much on a logical presentation of arguments by a few men. Logical arguments can be best presented by a *few* leaders who are familiar with the bills that are prepared; but applying the "heat" is a process in which *every member* of the Society must take an active part if The Medical Society of New Jersey is to pass legislation intended for the benefit of the public and the security of the profession. A psychiatrist once said, "A little primitive *emotion* can stymie the most brilliant *intellect* at times."

Experience during the past session of the Legislature has demonstrated the great need of a definite plan for applying both logic and emotion in securing medical legislation.

1. PREPARATION OF A LAW

The elementary work of influencing legislation during the session of 1939 properly begins at once, and consists in the application of the principles of logic and reason in preparing the bills for introduction in the Legislature. This work can best be done in three stages:

A. Writing the texts of proposed bills during the summer months.

B. Explaining the provisions of the bills to the County Societies during the early Fall months.

C. Revising the details of the bills during the late Fall months, in order that they may conform to the wishes of a majority of the members of each county society.

2. APPROACHING LEGISLATORS

The second great step in influencing legislation is that of instructing the legislators, most of whom are elected early in November. This work will require the application of both logic and emotion:

A. Of logic in explaining the principles and intents of the proposed bills.

B. Of emotion in demonstrating the intense desire of physicians that the bills should be passed as *measures of public benefit*. This period of instructing legislators begins during the week of their election, and extends throughout the legislative session.

3. ENLISTING THE SUPPORT OF PROMINENT CITIZENS

The third great step in the work of physicians in influencing legislation is that of demonstrating a *popular demand* for the enactment of the medical bills. Each member of a county medical society can engage in this work by approaching prominent citizens and securing their promise to visit or write to their local legislators and ask them to support the bill. Legislators will be influenced by the "heat" of the demand as shown by both the *number* of the communications, and the civic standing of the citizens who make the appeals.

4. PUBLIC HEALTH AND WELFARE ORGANIZATIONS

The fourth great step in promoting medical legislation is that of securing the support of local organizations engaged in public health and welfare work and securing their active coöperation by:

A. Passing resolutions in support of the bills.

B. Appointing members to call upon their local legislators and tell them of their desire that the bills shall be enacted into law.

The legislators are impressed by the concrete evidence presented by active individual persons, either for or against the bill, as expressed in letters, telegrams, 'phone calls, and personal visits, than they are by the number on the rolls of any organization.

5. COMBATING PROPAGANDA

A fifth step to be considered in securing medical legislation, particularly the new Medical Practice Bill, is that of combating the propaganda of those whose business might be affected by the law. However, it must be remembered that criticism of motives often harms the critic and strengthens his opponent. Active support of the Medical Practice Act is an effective answer to the propaganda of its opponents.

The Development of Organized Medicine in New Jersey

Every organization develops in two stages:

1. A vague sense of common needs among a large group of individuals.

2. The rise of a few leaders who can express the vague aspirations of their companions, and develop a method by which all can supply those needs by their united efforts.

THE PARENT ORGANIZATION

One hundred and seventy-two years ago, the practicing physicians were keenly aware of the needs of the people for better medical service; and seventeen far-seeing practitioners met together and formed a state-wide organization for the purpose of establishing high standards of medical service and of devising methods of applying those standards to common medical practice. Ever since the birthday of the Society on July 23, 1766, its leaders have been discovering new methods of supplying the health needs of the people, and of inspiring its members to apply those methods scientifically, conscientiously, and generously.

Today The Medical Society of New Jersey faces the identical problems of its founders,—for the human body remains the same that it was in 1766, and it is still the nature of men and women to indulge their passions, and to neglect to apply the methods of physical salvation which are offered by their physicians.

The official transactions of The Medical Society of New Jersey are complete from the day of its founding to the present time; and any physician who will read them can easily trace every stage of the development of its modern form of organization and its lines of activity back to the day of its founding. There is a striking parallelism between the development of The Medical Society and that of the constitutional form of government of the nation. Whatever problem seems new and modern was faced by our medical predecessors; and the fundamental forms of organization which they established remain essentially the same today. For example, read the story of the Welfare Committee as it is briefly outlined in The Journal of November, 1937, p. 687; and also the story of the Board of Trustees, which originated in 1820, as recorded in The Journal of January, 1938, p. 42.

THE COUNTY SOCIETY

Future historians will point out 1934 as the birth year of a remarkable expansion of the outlook of The Medical Society of New Jersey upon the field of health; and the development of practical means of supplying the dire needs resulting from the unprecedented financial depression. The success of the medical service of the Emergency Relief Administration was a demonstration of what the medical profession might accomplish in expanding its field of service so as to include conditions caused or perpetuated by ignorance, prejudice, indolence and emotion, as well as by poverty, which has been considered by many as the dominant cause of sickness. Then was born the realization of the vital importance of the county society in the formation and execution of the plans of the State Society; and there soon followed its twin concept of the equally vital importance of the participation of every individual member in planning and delivering efficient medical service to a large proportion of the population.

The elder twin—the county society—is now experiencing its growing pains, but is already developed into a lusty youth, impressing his

personality upon his near relatives—the lay and official health organizations.

The younger twin—the individual member—is also realizing his opportunities and his obligations in the newer fields of service that have been opened up by his county and his State Society.

The medical profession of New Jersey is rapidly developing into a united family of efficient practitioners of medicine,—the parent,—The Medical Society of New Jersey; the elder son,—the County Medical Society; the younger son,—the individual member of the County Society.

The Doctor as an Administrator

The promptness and ease with which the new officers and committeemen have assumed their duties is a refutation of the old idea that the doctor is a poor business man.

In 1933 the system was introduced of choosing a President-Elect in addition to a President. While the Society had always followed the custom of advancing the Second Vice-President in office each year until he reached the Presidency, there was no assurance of that advancement. While the theory was that a member who had served in the lower grades of the executive office thereby gained experience and insight into society affairs that would enable him to discharge the duties of President with efficiency, it had the defect that there was no system of assigning the lower officers to specific duties of leadership. When a member was made President-Elect, he had a year to *observe* the inner workings of the President's office; but that was not sufficient, for he was not charged with responsible duties by which he was fitted for leadership by *actual experience* along lines of personal responsibility.

In 1936 the system of the President's Cabinet was introduced, by which each subordinate officer from the Second Vice-President, was given specific duties to perform. Meetings of the unofficial President's Cabinet were held, and the problems of the Presidency were discussed. The result has been that the new President came into office with a background of actual experience in administrative affairs. The importance of Presidency was thereby enhanced, and each new President was prepared to announce his policies and to appoint qualified men to the committees, immediately after he came into office.

The practical result of the new system has been that each new President has laid his plans for his year of office and has chosen his committees, before the annual meeting, so that the new administration is in full function at once, instead of waiting until Fall for starting the operation of the State Society machinery.

President Carrington applied the new system immediately at the close of the annual meeting by announcing his full list of committeemen, every one of whom had previously accepted the position which was assigned to him; and two weeks later a meeting of every committee was held, and each chairman announced his plans at a meeting of the Welfare Committee.

The new system has demonstrated the readiness and eagerness of experienced members to perform administrative duties that call for experience and ability of a high order.

Transactions of the House of Delegates

The Transactions of the House of Delegates will be printed as a supplement to the August Journal. Last year they were issued with the July Journal; and in 1936, with the August Journal. The reason for a month's variation in the time of their publication is the fact that the preparation of each year's Transactions requires about nine weeks. The earliest month of their publication will therefore be the second after the meeting.

ORIGINAL ARTICLES

COMPREHENSIVE PLANNING OF MEDICAL CARE

A comprehensive summary of the broad field of modern medical care of patients in various social and economic levels is given in the following addresses which were delivered before the Passaic County Medical Society at its annual meeting in Paterson on May 12, 1938.

NO. 1.—MEDICINE IN NEW JERSEY LOOKS FORWARD

By Thomas K. Lewis, M.D., Camden, N. J.

Read before the Passaic County Medical Society on May 12, 1938.

As long as fifteen years ago it began to be apparent that all was not well in the medical world. The agonies of the depression rendered this acutely manifest both to the profession and the laity. Various foundations began agitating the question with the result that, in 1927, during the Hoover administration, the Wilbur Committee was formed and launched its well-known *Survey of the Cost of Medical Care*. In 1932, after a five-year study, the final report of this committee was published. As is well known, there were two chief reports or sets of conclusions,—the Majority Report, and the chief Minority Report. It is equally well known that Organized Medicine favored almost unanimously the chief Minority Report in that it held out for preservation of the private independent practice of medicine as that form best suited to the peculiar needs of the American people. Consideration of this phase of the subject has no place in the present discussion, but the facts found in the survey carried on by the Wilbur Committee are of great value, and will be used as a background in our presentation.

Sixty years ago the practice of medicine was a simple affair in comparison with that which exists today. The doctor's equipment was a horse and buggy, a crude stethoscope, a bag of drugs (mostly home brew), and common horse sense. The hospital was a poorly equipped refuge or accumulation point for the more convenient care and treatment of the destitute sick. From apprenticeship or a two-year course in an unstandardized school with no uniform requirements for entrance or graduation, the study of medicine has progressed to that present-day high plane well known to everyone. Surgery was of the crudest, confined largely to very minor operative procedures, and treatment was empiric. In the eighties the discovery of bacterial life and the demonstration of its relationship to disease gave a tremendous impetus to a more scientific type of medicine. Asepsis in surgery (surgery without infection) has made possible operations undreamed of in the good old days; while the perfection of laboratory technic and the development of special instruments such as the x-ray electrocardiograph and basal metabolism machine, have resulted in methods of diagnostic precision which have placed the practice of medicine in a class with the exact sciences. Innumerable specialties have come into being, each striving for perfection and greater accuracy. The production of improved chemical combinations of drugs, and of the biologicals, antitoxins and various sera have not only saved innumerable lives but have greatly reduced the incidence of disease by banning from society many of the plagues and pestilences that in bygone days levied such a frightful toll upon humanity.

As a result of this newer type of medicine the education, the equipping and the overhead of a doctor represents a small fortune. While the hospital, from a refuge for the destitute sick, has metamorphosed into an institution for the housing and operation of an enormous amount of costly equipment, which in time of need is indispensable to all ranks of society. The cost of maintenance of hospitals has

reached staggering heights with the production of this new type of service. The annual cost of operation of the hospitals in the State of New Jersey is $10,000,000, while that of the nation approaches a billion dollars annually. The net result of this scientific evolution of medicine is, on the one hand, marked increase in longevity and greatly improved chances for recovery from serious disease; but on the other hand, a staggering increase in the cost of catastrophic illness.

STATISTICAL DATA

Studies by the Committee on the Cost of Medical Care have contributed much valuable data, some of which may be summarized as follows:

1. The annual medical bill of the American people is $3,656,000,000. This does not seem excessive in view of the fact that the annual expenditures for tobacco, cosmetics, toilet articles and recreation is $5,807,000,000, and that the annual travel bill is $9,475,000,000. However, the catch in these figures is the fact that this annual cost can not be calculated on a per capita basis. A very large portion of this sum for medical care goes for the payment by or for the treatment of a *very small proportion of the population,* the seriously ill.

2. One-third of the total cost is paid by or for those with catastrophic illness or in need of extensive study for diagnosis, and centers around the hospitals.

3. The seriously ill constitute one-tenth of one per cent (or one in every thousand) of those obtaining medical service at a given time. When one considers that at any given time only two per cent of the population is ill, the proportion of those involved in the bulk of the medical bill becomes greatly attenuated.

4. Enormous members of moderately ill who are in need of special investigation or expert opinion are being given the required attention by way of free wards and clinics. There is no estimated value of the free professional services so rendered on a national scale but here in New Jersey, based on a moderate fee schedule, we offer seven million dollars as the approximated value of professional services rendered by the physicians of the State, annually, in ward and clinic services.

Now we add to these statistics obtained from the report of the Wilbur Committee certain other self-evident data:

1. Only the upper five or ten per cent of the population, economically speaking, can pay for any kind or type of medical service required, regardless of cost.

2. The lower 10 or 20 per cent of the population, economically speaking, never have been, and never will be, able to pay for any kind of medical care. This class represents the destitute, who receive treatment in our hospitals without charge. It is a common saying among staff physicians that the very rich and the very poor receive the best type of care, because one does not need to bother about the problem of cost. All the refinements of diagnostic procedure and unlimited consultations are available.

3. The great middle class, ranging from low income to fairly high salary, at various levels, find it necessary to accept treatment in serious illness as a charity. From the standpoint of public economics, it is an unhealthy state of affairs which turns an otherwise self-sustaining individual into the ranks of the medically destitute when he is afflicted with a serious disease. From the standpoint of the physician, it is a poor outlook when he sees his paying clientele rapidly shrinking with an ever-increasing load of free ward and clinic cases. This condition is *intolerable,* and cries out for correction. We contend that the problem is not that of fitting the practice of medicine to a changing order of society, but that of fitting a new kind of practice of medicine to an order of society as old as the hills, a society made up of the rich, the middle class, and the destitute. Any readjustments must take into consideration all three of these classes. A way must be found by which it will be possible for all classes to receive medical care at a "Price possible level" in such a way that the physician may live, and the hospital may operate in the black.

REMEDIAL PLANS

The equation for which a solution must be found consists of the following factors:

1. The middle-class patient, and even the

moderately well-fixed patient, demands medical service at a cost which will not place too great a strain upon his bank account, or force him into the ranks of the medically indigent.

2. The hospitals must be so supported that they may operate in the black. It is the acute problem of finance that has led many of our hospitals into practices to which the medical profession objects.

3. The private practitioner requires a readily available means or modus operandi whereby he may obtain for his middle and low-wage patients the benefits of laboratory service, special instrumentation, x-ray examinations, and opinions from specialists, at a price compatable with the pocketbook of the patient. Lack of any readily available set-up for procuring such services compels the general practitioner to refer to dispensaries many of his patients who could well afford to pay something. The Medical-Dental Bureau is a step in this direction; but it affects only a small proportion of more serious cases, and is limited to the larger metropolitan areas.

The solution of this equation is being sought by organized medicine throughout the land. Some 250 odd experiments are on trial. After five years of intensive study of the subject we, in New Jersey, have come to the conclusion that there is no one formula that can give the correct answer; nor can revolution or legislation by a swift stroke of necromacy effect the cure. It is evident that, in order to avoid disaster, the new order must be evolved slowly, by carefully considered and tested steps. It will be necessary for factional differences to be wiped out. Through harmonious coördination of the activities of the medical profession with hospitals, government, and various lay agencies this tough problem can and will be solved.

NEW JERSEY PLANS

Much material that can be utilized in the erection of this new structure has already been tested within our State, or seems to be clearly practical. The following are some of the propositions either already inaugurated or planned for in the immediate future:

1. Aggressive support of properly managed non-profit hospitalization insurance. While none of the policies now in existence can be wholeheartedly supported by the profession, the differences are far from being unsurmountable. This one service will lift a large number of low-waged employed patients out of the charity wards into semi-private rooms, thereby adding to the self-respect and comfort of the patient, and at the same time aiding in the economic difficulties of hospital and professional attendant. Judging by the rapidity with which this service is sweeping the country, there is little doubt of its popularity with the public.

2. Creation in our hospitals of larger facilities for pay wards, and liberal-priced semi-private rooms. We have found that, in those hospitals where there are pay wards and low-priced semi-private room facilities, the percentage of the dollar receipt to the hospital derived from patients is higher than is the case in those institutions where private room service rates are high.

3. Rapid standardization of drugs and more ethical (or professional) prescription writing through the use of U. S. P., N. F. and N. J. F. preparations. We have in New Jersey a *Joint Committee of Physicians and Pharmacists* whose duty is to provide suitable formulae and professional designations, as quickly as possible, for all new non-official drugs of proven worth. More widespread use of this service will result in greatly reduced drug bills for our patients.

4. The building of a new and improved type of *practical nurse* for the benefit of the low-income family in such cases as do not require special technical nursing skill. Our Committee on Nursing and Nursing Education, in conjunction with Vocational Training Schools and Social Security, has established several such courses for the preparation of nursing assistants within the State.

5. Modification of specialty fees in an organized way to fit the financial capability of the individual patient through:

a. Medical-Dental Bureaus in the larger communities, particularly for cases requiring hospitalization and major medical and surgical procedures.

b. By coördination of County Medical Societies with Boards of Health, Welfare Departments, municipal governments, hospitals and professional attendants, the erection of a system whereby laboratory services, x-ray examinations, special instrumentation, expert opinion, medication and nursing care may be provided for all classes of non-indigents at a rate compatable with the individual pocketbook.

6. Support of the medical care of the indigent by the tax-paying public, whose charge they are, along the lines of the old Emergency Relief. It is urgently necessary that a state philosophy and method for the care of the indigent be established for all time. In this service we urge the following:

a. That private hospitals shall be remunerated out of public funds, on a cost-day-bed basis, for the care of the truly indigent. This does not mean subsidizing the hospitals, but simply the purchase by the community from the private hospital care for the communities' poor. This just contribution by the tax-paying public will take practically every well-managed hospital out of the red, and open the way for larger service by the hospital to its community.

b. That the private physician be remunerated on a modified scale of pay for care of the indigents who are ill in their homes.

In order to enter effectively into the various activities above outlined, the medical profession and the hospitals must have support in the care of the indigent. And, in concluding, I would leave with you this plea,—that you give your support to the furtherance of a Statewide plan for the adequate support of the medical care of the medical indigent along the line of the old Medical Emergency Relief.

NO. 2.—THE HOSPITAL'S RESPONSIBILITY IN COMPREHENSIVE PLANNING FOR MEDICAL CARE

By Emil Frankel, Ph. D., Director, Division of Statistics and Research, New Jersey State Department Institutions and Agencies, Trenton, N. J.

Presented at 95th Annual Meeting of Passaic (N. J.) County Medical Society, May 12, 1938.

The general hospital has a particular responsibility not only to furnish adequate care for those who apply for treatment, but it also has an important contribution to make in the community's planning for a comprehensive system of medical care, for, as has been well said, "The hospital is, and will increasingly be, the central and strategic factor both in medical care and in medical education."

In the essential functions of the hospital, which are those of "caring for the sick and injured, providing educational facilities, collaborating in the prevention of disease and in the promotion of scientific research", it is important to remember that the hospital is the instrument through which these functions are carried out. The actual care of the sick is given by the physician, and the maintenance of scientific standards may be provided for and encouraged by the hospital. But ultimately they must be made effective by the medical staff.

We are all in agreement that good medical care means to put at the service of every patient the best that the medical sciences can offer for diagnosis and treatment; and that means, further, that the hospital must be given its proper place in the facilities being made available for the sick, which "taken all together must be considered as a part of an intricate, delicately balanced, infinitely specialized instrument".

During the development of the hospital toward the important place it now occupies in the whole field of medical care, it continuously recognized its responsibility to minister humanely and scientifically to the sick, and to change its methods by adopting new and better ways of caring for the sick, and to utilize new medical discoveries designed to control and prevent disease.

Hand in hand with the current advances in medical care has come a broadening in the hos-

pital's functions, and in the relative responsibility which the hospital had to assume in the community's medical program. Today the hospital is asked to assume new responsibilities in diverse directions. The purpose of this paper is to outline briefly the trends these new responsibilities are likely to take.

An excellent source book on hospital problems of today is the report of "The Hospital Survey for New York" by Haven Emerson, M.D., published by the United Hospital Fund, New York, 1937; and Chapter VI—The Place of the Hospital in the Organization of Medical Care in "American Medicine", published by The American Foundation, New York, 1937.

See also two stimulating papers by Commissioner William J. Ellis of the New Jersey Department of Institutions and Agencies: "Hospital Economics—Social and Economic Influences Upon General Hospitals", Hospitals, July, 1936; and "How Shall the Hospital Develop to Meet the Demand of the Future?", Hospitals, October, 1937.

MATERNITY CARE

The hospital's responsibility in maternal welfare is on the increase, in the opinion of a well-known obstetrician, Dr. Arthur W. Bingham, Chairman, Committee on Maternal Welfare, Medical Society of New Jersey, because more obstetrical patients are being cared for in hospitals every year, and because the well-organized obstetrical hospital unit is the ideal place to conduct an obstetrical case.

Dr. Bingham regards it important for every hospital admitting obstetrical cases to check its equipment and personnel in order to make sure they are adequate for the proper care of maternity patients.

Prenatal clinics are to be considered a part of a comprehensive system of prenatal care. Dr. Bingham feels that "the hospital which treats in its clinic only those cases which are to be cared for in its ward is only partially doing its duty to the public". (Jour. Med. Soc. N. J., March, 1938, p. 160.)

CARE OF THE CONVALESCENT

It is the hospital's responsibility to help in the development of institutional and other facilities which will help the convalescent patient on the road back to health.

Many patients who have passed the acute stage of illness and no longer are in need of the continuous medical and nursing care of a general hospital, can suitably be cared for in appropriate homes for convalescents.

In urban communities where a large number of patients discharged from hospitals are obliged to return to homes where they cannot obtain the type of care which is necessary for an accelerated recovery, it is especially important that adequate convalescent facilities be provided.

SYPHILIS AND GONORRHEA

The dramatic campaign that is now being waged to stamp out syphilis and gonorrhea has called attention to the enormous services which the general hospital has rendered for many years in treating patients suffering from these social diseases, and to the key position it occupies in coöperating in measures for their control.

With the popular demand for the development of a comprehensive social hygiene program, the hospital faces increasing responsibilities in this field. To achieve earlier and more adequate diagnosis and treatment of syphilis, the Hospital Survey of New York recommends the following measures in most of which the general hospital is involved:

The more general use of the dark-field microscope in diagnosis.

The routine use of serological tests in general hospital patients; a larger proportion of expectant mothers brought under prenatal care, and receiving routine tests for syphilis and gonorrhea; increase of out-patient, hospital, and laboratory services for diagnosis; added emphasis on well-established facts concerning the essentials of anti-syphilitic therapy. More epidemiological field work and medical social service; greater coöperation between the private physician and departments of health in discovering sources of infection.

A more liberal attitude by general and special hospitals toward the admission of syphilis in acute and communicable stages.

More generous facilities for treatment of the ambulatory patient with syphilis who can contribute little or nothing to the cost of his care.

A broader attitude toward the education of the public in the means of preventing the disease.

CARE OF THE CHRONICALLY ILL

It is the hospital's responsibility to point the way toward providing care which will meet the

needs of the chronic patient. These patients have been described as representing—

* * * a generally undifferentiated mass of prolonged illness, some of which is progressive, much of which is of unknown origin and not subject to arrest by means so far discovered. Such diseases usually lead to some form of permanent disability, and there is rarely, if ever, a complete restoration to normal health.

Difficult as it is now to provide for hospital care of the chronically ill, the problem will be considerably aggravated in the future because recent population studies have shown that the people of the United States are tending to become an "aged population", and the proportion of the older age groups in the total population is constantly increasing.

While skilled nursing care and custodial or home care suffices for a proportion of the chronic sick, a good many more require intensive medical care for diagnosis and treatment.

CARE OF CANCER PATIENTS

In the report of the *Hospital Survey for New York* appears this striking statement:

If all present knowledge about cancer were used to the utmost, over one-third of those who develop this disease would be cured and returned to a normal life. About two and a half per cent of all admissions to general hospitals are for cancer, and about one person in ten over forty years of age dies of cancer. So far, special facilities for the diagnosis and treatment of this disease have not affected favorably its incidence or death rate.

The hospital's responsibility in meeting the cancer situation would involve the organization of cancer clinics, functioning at a high level both of medical personnel and of physical equipment; the provision of beds and aiding in the organization of cancer institutes.

As announced by the newspapers, "a coöperative and coördinated plan for cancer control in New Jersey, entirely new in the cancer field, has been formed by the Curie Institute, an organization incorporated in this State to provide facilities for the diagnosis and treatment of the disease. The Curie Institute is working to establish a cancer hospital in or near Newark, the most congested area, modeled as nearly as possible on Memorial Hospital, New York. As funds and skilled personnel become available, the institute intends to establish, one at a time, in other thickly populated sections, such as Trenton, Asbury Park, and Camden, model cancer centers having access to all facilities in the parent hospital. An attempt will be made to establish these centers preferably in connection with existing general hospitals."

CARE OF HEART DISEASE PATIENTS

The growing number of patients suffering from heart diseases makes it desirable that the general hospital assume increasing responsibility for the care of this type of patient, and that it provide facilities for intensive diagnosis and beds for patients in the acute phases of the disease.

CARE OF DIABETES PATIENTS

Diabetes patients are definitely on the increase in the United States. The hospital's responsibility toward them can be fulfilled by providing clinic facilities with a specially trained staff; and by furnishing insulin to patients unable to pay for it, the hospital to be reimbursed for the insulin out of public funds.

CARE OF MENTAL PATIENTS

As time goes on, the general hospital will be asked to assume increasing responsibility with regard to the problems of acute mental illness. With the growing recognition of the importance of early diagnosis and treatment of mental disorders, the general hospital is being asked to give the nervous and mental patient the same early chance to get well that is afforded the physically ill; and to provide psychiatric facilities which will assure the sufferer from nervous and mental disorders the same thorough examination and understanding treatment which are obtainable by patients sick with bodily ailments. It will be found that in the local general hospitals there exist already many of the facilities required for the diagnosis and treatment of mental disorders. The present out-patient department, with little modification in its organization, will be able to care for many persons suffering from nervous and mental disorders. Whenever needed, specialized psychiatric, medical, and nursing services are available to the general hospital from the various State and county mental hospitals in New Jersey and neighboring states.

See "Mental Hygiene", by James S. Plant, M.D., Chairman, Advisory Committee, Chapter 10, in an excellent symposium on "The Family Doctor in Preventive Medicine and Public Health—A Handbook of Procedures Suggested by the Advisory Committees of The Medical Society of New Jersey". Issued as a supplement to The Journal of The Medical Society of New Jersey, Volume XXXIV, Number 3, March, 1937. Other chapters deal with Maternal Welfare, Child Health, Crippled Children, Tuberculosis, Cancer and Venereal Disease Control, and Communicable Diseases.

See also "Provision for the Treatment of Nervous and Mental Cases in General Hospitals", by Joseph E. Raycroft, M.D., publication 34, New Jersey State Department of Institutions and Agencies, Trenton.

ORGANIZED HOME MEDICAL CARE

It has lately been advocated that medical care of the sick *in their own homes* be included in the general program of the community for organized care of the sick, and be developed as an extension of hospital and out-patient service. The argument is advanced that *home medical care* for indigents, though more costly than dispensary service, is much less expensive for the community to provide than bed care in the hospital.

If such home care is found feasible and is extended, the hospital's responsibility will be to see to it that the medical staff undertaking home care be organically related to the hospital in- and out-patient service, to assure professional competence and control, and to secure continuity in the patient's care.

(The Hospital Survey of New York.)

INFLUENCES OF SOCIAL AND ECONOMIC TRENDS

The recent social and economic changes which have influenced the financial affairs of social welfare institutions in general, likewise have influenced those of the hospital.

In spite of decreasing incomes, the hospitals have been called upon to furnish an ever-increasing amount of in-patient and out-patient services. This they had to accomplish without lowering standards or discontinuing their long-time policy of making available to their patients advanced methods of treatment and care that were based upon the results of medical research. There can be no lowering of these standards which are recognized as characteristic of the work of the modern hospital. It may very well be necessary, however, for the community to administer those financial resources that are available for social welfare objectives; and in coöperation with the hospitals, to evolve an economic administration of funds to satisfy the needs for free and partially free services. These needs are likely to continue for some time to come because of the large number of people who still remain on the relief rolls, and because of the exhaustion of the savings of large sections of the population.

As we are devising new health measures to include all the people of a community, the hospital's responsibility will be to share in planning for medical care on the broadest basis. To this end a local organization (composed of representatives of organized medicine, public school health departments, private and public health and welfare agencies, etc.) will find it advisable to study the entire community's health needs, and to find for the hospital its proper allocation in the health and hospital budget.

Dr. Haven Emerson's thoughts in this connection may well be heeded:

> Community relationships of the hospital determine largely its public reputation and usefulness, which follow from the character of its management and the extent to which it shares in the problem of sickness care and other public matters of its neighborhood. The hospital as an indispensable institution for social purposes should share in community plans and efforts to better the care of the sick and to promote human health.

NO. 3.—COMPREHENSIVE PLANNING OF MEDICAL CARE

THE RESPONSIBILITY OF THE WELFARE AGENCY

By SHERRARD EWING, Executive Director, Paterson Community Chest and Social Planning Council

Read before the Passaic County Medical Society, May 12, 1938.

Let me immediately disavow any ability to represent the fifty-seven types of public and voluntary *welfare agencies* of Passaic County. On the important question of tonight, the views of their respective representatives would vary as widely as do those of members of the medical profession! The term "Welfare agency" is here applied, we trust, to a broader field than material relief, and includes also the organizations that concern themselves with hospitalization, disease prevention, youth service, and character building; and with family and child care. These agencies are supported wholly, or their deficits are met, by tax funds or by citizens' voluntary contributions. It is my effort to present, in regard to proposed plans for medical care, the fears and hopes, which are shared at least by many lay and employed welfare workers.

It is recognized that comprehensive plans will properly embrace all strata of society. The special concern of welfare agencies, however, and their possible contribution lie in the development of plans adequately to service the mass of people in the lowest income brackets and on relief, who together comprise those who have been termed "medically indigent".

ATTITUDES OF PHYSICIANS

My embarrassment in attempting, as a layman, to speak before a meeting of doctors on this subject was partly relieved by coming across two statements of some real medical authority. The former President of the Cincinnati Academy of Medicine in this connection writes:

> "There are two parties involved, the public and the medical profession. Neither party can approach the subject without considering the other."

Then, the Committee of 430 Physicians included in its findings the statement:

> "Unless the medical profession is ready to coöperate with these other groups, they cannot expect to play successfully the part which they should play; nor can they expect to enlist the sympathetic understanding of legislative bodies."

Perhaps, we may agree,—if the provision is made that the physician is the central figure in the control of medical service,—that the economic and sociological features of any plan are the concern not alone of the doctors but of all of us. Particularly does the responsibility for coöperation rest upon board and staff members of welfare agencies, for they should be the best qualified of any group to know the needs and to represent the cause of those unable to meet the costs of illness emergencies.

When doctors disagree, on what rock of conviction shall we poor laymen stand!

One physician is quoted as saying, "I believe that the only way that satisfactory medical care can be given to the population at large is by a completely socialized State service, paid for out of taxation, and open to the use of any person, rich or poor."

Another likens medical care to the public schools and the post office system, as a service that should be made generally available through tax funds.

On the other side are numbers of physicians "unalterably opposed" to governmental or "social" medicine.

Some welcome increased government financing of medical care for the poor, while insisting that the system remain "entirely in control" of the profession and "free from politics". (These appear to ignore the fact that "politics" necessarily follows the administration of tax funds, and our only hope in that field is in a constant struggle to raise the standards of public service.)

In the years of the depression, the expense of food, clothing, and shelter for the unemployed has taken precedence over any provision from Federal funds for payment of medical costs. In an earlier day of light relief loads, city tax funds cared for the seriously handi-

capped, and the aged indigent. Voluntary charity met the temporary needs of the others. Landlords made arrangements with tenants temporarily destitute. Doctors were glad in those days to donate services to care for a small percentage of their patients who could not pay, or to extend them credit.

As the emergency developed, government funds began paying the butcher, the baker, the merchant, and the landlord for those on relief. But we have largely continued the good old custom of donated service, as far as the physicians are concerned. We often try to meet the tremendous present volume of the needs of the "medically indigent" merely by asking physicians to increase their donations of service in clinics and otherwise. There may be some truth in the often heard statement that, because doctors profit from hospital equipment and facilities provided for the community, they should be glad to donate services. We laymen appreciate there must be some limit to such service donations!

The higher the skill of the welfare worker, the more insistent beggar he becomes for free medical service in behalf of indigent clients. This is because such a worker is getting to know more about illness and physical handicaps, and more about the symptoms and causes of emotional and mental maladjustments and behavior disorders.

ETHICS FOR SOCIAL WORKERS

A close mutual understanding and appreciation between physicians and welfare workers is of vital importance from the standpoint of community interest. Of course, we have, and will continue to have, some welfare workers who care only for the disposition of the immediate problem, and are irritatingly ignorant of the existence of a medical code of ethics. They blunder accordingly. Excuse them, please! In order that you may know we have been given good advice, I quote what Dr. Claude W. Munger of St. Luke's Hospital, New York, told social workers:

1. The code of medical ethics has stood the test of time; it has a firm basis of reason and common sense.

2. If social workers are to help intelligently in medical matters, they must know and respect medical ethics; each social worker should have a desk copy of "Principles of Medical Ethics".

3. Although social workers may need education in medical principles, doctors also need to be informed about social work.

4. The interests of the patient will be promoted in direct ratio to the degree of mutual understanding and coöperation between doctors and social workers.

UNDERSTANDINGS BETWEEN THE DOCTOR AND THE SOCIAL WORKER

You will notice the suggestion that doctors need to be informed about social work. A physician, so informed, can utilize the coöperation of the competent social worker in the interest of medical service to a patient, in a different way, but as appropriately as he now utilizes the help of a nurse, or secretary, or laboratory assistant. A welfare worker, guided by medical advice, serves as an interpreter, adviser, and friend to family and patient.

The close tie needed between physician and competent social worker is emphasized by the quotation—"Every tuberculosis patient is more than a pair of lungs on legs; he is also a part of a family group,—and the *family* as well as the *patient*, must be treated."

Too frequently the sole tie-up between members of the medical profession and welfare workers has been the determination by the lay agents whether a patient can pay for medical service; and if so, how much. Probably a well-trained, smooth investigator from an installment sales house could do a better job, *if* determination of financial responsibility is to be the sole use made of a social worker's talents!

Away back, the field of medicine abandoned cure-alls, and turned to case treatment, and demanded higher and higher standards of training and competency on the part of practitioners. The welfare field is stumbling forward toward like goals. Mass regimentation is no longer in good repute in social work. Medical social workers constitute a group that is farthest advanced towards a professional basis. Qualified members of that association have been called the Brahmans,—the high caste,—of social work. Some say they even refuse to speak to the Cabots and the Lodges!

RESPONSIBILITY OF WELFARE AGENCIES

If we grant, first, that the financial and administrative problems inherent in any comprehensive plans for medical care are of general public concern, and second, that welfare agencies have a specialized interest in the adequacy and form of medical care provided to that great group in the low income brackets, then, we may ask, what are the measures of the interest and responsibility of welfare agencies?

There is need for a plan that will lighten the burden of hospitalization costs that has become too heavy for local tax funds and citizen gifts in many communities. Dr. S. J. Appelbaum, in the Journal of the American Medical Association, told of the financial situation of hospitals in Rochester, N. Y., and the necessity for State-Federal funds. At a meeting in Washington in March, the Community Chests of the country focused attention on the question of inadequate reimbursement to hospitals for care given to relief cases.

Passaic County's appropriation to six hospitals is about twenty-three cents a day for each free bed now supplied by them; and the City of Paterson makes a lump-sum appropriation to three hospitals which figures at the rate of eighty cents additional for the three hospitals here. This means that the city and county together contribute $1.03 for a day's hospital ward care that costs nearly $3.00 per bed for the hospital to supply.

Paterson provides medical service to relief clients through the services of the City Physician and his assistant, who together cared for 147 such patients last month. The City Board of Health clinics, and the clinics manned by numbers of volunteer physicians in each of the Paterson hospitals provide a service for which the community is indebted to the physicians.

HEALTH SURVEY FINDINGS APPLIED TO PASSAIC COUNTY

Recently the preliminary reports of the National Health Survey have become available. On the basis of data gathered two years ago and applied to our local situation, we risk the estimate that 52,000 persons in Passaic County this year will be disabled by illness for one week or more. For Paterson alone there will be nearly 24,000 persons so incapacitated. Among findings of the survey that appear pertinent to our inquiry as to welfare agency responsibility are:

1. There is a very significant relation between income status and the frequency of illness. The frequency rate was one and a half times as great for families on relief as it was for families with incomes over $3,000.

2. The greater frequency, plus the greater severity of illness in relief families gives rise to a volume of disability that is three times as great as in families of higher income status. The extremely high severity of chronic illness in the low-income classes is particularly notable.

3. Families of low-income status receive less care by physicians than do those with higher incomes.

4. About one per cent of the relief families and two and a half per cent of non-relief families with incomes less than $2,000 received the services of a private duty nurse. The figure for those with incomes over $3,000 was 12 per cent. It is doubtful if the public health nurse is an adequate substitute for the private nurse in cases of serious illness.

5. Cases of disabling illness were hospitalized in larger cities more frequently in relief families than they were among non-relief families of limited incomes,—less than $1,000. Families with incomes of $3,000 and over enjoyed hospital care more frequently, however, than did the relief families.

The purpose of recalling these findings to your attention is to emphasize the degree of responsibility that rests upon all those in welfare work to assist in drafting and winning support for a plan for medical care.

Once a comprehensive plan has been drafted that is sound from a medical standpoint, practical from the administrative angle, and feasible from the view of available financial resources, it appears that all the welfare groups, because of their special interest, should carry much of the burden of winning popular support without which no plan will become operative.

TYPE OF PLAN OF SERVICE

And now we come to the question of the type of plan to which welfare workers would be likely to give their support. Just as in the

instance of physicians, so among the board members and staff workers of a welfare agency there is likely to be wide variance of opinion. Our judgments in public questions are largely predetermined by our individual leanings away from or towards a socialistic state; or our adherence to "old-fashioned" individualism or to the concept of the totalitarian state. Unless noses are counted, one can only express his own ideas.

It seems generally agreed that contributory group hospitalization plans; health insurance, no matter how excellently the English plans may be working there; group practice proposals and experiments with the use of panels of dentists and doctors whereby the patient selects his physician or dentist who is paid at an agreed rate from public funds; together do not constitute the comprehensive plan which the situation demands. In connection with the panel plan, may I remind you its successful operation requires rigid oversight and discipline by the profession itself. This has not always been supplied; and the result has been quick public dissatisfaction and unfortunate reactions.

Many of us continue to believe that, as far as possible, people should pay their way individually; and that direct payment for benefits is more likely to maintain the character of the recipients than if they are supplied by the State and paid for by a variety of taxes, which fall directly or indirectly upon the low-income groups.

Perhaps compromises are to be forced upon us as we face the realities of medical service today. John A. Kingsbury pointed out that "the increasing complexity of public needs, the advance of medical science, and the perfection and complication of medical practice carry medicine beyond the financial reach of millions of people". He finds the public is now getting restless because "an economic barrier stands between patient and practitioner". He thinks the public will demand that something be done about it, and recommends group purchase which he is careful to define as not "socialization" of medical practice but "mutualization" of medical costs.

GENERAL PRACTITIONER THE CENTER OF ANY SERVICE PLAN

To me it is clearly evident that no comprehensive plan for medical care logically can be supported by the welfare worker unless the *general practitioner remains at the center* of the scheme that is devised. This is true because the social case worker has come to know the importance of the many factors of environment affecting a client's personality. His relatives, the home and its surroundings, his associates, his employer, and the community resources of church, school, and leisure-time activities, *and* his family physician, must all be taken into consideration. Those in welfare work, therefore, have a quicker perception than other laymen of the value of psychotherapy—treatment of the total personality—in your present care of many conditions once regarded as purely organic. In this important aspect, some of us can imagine no scheme of group practice or clinics that can be allowed to exclude the time-honored individual doctor-patient relationship.

Undoubtedly British welfare agencies, public and voluntary, were in great part responsible for the unsatisfactory form of medical practice long ago developed there among low-income groups, which caused Dr. David Walsh in 1911 to characterize the whole system as "more or less of a gigantic failure". Today, the proposals of the British Medical Association—providing as they do for disease prevention no less than relief; for a family doctor for each individual; a consultant service, and so on—increase the sense of responsibility of American welfare agencies. If Great Britain can finally muddle through to a plan on which doctors and welfare agencies are joining, why cannot we in the United States come quickly to similar agreements?

Welfare agencies, because of their especial awareness of the medical needs of the low-income groups, must fight on for better, more comprehensive plans. It is the responsibility of *your* profession to take the leadership. If you do so, then it becomes *our* responsibility to join with other public interests, and back your plan and share in the effort to put its provisions into effect.

A PLAN FOR ADEQUATE MEDICAL CARE FOR ALL

A PLAN BASED ON THE CO-ORDINATION OF PRESENT RESOURCES, PRESENT PRINCIPLES OF PRACTICE AND THE AMERICAN CONCEPT OF GOVERNMENT

By Edward W. Sprague, M.D., Newark, N. J.

Read at the regular meeting of the Essex County Medical Society, Newark, N. J., February 10, 1938.

The function of the physician is to restore the individual to health and to prevent disease. The physician occupies a post of importance to society, as there is a constant need for medical services. This need for medical services for the indigent sick was recognized legally when, in 1926, the Legislature of New Jersey added *medical care* to food, clothing and shelter, which essentials must be provided to the needy by the State.

The profession is the guardian of medical practice in its science and in its application. The profession owes to society the best form of practice, whereby the patient receives adequate medical care of the highest quality. In any plan or system the *quality* of the medical service is as important to the public as the *quantity* distributed.

From long experience, the profession knows the form of medical practice which results in the best care; and the intelligent patient knows, likewise, that the *free choice of a physician* gives him the most satisfying relationship and the most benefit. The principles underlying this excellent form of medical practice are adequately set forth in the ten principles of the American Medical Association. Any form or method which aims to furnish the best medical service must rest upon those essential principles.

Popular attention to the problem of distribution of medical services was focused by the Report of the Committee on Medical Care, in which one of the prominent and oft-repeated theses was that great numbers of the people were without adequate medical care, while many physicians were without sufficient employment. This statement aroused a strong reaction in the mind of the layman, and the present method of practice was criticized unduly. As a result, various plans for solution are being offered.

After thinking the matter over, the following facts have been discovered:

1. As in past centuries, the physician has carried the great burden of rendering free medical care to those unable to pay, and no one applying to a physician has been refused treatment.

2. Free medical service was found often to be the greater percentage of certain physicians' work, especially in the poorer sections. This was because the community usually failed to assume its legal and moral responsibilities as to the medical care of the poor. Government authorities have willingly and unfairly allowed the kind, conscientious physician to relieve them of a tremendous burden.

3. There have been insufficient facilities for laboratory and hospital observation, and for diagnostic work-up in the low-income groups.

4. Because of inadequate survey of the economic resources of those applying for free care, many economically undeserving patients have been receiving the services of the physicians in hospitals, clinics, and homes, thereby causing depletion in the physicians' rightful income.

5. Of the total huge sum expended by the public for medical care, the physician received only 30 cents out of each dollar.

6. An *unfortunate geographical distribution* of physicians was found to be an important cause in the lack of practice of otherwise well-equipped men,—all too many being city-minded, while many rural communities are in need of physicians.

7. The failure to correlate our present means has resulted, in some cases, in the inadequate distribution of medical care; however, the cause of the failure of a large number of people to receive adequate medical care lies not in the cost, but rather in the following factors:

a. Ignorance, indifference, and often refusal on the part of the individual to consult a physician.

b. Consultation with, or treatment by, cults of various types.

c. The extensive practice of self-medication, which is encouraged by the often unenlightened advertising of the press and the radio.

PROGRAM FACTORS

As a result of these facts and situations, the profession should develop a system of *economic survey*, as outlined later on, to determine the needs of the low-income groups, and of the legally and medically indigent. The profes-

sion must also bring the government and individuals to the realization of their duty to furnish good medical care, which includes adequate diagnostic facilities to the low-income groups.

The profession should study the problem of *location needs*, and The Medical Society of New Jersey should assume leadership in this matter.

A vigorous campaign should be launched *against the cultists* and their unfounded claims. A joint campaign should be undertaken by the Departments of Health and the profession to awaken the indifferent, the ignorant, and the stubborn to their health needs. Also a wide effort should be made to prohibit false and misleading advertising, and stringent rules should be developed to prevent dangerous self-medication.

This program is one of good public policy and would direct great numbers of people to seek the adequate medical care which now they are denying themselves.

For purposes of further comprehension of details of the problem of distribution, let us divide those needing medical care into three groups:

1. Those who can pay *wholly* for needed and adequate medical care.
2. Those who can pay *partly* for needed and adequate medical care.
3. Those *wholly unable* to pay for needed and adequate medical care:
   a. The legally indigent.
   b. The medically indigent. This term applies to those who need assistance for medical care only.

GROUP ONE

What system do you believe in and advocate for the self-sufficient group one? The present system of patient-physician relationship, of course. If that is true, then you should advocate the same type of medical care for the other groups. Otherwise you are showing unfair discrimination.

Therefore, if we admit that all groups should have needed adequate care based on the principle of free choice, et cetera, we must turn our attention to ways and means of bringing that condition into being, preserving all that is good in our present system and extending its power and scope to give all the needed care. We must coördinate all public and private resources to that end.

In group one, there is no economic problem; but hospitalization costs should be lower, if possible, to enable a larger number to be included in the full-payment class. Every effort should be made to lift patients of group two into group one by increasing the use and scope of Hospital Service Insurance Plans, Health Insurance Policies, Medical Expense Indemnity Plans, and budgeting by reference to the Medical-Dental Service Bureau.

GROUP TWO

In group two the patient can and wishes to make part payment. In this group there is an excellent opportunity for private philanthropy to assist the patient in the preservation of his morale and confidence. The problem in this group is divided into the *hospital* and the *home care*. Its solution depends on the prompt and full coöperation of the municipalities, the counties, and the State; and all the voluntary agencies in each locality and the profession.

Central *Investigating Bureaus* should be established geographically for the purpose of determining the economic status of those applying for part payment or free care. Through these bureaus many of the group two, and all of the group three patients, might be cleared.

Uniform standards of need and indigency would be set up. Those found to be undeserving of free care would be referred to their private physicians; and those who might be assisted by budgeting would be referred to the Medical-Dental Service Bureau.

Those in group two requiring *hospital care* would be sent to voluntary hospitals of their own choice—the difference between the amount the patient could pay and the agreed minimum standard hospital per diem fee would be paid from voluntary funds. Last year, in Newark, approximately $200,000.00 was paid to voluntary hospitals by the Welfare Federation. Without doubt investigation by a central bureau would show that many of the patients for whom the Federation funds were used actu-

ally belonged in group three, and should have been properly a municipal charge.

As to *home treatment* in group two, while many of this group will continue to be cared for privately as in the past by their physicians on a much reduced or no fee basis, a large number will come properly under the home care plans for group three.

GROUP THREE

In group three, after economic survey, those needing hospital care would be sent to public institutions, or referred to voluntary institutions, at an agreed standard per diem rate to be paid from public funds. Those needing home care would come under a plan similar to that followed by the former New Jersey Emergency Relief Administration.

This plan must be based upon the following principles:

1. The patient to have free choice of physician whenever possible.
2. The profession to have an active part in administration.
3. The profession to do its own disciplining.
4. The physician to be paid on a fee basis.

BENEFITS

This complete plan would furnish ideal and adequate medical care to all, and would avoid the real dangers of socialization of medicine, State medicine, or health insurance with their destructive effects on the physicians' initiative and the resultant inferior medical care. The money paid to the physician would aid him materially in carrying the load of the indigent sick. This plan would provide, also, the much-needed opportunities for hospital observation and diagnosis in groups two and three.

Certain large foundations, lay groups, politicians, and even physicians, are endeavoring to bring about here what we see in Europe today,—a constantly growing office-holding bureau which is taking control from the physicians. In Europe, under such systems, there is an increase in morbidity, malingering, and fancied illness. Insurance plans never lower costs; and health insurance in England does nothing for the indigent.

Unfortunately, within the profession are to be found small groups who seem to believe that medical progress cannot go on unless the distribution of medical care is supervised and controlled by government bureaus. We should dispose of that confusing and defeatist attitude at once.

The needs of the *profession* are intimately concerned with the needs of the *public*. The profession needs to work in close coöperation with the public health agencies in order to increase the effectiveness of preventive medicine. The profession must continue to give a satisfactory account of its performance in the discharge of its duties as restorers of health and preventors of disease.

Now that we are aware of the problem and the needs and also have a practical and feasible solution, let us resolve:

1. To bring together all interested groups for study and development of a comprehensive and workable plan as outlined briefly above, for adequate medical care for all classes.
2. Let us, as intelligent men, resist all attempts at regimentation or compulsion in any guise whatsoever. We should beware lest we ally ourselves with careless and thoughtless propaganda or stand pat inertia. Albert Pauphilet said, "No type of mind is so alike the extreme right as the extreme left."

Let us steer clear of the recklessness in the extreme left, and the smug, selfish complacency in the extreme right. In all this maelstrom about us, we as members of the profession must keep our thinking clear and courageous, be fully conscious of the needs about us, and be ready at all times to assume the burden of our ultimate responsibilities.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XI July, 1938 No. 7

VIS MEDICATRIX NATURAE is the only hope of the tuberculous patient. The "cure" consists essentially in maintaining as nearly as possible an optimum physiological balance. This balance is a delicate one, easily disturbed by emotions. The very knowledge that one has tuberculosis is, itself, a powerful depressant. Numerous worries, doubts and fears come to plague the patient in his long uphill struggle with this chronic disease. Therefore, the psychological aspects of tuberculosis play an important part in the treatment. Mary B. Eyre, recovered patient, nurse and psychologist, writes on this subject to nurses. Excerpts of her article should be of interest also to physicians.

PSYCHOLOGICAL ASPECTS OF TUBERCULOSIS

Being able to say, "I had tuberculosis for four years and recovered" aided the author in securing the confidence of patients in a large tuberculosis sanatorium. The purpose of her investigation was to discover what mental hygiene and psychology had to offer in speeding the recovery of tuberculous patients.

Loss of Equilibrium

The condition of the tuberculous person is one primarily of loss of equilibrium—first of his body chemistry, and then of his family situation, his job, and his whole mental attitude. A financial problem is almost inevitably present. All of the patient's human relationships are shifted. The husband or wife, the parent or child, the lover or the beloved, the friend, the business associate, the employer or his subordinates—all take on a different aspect. The patient must think differently not only of them, but of himself. He must literally make himself over.

This can happen only gradually, through the continued responses made to the new situation. Our personalities cannot be changed overnight, but they are built up by using our various abilities, just as muscles are developed through exercise. The abilities are ours by inheritance, but what we do with them is our own responsibility. No magical power from the outside can do for a man what he himself must bring about. Psychology can help him to learn how this "will to live" as William James once called it, can be used to help and not to hinder.

Emotion, as the word implies, is a moving force. Energy in the organism means increased metabolism and discharge of nervous impulses. Emotional states lead to activity of the organism somewhere, either externally or internally. If activity of the body be curtailed as in tuberculosis, energy is discharged in worry, fretting and anxiety.

The Patient's Cheerfulness

The apparent well-being which so often accompanies tuberculosis is frequently a cloak for hidden fear; exaggerated cheerfulness may be a compensatory mechanism. Probe beneath the gay and hopeful exterior of the tuberculous person and one may find submerged feelings of dread and despair.

The answer to the emotional problem is, in brief, first to recognize the emotional source or cause of the disturbance, and then to use the released energy in some way which will bring full satisfaction. For the tuberculous patient, achievement is far more difficult than it is for the healthy individual. He is, moreover, denied the ordinary relief of moving from place to place, with its variation of social contacts, and the help of a change of occupation by which pent-up restless feelings may be worked off.

All of us need some central stabilizing influence to which we can refer the meaning of our lives. Religion is such a stabilizer, and its therapeutic influence should be utilized.

Psychology must do more for the solving of life's problems than to offer a stone in place of bread. Psychology is valuable in understanding

emotions and how to deal with them. One of the most potent emotions is *fear*. Its results may be seen clinically, as for example, in restlessness, loss of sleep, dilated pupils, disturbed digestion, secretory changes, and even in some cases increased blood pressure and temperature. It has been shown that the bodily effects of fear and rage involve increased activity of some of the endocrine glands, which in turn are innervated by the sympathetic division of the autonomous nervous system.

A practical way of aiding persons who are emotionally disturbed is to let them talk freely to someone they trust. "Well, how are you today?" cheerfully uttered by the busy doctor or nurse without pausing, will not invite the patient to unburden his deepest anxieties.

Adolescents Need Help

When tuberculosis attacks the adolescent there is added reason for fortifying him with clear thinking, sympathetic understanding and intellectual honesty.

During the years of adolescence the psychological strains of living increase, along with the social responsibilities incident to growing up. The boy or girl becomes "self" conscious, not only by being easily embarrassed (which is the sense in which the term is most often used), but by the new feeling of "selfness" which begins to appear in the average child at about the age of twelve, together with the ability to deal with abstractions as well as with concrete objects. He becomes capable of regarding *himself* as apart from the surroundings which he has hitherto accepted without question. He can and often does challenge the established order beginning with home and parents and extending to the entire universe. This is a heady brew for the youngster, and in some instances it aggravates the emotional conflicts which an awakening sex life have introduced, until a veritable inner chaos is the result.

The person with tuberculosis must learn not only to control his emotions, but to use emotional energy constructively. Psychology teaches that instead of negation and denial, we shall use redirection of energy, and reeducation of the individual.

Psychological Aspects of Tuberculosis, Mary B. Eyre, Public Health Nursing, Vol. XXX, No. 5, May, 1938.

"Lying in bed month after month may be good for diseased tissues; indeed it is a most important part of the cure for many ills, but it is not always good for *people*. Idleness, even therapeutic idleness, commanded and taught by the doctor, while it may cure physical disease, may yet bring about mental and even moral deterioration. A workless man is in danger of becoming a worthless man. When we are treating people with chronic illness some suitable occupation may be a physical advantage. It is a *moral* necessity. . . . A patient, a book and a teacher can make a start. Study can be along the line of a person's vocation or can lead to a vocation, and that is perhaps the most useful."

—David A. Stewart, M.D.

"It devolves upon the physician of course to give leadership. Without his whole-hearted interest and direction little can be expected from any psychotherapeutic program. . . .

"We suspect that through vocational guidance and training, with subsequent occupational placement, there has been developed a promising method of forestalling morbid reverie, fears and worries, and that such deterrents to recovery will be replaced by a keen desire to live."

—C. L. Hincks, M.D.

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A REPORT OF A CASE OF HYDATIDIFORM MOLE

By O. R. Holters, M.D., F.A.C.S., Asbury Park, N. J., and
Harold Kazmann, M.D., F.A.C.S., Long Branch, N. J.

Visiting Surgeons, Fitkin Hospital, Asbury Park, N. J., and Assistant Visiting Surgeons, Monmouth Memorial Hospital, Long Branch, N. J.

Read before Fitkin Memorial Staff Conference, Monday, March 21st, 1938.

The patient, female, white, thirty-two years of age, was admitted on another surgical service August 24th, 1937, and discharged September 16th, 1937. The working diagnosis was retroversion of uterus; on final discharge, the diagnosis was pregnancy.

Resumé, history and physical examination. Chief complaint, pain in the right groin and lower abdomen.

PRESENT HISTORY

The patient was well until childbirth in January, 1936. Irregular menses since confinement. She had pain, intermenstrual, sharp, and localized in the pelvic region, not radiated but intermittent, and lasting two to three minutes, with an average of two to three attacks daily. There were no other apparent influencing factors, except that heavy work caused an increase in frequency and severity of the symptoms. Nothing seemed to relieve the pain, which has been present for about three months.

She consulted a physician on about August 1st, 1937.

She has vomited intermittently for the past three weeks, prior to admission.

The last menstrual period occurred on June 8th, 1937. At the next period, on July 29th, 1937, she flowed for one day and then stopped and suffered no pain. She partook of a prescribed tonic, and then menstruated for four days. She has been very irregular from six to eight weeks apart, while previously she had been quite regular. She states that when flowing, she does not have abdominal pain.

Her menstruation began at fourteen years of age. It was regular every twenty-eight days, lasted for five days and there was a moderate amount of flow with no pain.

Obstetrical History.—Two of her previous records, which were available, were reviewed. That of the admission of January 26th, 1936, indicated that she had had, up to that time, five normal deliveries with the exception of the first which was with forceps, that was on December 15th, 1926. The second on June 26th, 1928, the third in June, 1930, the fourth in October, 1932, the fifth in August, 1934, the sixth in January, 1936. The babies averaged about seven pounds.

PRESENT HISTORY

The present history mentioned that the patient did not return for her six weeks' postpartum check-up.

Other symptoms noted.—She complains of occasional white discharge, premenstrual in time, and which is often irritating.

Gastro-intestinal symptoms were vomiting immediately after eating, not projectile but which gave relief of epigastric fullness. She is chronically constipated.

She says that, at present, she is not acutely ill or in pain.

PHYSICAL EXAMINATION

1, Dental caries; 2, cryptic tonsils; 3, retrodisplacement of the uterus. There was an entire absence of abdominal tenderness or rigidity; no organs or masses were palpable.

Laboratory data:

Hemoglobin	R. B. C.	W. B. C.	Polys	Date
80%	3,980,000	9,300	66%	8/24/37
67%	3,310,000	4,700	72% Eos. 3	9/3/37

Wassermann—Negative.

Urine.—Two specimens reported trace and on another occasion, light cloud of albumin, acetone plus one, occasional hyaline casts.

Operation on August 27th, 1937, laparotomy. Post-operative diagnosis—pregnancy estimated to be between three to four months.

Post operative, Aug. 28—Bleeding slightly.

Aug. 30—Flowing slightly, two pads daily, low abdominal cramps.

Sept. 1, A. M.—Slight vaginal bleeding, clips removed, woundtight and dry.

Sept. 1, P. M.—Patient eviscerated, gut returned, wound strapped tight.

Sept. 16—Wound healed. Patient discharged, but was referred to surgical and prenatal clinics.

SECOND ADMISSION TO HOSPITAL

The patient was readmitted on October 4th and discharged October 16th. The working diagnosis was threatened miscarriage; the final discharge diagnosis was the same. Her history relates that since discharge on September 16, 1937, she has had intermittent vaginal bleeding, with a bearing-down sensation in the pelvis.

Examination of the uterus shows that it was uniformly enlarged almost to the umbilicus, of soft consistency, and normal in position. The cervix was eroded with a bluish appearance. There is a bloody mucoid discharge coming from a patulous external os. The perinium very much relaxed and in need of ultimate repair.

On October 6, 1937, she was accepted by the obstetrical service, which concurred in the diagnosis of threatened abortion.

Laboratory findings: Urine shows light cloud of albumin. Hemoglobin 76 per cent, R. B. C. 3,920,000; W. B. C. 6,400; Polys 69 per cent. There is evidence of microcytosis.

She was discharged with instructions to return to the obstetrical out-patient department for follow-up observation. However, she was readmitted on October 17 and discharged November 10. Admitting diagnosis was incomplete abortion. The final discharge diagnosis was hydatidiform mole.

On the last admission the patient appeared to be very acutely ill, as if she was suffering from severe toxemia with anemia. Her skin was sallow; and she was apathetic and listless, and complained of a marked anorexia. She vomited a great deal.

On October 22 she passed a large mass of blood clot from the vagina, which the house doctor saved and referred to material to Dr. Pons for his opinion. From its gross appearance a diagnosis of *hydatidiform mole* was made.

Bleeding continued but was somewhat less; the vaginal discharge now, for the first time, gave forth a foul odor.

The diagnosis having been definitely established, the patient was advised to undergo a hysterectomy, which after some delay and deliberation on the part of the patient she finally consented to, and a hysterectomy was performed on October 27, 1937. Supravaginal hysterectomy was elected in preference to other procedures because of the following facts, that the patient already had six children; that she had been in and out of the hospital on so many occasions; that her morale was at very low ebb; and that, unless some absolutely positive method of treatment was employed, she in all probability would have refused further treatment or would have gone elsewhere. The time factor was also considered, it being felt that further delay might cause an aggravation of the already existing symptoms with further depletion of the patient.

OPERATIVE FINDINGS

The gross pelvic findings revealed on opening the abdomen were an enlarged uterus about the size of a grapefruit, very mushy in its consistency, highly vascularized. The adnexae appeared normal. It is to be noted that there was no appreciable enlargement of either ovary over the normal as reported by others. This, of course, is not a constant factor. The musculature was spongy, and bled easily; and the endometrium appeared irregular, and hypertrophic; with areas of blood clot and necrosis.

PATHOLOGICAL FINDINGS

The pathological findings by Dr. Pons were:

A. Of the *vaginal mass* passed on October 22, 1937: Hydatidiform mole tissue consisting of blood clots, decidual-like tissue, and many cysts in many clusters. Histologically there were syncytial cells, cysts, and marked hemorrhage. Diagnosis—hydatidiform mole.

B. *The Uterus*—On October 27, 1937, the uterus was sectioned longitudinally with uterine contents intact. It showed a mass of hemor-

rhagic, necrotic-like tissue, apparently placental in origin, soft in consistency, with no odor, dipping down into the uterine wall in various locations on the posterior aspect which is soft and definitely hypertrophied. These areas appeared as small (about size of pea) brown in color possibly from decomposed blood, giving the appearance of soft, ragged-edged ulcers eroding into the uterine tissue.

No cervix or appendages were received for examination.

Histologic Findings—We see syncytial cells throughout the uterine wall. From the appearance of these cells and the number that we see, it is our opinion that the removal of the uterus was most justifiable in this case. While these findings are consistent with hydatidiform mole, our impression is that the invasion of the muscle tissue is too marked. At this time the diagnosis of chorio-epithelioma is not tenable; however we suggest that in a few weeks she should have a Friedman test with the request that not more than one c.c. be injected. Should this be positive, we feel that the patient be reoperated and ovaries be removed.

Diagnosis: Hydatidiform mole.

HYSTERECTOMY

Supravaginal hysterectomy was performed, allowing the adnexae to remain, the cervical canal was cauterized from above with the coagulating current, closing of the abdominal wall was effected by the black silk technic because of the previous evisceration.

FOLLOW-UP HISTORY

Convalescence was uneventful, except for the necessity of blood transfusions made necessary because of the prevailing moderately severe anemia.

An attempt has been made to have the patient return for follow-up, but to date we have been unsuccessful. We are particularly anxious to perform a Friedman test to determine whether or not there is a possibility of a complicating chorio-epithelioma which might follow in the wake of the hydatidiform mole.

COMMENT

Nature.—Hydatidiform mole is a disease of pregnancy and may be defined as a cystic degeneration with edema of the chorionic villi. It arises by a proliferation of the epithelium covering the villi, the so-called syncytial and Langhans' layers resulting in the formation of many cysts. The etiology has not yet been determined but many theories have been advanced. A. Jouravieff [1] attempts to establish in an article appearing in Gynecology and Obstetrics, March, 1933, that molar pregnancy is of endocrine origin; but of course there are many differences of opinion.

Age.—The age of the patients vary between twenty-one and thirty-nine years. Most of them have been less than thirty years (Jouravieff). However, it has been reported as early as nine years of age, and as late as seventy years.

Findley [2] reports the frequency of one to three thousand pregnancies.

Diagnosis.—The diagnostic criteria are, usually, a disproportion between the size of the uterus in variance with the calculated month of pregnancy; in other words, a molar pregnancy of two months' standing would give one the impression of a four months' normal pregnancy. One should be suspicious of a period of amenorrhea followed by bleeding, little or much, associated with secondary anemia, toxemia, nausea, vomiting, and albuminuria. Positive diagnosis of course depends on the recognition of the grape-like clusters that are characteristic of the mole.

The hydatidiform mole must be differentiated from: 1, Hydramnios with premature separation of placenta; 2, placenta previa, abruptio placenta, etc.; 3, pregnant uterus with enlarged bleeding fibroids; 4, threatened abortion; 5, ectopic pregnancy; 6, miscalculated date of menstruation.

Recently, A. Brindeau [3] and others have developed a diagnostic procedure dependent upon the quantitative amount of gonadotropic hormone in the blood. They claim that in typical cases of living mole the amount of hormone in the blood may be from 30,000 to 150,000 units or more. If there are more than 60,000 units, a diagnosis of mole is positive.

The mortality given by some authors varies from 10 to 25 per cent.

Of the utmost importance following a recognized case of molar pregnancy is the danger

of a complicating chorio-epithelioma, which is essentially a highly malignant disease of the uterus, with a tendency to metastasize. It is said that the frequency increases as the age of the patient advances past forty-five years of age. Its occurrence is said to be five times greater than in younger individuals. Hipschman reports, according to his studies, that chorioepithelioma occurs in 48 per cent of the cases of those having had a mole.

The recognized treatment of hydatidiform mole is, first, the conservative one, in which a most gentle curretage is performed, which may have to be repeated several times in order to remove all of the clusters. One must be most cautious in the technic of curretage, since many cases of perforation have been reported with its usual serious complications, and many times death.

For those cases which do not respond to this form of therapy, hysterectomy or hysterotomy may become necessary. If repeated Friedman tests indicate the presence of the gonadotropic hormone several weeks after any form of treatment, the interpretation of this would be either the incomplete removal of the mole, or the development of chorio-epithelioma, which would then demand some very much more drastic type of treatment than simple curretage. Some patients have been successfully treated with a combination of x-ray and radium. A patient once having had a mole or chorio-epithelioma should be kept under observation for at least two or three years or longer.

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TREATMENT OF CIRCULATORY DISEASES BASED ON HEALTH EXAMINATION PROCEDURE

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The *Health Examination* is a comparatively new development in medicine. For this reason it has been in a position to gather to its service and incorporate in its method every useful objective and procedure that the whole medical field has thitherto produced. It has had the opportunity to reap the harvest of the ages for the uses of the day. It shows promise of developing a set of ideals and technics which may return both encouragement and leadership to the general medical field from which it takes its origin.

It is in the department of the cardio-vascular-renal diseases that this service seems at first to be of special value. The subject will be presented with a twofold purpose: First, to set forth some useful aspects of the realth examination procedure; and second, to present in brief outline some encouraging applications of the health examination method to the field of angina, high blood pressure, myocarditis, and nephritis.

The examination begins with the idea of the man as a whole. It proceeds through its several categories with its many methods and its intensive scrutiny of single items, of status and conditions. This analysis completed, it then undertakes to correlate and reassemble its data, constructing a new, more true and more serviceable concept of the man as a whole. This is the ancient, analytical-synthetic method. It is the first essential factor in the ideal method of medical service. It is hard to follow. All know its value, few ask for it. It is seldom done. We shall always strive and hope.

THE DISEASE EXAMINATION

As commonly understood by physicians, and as generally demanded by the public, the examination usually conducted by the physician is a *disease* examination. It is intensive, in contradistinction to the health examination, which is extensive.

Its first concern is the identification of the

disease. This is "Diagnosis". A name is given to the illness. Treatment is then begun. The treatment has for its central thought the disease, for its central purpose the cure of the disease. The "Case" gets well; or it dies and is "Terminated"; or it does not get well and is "Continued". The point of view is that of "Disease", its identification and its treatment.

The common error which resides in this practice is the failure to put the man first and foremost all the time, and to put the disease in its proper place. This error usually results in treating the disease and not treating the man. It satisfies the patient. It meets the need of the moment. It is the ancient, obvious, and forthright method of medical practice. We know better now.

Mere disease diagnosis adds too little to the progress of medical science because of its intensive self-isolation. Progress springs only from the observation of new relationships. When none are observed, there is no progress. Disease diagnosis, when baffled and helpless, customarily places the blame for its failure upon the broad shoulders of the Almighty. The commonest cause of failure is the disregard of all matters except the single phenomenon in question. It is the *mono-diagnosis*. It is the method of pre-Hippocratic medicine.

MONODIAGNOSIS

Monodiagnosis fails to recognize the existence of other illnesses and conditions which, if only because they are in the same individual, are necessarily related to the ailment under consideration. The body is a close association of integrated organs mutually dependent upon one another. The motto of The Three Musketeers,—"All for one, and one for all,"—reaches its perfect exemplification in the human organism.

POLYDIAGNOSIS

Polydiagnosis is the recording and interpretation of all significant data in addition to evidences of disease. When the data are studied, correlated, and synthesized, we have a *synthetic diagnosis*. Its method we shall proceed to examine more closely.

THE HEALTH EXAMINATION METHOD

The health examination is the examination of the whole man as a going concern, engaged in living a life. It is a life examination. Its distinguishing characteristic is its effort toward completeness. It considers every part and region of the whole body; and moreover it considers the body as a whole. Similarly, it searches through the several departments of the mind and considers the mind as a whole. Moreover, it seeks to go over the whole environment in so far as it affects the welfare of the man. It considers the interrelationships of the body, the mind, and the environment.

It records the significant facts of the *past*, and as far as may be possible, analyzes and records its findings.

It examines the *present* with reference to the body, the mind, and the environment. It then takes up its *therapeutic* task, the endeavor to modify the *future* of this living organism in the direction of health, safety and welfare.

THE WHOLE MAN

The purpose, spirit, and method of the examination have for their inspiration the essential, constant datum of reference, the whole man.

THE RECORD

To get its data, it has two methods of search. First we go over the whole body geographically, part by part, and record our findings. Secondly, we go over the whole body, system by system, function by function, and put down our findings. For example, the digestive system is considered as a whole; and the nervous system, the circulatory system, the endocrine system, etc., are similarly studied. But these two searches go forward together according to a practical routine of examination.

In addition, we go over the past life of the man since his birth. We investigate his genealogical tree, and the soil in which it has grown. We record all external influences.

We then correlate and classify these data. The record of findings constitutes a polydiagnosis.

ASSEMBLY AND INTEGRATION OF DATA

We synthesize and put together the facts to make a clear picture of the man. This is *synthetic* diagnosis. Incidentally, of course, we use our head as well as pencil and paper.

This takes a cross-section of the whole life, with the present in the foreground, and the past in the background. This picture is as clear and definite as our opportunity and skill can make it. All is assembled in balanced harmony, breathing of life, and eloquent of life's important affairs. It is the only adequate basis for a prescription involving life management. It is a *life diagnosis.* Life guidance is the ideal service of the physician to the citizen. It continues uninterrupted over the decades. It should be the objective of all new medico-social planning.

MONODIAGNOSIS IS OFTEN BAD DIAGNOSIS

An example: If the eye were merely placed in the eye socket and not at all dependent upon the heart for blood, the intestines for nourishment, the nerves and brain for action, it would be logical to treat the eye alone. But this is not the case; the eye is a part of the body. The condition of the eye commonly has its cause elsewhere, and the best treatment for an eye condition may be a course of cleansing and bacteriostasis, not of the eye, but of the *colon.* Or the best treatment of a sick eye may be the use of arsenicals applied directly to the blood, while the eye is left alone, or treated incidentally. Treatment of the eye alone is monotreatment, and leaves something greatly to be desired.

MONOTREATMENT IS OFTEN BAD TREATMENT

Similarly and often, the best treatment of the heart is not the treatment of the heart itself. The best treatment of the heart may be that which is applied to the gall-bladder, the thyroid, the tonsils, or the prostate gland. Treatment of the heart alone leaves much undone. The heart, however, should never be forgotten, except by the patient.

Commonly the real illness is elsewhere, remote from the symptom. The real illness may have one remote cause, or several contributory causes. The real diagnosis is the diagnosis of the whole man in all his parts and in all matters which affect him.

With this thesis few will disagree, but let us consider an example of the evil resulting from its neglect.

CASE NO. I.

A man of thirty-eight had a cough which varied but persisted for over six years. His wife was a worker in the tuberculosis field. With this entree to the medical world, he came under the care of nine physicians and their assistants. Many times his lungs were examined, and many times they were x-rayed. They were found fairly normal but he continued to cough.

He finally came for a "Complete examination". A reasonably thorough examination was given according to the principles outlined. The condition of the lungs was verified, and the body gone over in its several departments. He dressed and, in accordance with routine, his eyes, ears, nose, throat and teeth were next examined. The drum of the right ear was obscured by a hard mass of wax firmly adherent to the anterior wall of the passage. On touching this he coughed. Upon its removal he ceased coughing. This "Case" was cured.

He was not cured by several excellent physicians and their excellent efforts because they practiced monodiagnosis. Only by polydiagnosis do we give ourselves the best opportunity of finding the frequently remote push-button that is ringing the distant symptomatic bell. Monodiagnosis is the mother of failure.

There is much involved in this point of view that requires a proper sense of proportion. A ruptured appendix is a ruptured appendix. For the moment it fills the whole therapeutic foreground, but it does not obscure the whole horizon of the surgeon who is still a physician. He knows that it is the patient's body, not the surgeon, that must repair the treble havoc of illness, operation, and anesthesia.

A man breaks a leg. The immediate problem is apparently monodiagnosis and monotreatment. The question as to whether or not he dies from shock or how quickly the bone knits, whether it mends at all or whether or not the man dies on the third day, is often decided by polydiagnosis and polytreatment. We have seen a broken femur beautifully set, and a ruptured liver discovered at autopsy.

The individual who dies of pneumonia has in a fair number of cases sealed his fate before his infection. People seldom die of the disease from which they suffer. Treatment of the inflammed joint alone in a "Case" of rheumatism is the most flagrant malpractice. Similarly the treatment of the heart alone in a "Case" of myocarditis, the blood pressure alone in a "Case" of hypertension, the kidney alone in a "Case" of nephritis, are all practices that

savor of simple-minded faith in the obvious. Monotreatment is commonly bad treatment.

SPECIALIZATION IN MEDICINE

The danger of the specialist lies in monodiagnosis and monotreatment. Should not the psychiatrist who has a "Case" of hysteria inform himself as to the condition of the pelvic organs? The suggestion was made by the Greeks, who derived the name hysteria from *ustera* (womb).

How often are the best efforts of the orthopedist and the neurologist defeated by an unnoticed but congested, enlarged and infected prostate gland? May not the reason for many delays and failures be found in causes outside the geographical area of the body which for the moment is under the skilled monodiagnostic eye of the specialist?

How much better it would be for the patient, and how much better it would be for the specialist, if he could get with his "Case" a full report of a thorough-going polydiagnostic search made by a general practitioner.

How great an advance in medicine would be made possible by the general adoption of this practice. This could be put forward through organized medicine, through medical and public education.

A beginning has been made by the New York County Medical Society. The writer recommended for consideration the following alternatives:

1. *Negative Form:* Prohibit a specialist from treating any patient, unless referred by a general practitioner and accompanied by a full diagnostic record, unless an emergency arises when a full diagnostic search must be made as soon as possible.

2. *Positive Form:* Encourage all physicians, specialists, general practitioners, and patients to put into practice the idea of general and complete health examination, polydiagnosis, and the taking of a full record to the specialist when possible.

Accordingly, action was taken on May 10th, 1933, and reported as follows:

THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK
Office of the Secretary

"Dear. Dr. Crampton:

"Your recent communication was considered by the Committee on Civic Policy and that committee recommended that the Comitia Minora adopt the following principle, as expressed in positive form:

> "'It is to the advantage of a person seeking medical advice and treatment to consult a general practitioner before applying to a specialist. In fact, sound concepts of medical service, both ancient and modern, both from scientific and common-sense standpoints, strongly indicate that everyone should have a general medical adviser to whom he should look for health guidance when well, medical attention when sick; and for reference to a consultant or specialist when necessary.'

"The Comitia Minora went on record by the adoption of the principle.

"Very truly yours,
"(Signed) DANIEL S. DOUGHERTY,
"Secretary."

Note.—Dr. Dougherty has since died. The results of his wisdom, leadership, and devotion continue.

CARDIO-VASCULAR-RENAL COMPLEX

Our thesis is made yet more clear by some encouraging cases in the field of angina, hypertension, and nephritis. We feel that they can best be treated by synthetic treatment, based on synthetic diagnosis. While we have seen some gratifying results, we emphatically do not claim that we can grow new epithelium or worn-down kidney tubules. We do, however, believe that some patients have hearts, arteries, and kidneys that have acted as if they had a new lease on life, that casts and albumin have disappeared from the urine, that agonizing chest pain has stopped, blood pressures have fallen and stayed down, and people have kept on living and liked it.

We feel that the central principle involved is synthetic diagnosis and synthetic treatment, under the guiding motto "Look elsewhere".

The following outline reports may be of interest:

CASE NO. II.

Ten years ago (1924). Woman, E. E. C., aged sixty-eight; feeble. Anginal pain attacks going into left little finger; chest pressure. Granular casts and pus in urine. Blood pressure 240/114 standing, etc.

Today (1934). Age seventy-eight; active. No casts, only occasional cells in urine. No chest pain. A little tightness only when fatigued. Blood pressure varies from 150/80 to 160/90. She "Stays well" when she follows her program. (Complete record of examination, treatment, treatment and management available, but omitted for brevity.)

Note.—July 17, 1937. Age eighty-one. Condition excellent.

Diagnosis included teeth, tonsils, colon, stomach,

joints, kidneys, pelvis, bladder, as well as heart and arteries. Treatment during these ten years included medicine, tooth extraction, local applications, bathing, exercise, vaccine, irrigations, etc., as well as nitroglycerine (but not all at the same time).

CASE NO. III.

Seven years ago (1927). Woman, M. W., aged fifty-five. Blood pressure 230/140 standing. Dizzy. Headaches. Abdominal pains. Casts granular, etc., in urine. Gall-bladder diseased. Chronic arthritis, edema.

Today (1934). Age sixty-two. In these seven years there were two periods of "Feeling perfectly well" lasting two and three years. Blood pressures 150/92, 144/94. She "Stays well" when on her program.

Note.—July 17, 1937. Age sixty-eight. Condition the same, "Good".

Both these women were badly deteriorated and damaged in the cardio-vascular-renal field. Both have gained a status which is very satisfactory to them. No one believes, however, that the tissues of the kidneys, heart, and arteries are new, or that they will last forever. These women eventually will die; but they are not dead yet, and the writer feels that it is far more likely that they will die of pneumonia than of stenocardia, and has taken the matter into consideration in the life management program.

Note.—The standing pressure is reported in cases II and III. It is our practice to take pressures lying down and standing (if the patient can stand).

We are inclined to believe that the greater the difference in the systolic pressure in these two positions, the sicker the patient, the worse the prognosis, and the shorter the expectation of life. We should be glad to have the experience of our colleagues on the answer to the following question:

Of two men (not digitalized) with a lying down systolic pressure of 230, will the one whose pressure falls to 130 on standing die before the one whose pressure falls only to 210, all else being equal?

Other cases, more or less typical, constantly occur in a practice. But a medical practice has not the luxurious simplicity of a laboratory research problem with its series of controlled media and standardized methods. Clinical situations contain many variables.

No physician has a right to treat his patients as if they were test tubes. He must employ all his therapeutic resources. That he should do so is the essence of our thesis, and the cases cited and data in evidence may be of some interest.

RESUME

The health examination includes the following six fields of observation:

A. Record
   1. Heredity. Facts to which, if known, adjustment may be made with benefit.
   2. Previous history,—scars, damages, recurrences and tendencies.
   3. Regimen—Environment and behavior are the physician's field of operation.

B. Observation
   1. Anatomy. The human structure—measurements, endocrine signs.
   2. Physiology. Tests of organic function.
   3. Pathology. Defects, diseases, deteriorations and diagnoses.

The Health Examination is analytical, and synthetic. *Monodiagnosis* is good. *Polydiagnosis* is better. *Synthetic diagnosis is the way of progress.* Give the specialist the full support of the scientific medical method.

Look elsewhere, treat elsewhere, and consider the whole man.

515 Park Avenue, New York City

MATERNAL WELFARE ARTICLE NUMBER TWENTY-SEVEN

HEMORRHAGE IN OBSTETRICS

By G. A. Braun, M.D., Newark, N. J.

Read at the Newark City Hospital Staff meeting, February, 1938. From the Obstetrical Service A, Dr. J. F. Condon, Chief.

A desire to ascertain what part of the mortality rate on the obstetrical services at the Newark City Hospital was due directly to hemorrhage prompted a survey of the work done during the years 1931 to 1937 inclusive. Inasmuch as patients with hemorrhage during the first trimester are not admitted on the obstetrical service, these will not be included in the statistical summary, but the management of such cases will be discussed in order to make the discussion complete.

Hemorrhage during pregnancy will be considered in the following order:

A. First trimester.
   1. Abortion.
   2. Ectopic pregnancy.
   3. Hydatidiform mole.

B. Later in pregnancy.
   1. Premature separation of placenta.
   2. Placenta previa.
   3. Ruptured uteri.

C. Post-partum hemorrhage.

ABORTION HEMORRHAGE

Abortion hemorrhage can usually be well handled, although there is a definite relationship between blood loss and infection.

Threatened abortion with slight or moderate bleeding, with an undilated cervix, is usually treated by bed rest and sedatives, following which the condition as a rule becomes quiescent. It is well, however, not to allow the patient out of bed until there has been no sign of bleeding for one week.

For inevitable abortion with an open cervix and frank bleeding, attempts should be made to save further blood loss by packing, and by removal of the product of conception. Too many women are allowed to go along with a low hemoglobin following the loss of the foetus with danger of impaired health due to the low resistance produced by the consequent anemia.

ECTOPIC GESTATION

Ectopic gestation occurs more frequently than is realized. It can be compared very aptly to a time-bomb in the pelvis, dooming the patient with the practically inevitable rupture and shocking internal hemorrhage. All who have seen the desperate appearance of these patients after rupture has occurred and have noted the return of color and disappearance of shock with ligation of bleeding vessels cannot but appreciate how vital it is to diagnose the condition early and intervene surgically at once. Most desirable of all is to make a diagnosis before rupture has taken place;—and this requires some astuteness.

HYDATIDIFORM MOLE

Hydatidiform mole, although not uncommon, is dangerous because of its association with chorio-epithelioma, and the possibility of enormous blood loss on removal. Preoperative blood transfusion is indicated to fortify the patient.

HEMORRHAGE LATER IN PREGNANCY

While it is rather unusual for pregnant women to die from bleeding in the first trimester, this does not hold for the latter months of pregnancy. Nature seems to recognize the dangers the pregnant woman is facing, for as the foetus increases in size, the placenta and uterus grow enormously, and the vessels likewise contain much more blood. At the end of pregnancy the blood volume and plasma volume have increased 20 to 24 per cent. Still, the tragedies that occur when the floodgates once open are not always amenable to treatment due to the many factors involved in their proper handling. The ignorance of the patient, the lack of pre-natal care, the failure to report unusual signs and symptoms to the physician, the self-care, and the amateur medical relatives,—all these have too often sufficed to turn the balance and make treatment hopeless when the patient arrived at the maternity ward.

A review of 12,588 deliveries at Newark City Hospital from 1931 to 1937 inclusive strikes on with several outstanding facts:

1. Fifty-seven deaths occurred in this series.
2. Eighteen deaths were due to primary hemorrhage.
3. Bleeding contributed to death in three others.
4. While the gross mortality was 4.5 per cent (corrected rate would be considerably less), the fact remains that of those who died, bleeding was a decided factor in hastening the exitus of 37 per cent.

PREMATURE SEPARATION OF PLACENTA

While the physician may stand aghast at the sudden onrush of blood from a uterus which a few minutes before so kindly delivered to him a healthy child, more harrowing is his experience when a mildly toxic patient ablates or separates her placenta. The insidious onset of concealed bleeding, the increasing tenseness of the uterus, the painful round ligaments, the onset of pallor and anxiety, the extravasation of blood into the musculature of the uterus, and death of the foetus, make the problem more difficult as time elapses. In our survey, various degrees of separation, partial or com-

plete, were noted in sixty-six cases with five deaths.

For the severe case with rigidity of the uterus as just described, abdominal section offers the greatest chance of saving the patient. To wait until the uterine muscle is completely apoplectic is to invite disaster, for then the musculature is cheese-like in consistency, hysterectomy is imperative, and the chances of recovery further reduced. Needless to say, shock must be combatted at the onset and hemorrhage fortified against with transfusion. Procrastination is dangerous. The uterus must be emptied soon in order to stop bleeding from the placental site.

PLACENTA PREVIA

Placenta previa occurred forty-nine times in 12,588 cases. Since the advent of prenatal care and better obstetrical practice, the frequency of mistaken diagnosis has diminished. That placenta previa with a goodly portion of the placenta overlying the internal os is dangerous is evident when it is noted that five deaths were caused thereby in this series. Marginal and lateral implantations usually become apparent at the onset of labor, and call for conservative treatment. They can, as a rule, be delivered vaginally, but constant watching is necessary. Far different, however, is the case which starts in the eighth or ninth month with painless bleeding, an undilated cervix, and a floating head. In these circumstances low cervical section under local anaesthesia should result in a live mother and child. Most essential are surgical asepsis and care, for no other type of case is so prone to sepsis.

RUPTURED UTERUS

A ruptured uterus is a major catastrophe. A review of our records revealed eight, with four deaths. As long as classical sections remain the method of abdominal delivery, so long will the incidence of ruptured uteri remain high. The determining factors in prognosis in these cases was always hemorrhage and shock from delay. Occasionally the patient gave welcome assistance by tamping the rent with her placenta and thus offered the opportunity to attack the complication.

The causes of rupture in this series have proven interesting. They were: (1) Former section, (2) former instrumental abortion, (3) multiparity and faulty position of the foetus, and (4) version in a dry uterus. From the surgical angle, repair of the rent without hysterectomy, if possible, offered a better prognosis than hysterectomy.

POST-PARTUM HEMORRHAGE

Post-partum hemorrhage was found to be the most frequent hemorrhage complication, with five deaths in seventy-three cases. More careful management of the third stage of labor should improve this record. The physician may well be forewarned and suspect a possible post-partum hemorrhage in the presence of (1) long labor, (2) a large baby, (3) an exhausted mother, (4) anaesthesia, (5) analgesia, (6) surgical interference, and (7) a soft, atonic uterus.

Careful inspection of the placenta after delivery is most essential. More confidence in the control of post-partum hemorrhage is possible with the aid of pitocin or the newer oxytoxics, which may be given intravenously with some assurance of activity. The hasty attempts at expulsion of the placenta by the Crede method, and excessive use of force, all too frequently lead to excessive bleeding and possible tissue damage. The broad ligament will form a splendid hematoma when 180 pounds of weight plus force go through maneuvers on a helpless uterus, whose cervical lips have no right to be gaping through the vulva. With one hand pressed deeply over the symphysis and the other above and behind the fundus, most uteri can be well palpated and contractions noted. The retractions of the protruding cord when the above maneuver is made immediately informs the physician that the placenta is still in utero.

Manual removal of the placenta is a formidable procedure not to be undertaken lightly. All too often sepsis follows its incomplete removal.

391 Berg[illegible] Street

THE PRESIDENT'S PAGE—NUMBER 2

ORGANIZED MEDICINE—A TWO-WAY FLOW

By WILLIAM J. CARRINGTON, M.D., Atlantic City, President, The Medical Society of New Jersey

An address at the first meeting of the new Welfare Committee in the Stacy-Trent Hotel, Trenton, N. J., on June 5, 1938.

It is an inspiration to stand face to face with medical leaders from every corner of New Jersey. This group represents the chosen, appointed, and annointed leadership of 5,107 physicians of this *great* little State.

It is a real sacrifice for some of you to be here. There are enormous demands on every doctor's time. But no matter how great the sacrifice, all of you are here to lay your time and talents on the altar of a great cause. In the name of The Medical Society of New Jersey, I thank each one of you personally.

First of all, let me pay a well-deserved tribute to Dr. W. G. Herrman. The close of his presidential administration two weeks ago found this Society in robust health. The three M's which measure success are money, morale, and membership.

The *finances* of the Society are so well organized that the annual dues were reduced 6.6 per cent. Some of us wistfully wish a 6.6 per cent reduction in the federal, state, or municipal tax rate.

The *morale* of this Society was never better. We have come to realize that the differences between us are so insignificant, and that the enemies that assail us from without are so numerous and powerful, that we must, for the sake of self-preservation, march in solid, unbroken phalanx, and forget jealousy, intolerance, and provincialism within the ranks.

The third M which means success is *membership*. The membership of The Medical Society of New Jersey was greater at the close of Dr. Herrman's year than at any time in the 172 years of the history of this Society;—and we should continue to grow. There are nearly 2,000 physicians of New Jersey who are not members of our county and state societies. You can't tell me they are all unethical; you can't tell me they can't afford fourteen dollars a year. A few may be barred because of petty jealousy—not many. A few are being held up for a year's probation. Personally, I believe the earlier we capture them for organized medicine, the better for them and for us. But, the bulk of those who do not belong think that they cannot afford it. You and I know, in the present state of economic upheaval, with the encroachment of socialized medicine, with political leaders in high places who want to make medical marionettes of us,—you and I know that if the annual dues were $140 instead of $14, no doctor in New Jersey could afford not to belong to organized medicine. But the fault is ours, not theirs. We have not told them what we know.

TWO-WAY FLOW OF INFLUENCE

This brings us to the Welfare Committee with its *two-way flow*. The Welfare Committee has supervision over legislation, public health, public relations, and medical practice, each with its sub-committee; and each sub-committee with its advisory committees. It all looks complicated. As a matter of fact, it is a simple, well-integrated organization set-up, the only one of its kind in any State Medical Society.

Members of the Welfare Committee hold office by appointment. Action by the Welfare Committee, therefore, is subject to direction from, and approval by, the elective units,—the Board of Trustees and the House of Delegates. Subject to these safeguards which are proper, the welfare and the economic security of the entire medical profession of New Jersey lies in the hands of this little group.

The obligation of each individual member of the Welfare Committee is a dual one. *Here* he speaks for his component county society; *back home* he speaks for The Medical Society

of New Jersey. If he or his substitute is absent from these Welfare meetings, his county society loses voice and vote. If he does not insist on a place on the program of the county society, the Welfare Committee might better have not met so far as his county is concerned. Without a perfect two-way flow this perfect State set-up is useless. The engine may be hitting on all twelve cylinders; the car may be perfect. But without transmission of power from engine to car, there is only noise and carbon-monoxide. We never go places. Without transmission of power from State to County Society by the members of the Welfare Committee, there is a lot of noise and carbon-dioxide.

Let me illustrate with legislative bill A 511. Tomorrow 511 will be defeated in the Senate unless there is perfect transmission, notwithstanding the finest legislative work I have ever seen by Alexander, Pollak, Quigley, Herrman, and others. We have sent letters and telegrams by the bushel. Last Monday I sat with the Senators from Camden and Essex Counties, both of whom oppose 511. Each had a pile of unopened telegrams knee high. If 511 is to pass, the Welfare Committee will have to arrange a conference with each Senator who is opposed or indifferent to 511. At this conference, which must be held tonight, every doctor in the county who can should take part. Telegrams now are useless; threats are worse than useless. Personal consultation alone will be effective.

SURVEY OF MEDICAL NEEDS

One other illustration of the two-way flow and I am finished. The first administrative policy this year is a Survey of Medical Supply and Needs of New Jersey, county by county. There have been surveys before by long-haired men and short-haired women employed by foundations, and by W. P. A. stationary statisticians, jocularly known as workers. Based upon these surveys, the President of the United States declares that one-third of the population is without adequate medical care. A year ago he sent his personal representative, Senator Lewis, to the A. M. A. to tell the doctors of the United States that the word "Patient" was about to be deleted from the dictionary and the word "Citizen" substituted therefor. And the doctors are to become creatures of the government, so that all citizens shall have adequate medical care. Without a survey by medical men, we go forth unarmed to meet socialized medicine, in a futile last stand. But with facts in hand we are thrice armed.

Our survey is a part of a nation-wide study planned by the A. M. A. If there were no survey in any other State we need one here, in order to make effective our work in cancer control, contract practice, crippled children, child health, available medical service, maternal welfare, medical care of the indigent, mental hygiene, nursing, pharmaceutical problems, pneumonia control, public health, sterilization, traffic accidents, tuberculosis, and industrial injuries and workmen's compensation. Now it is the duty of each member of the Welfare Committee to be the spark-plug in his county society for the completion of the preliminary survey by July 15th.

The State Society will collect data covering State institutions and agencies, for the county.

The county society will survey doctors, dentists, nurses, and pharmacists and local institutions and agencies.

And finally, remedial measures will be formulated and applied by the counties themselves.

I shall be sorely disappointed if every one of our twenty-one counties does not complete its survey on time. And I predict that, with data in hand, each county will find brains enough in the profession to wage successful defense against regimented, federalized, socialized medicine. Without the survey, I solemnly predict that we shall be destroyed, either by one stroke of State, or more likely in a slow lingering death by debridement.

COMMITTEE ACTIVITIES

THE WELFARE COMMITTEE OBJECTIVES AND METHODS

By Hilton S. Read, M.D., Ventnor, Chairman

The Welfare Committee is essentially a *co-ordinating* committee whose primary function is to keep the activities of the Society balanced, so that the most *urgent* needs may receive precedence over those which are merely *desirable*. This is made necessary by the limitations of budget, time, and personnel. The subjects coming before the Welfare Committee constitute more than three-fourths of those considered by The Medical Society of New Jersey.

The relation of the Welfare Committee to its four sub-committees and their twenty advisory committees

PROCEDURE

In order to simplify and expedite its work, the Welfare Committee assigns its projects and proposals to four *Sub-Committees,* which in turn distribute them among twenty *Advisory Committees* for practical development and application. The report of the action by each Advisory Committee is returned over the same route to its Sub-Committee, and then to the Welfare Committee, whose approval is necessary before a project is put into operation.

The local ways and means which are best adapted to the accomplishment of the aims and objectives of the Welfare Committee are left largely to the choice of each county society and its committees, so that their measures may be adapted to their own local needs and conditions. The advisory committees make suggestions as to practical methods of action, but they recognize the necessity that the final choice of method shall be made by each County Society. The rapid expansion of the public health activities in New Jersey under the leadership of the Welfare Committee is evidence of the willingness of the physicians of New Jersey to assume the responsibility for solving the health problems of the State.

It is essential that, while each advisory committee will consider its own assigned problems, it will also specify its immediate objectives, and will suggest avenues of approach to the Welfare Committee and the county societies on these problems in order to bring them before the Welfare Committee as a whole. The Welfare Committee in turn must decide upon the relative urgency of the needs, in order that the energies and resources of The Medical Society may be concentrated on particular problems at any given time.

FORUM OF THE WELFARE COMMITTEE

One of the most important parts of the work of the Welfare Committee is to establish a two-way communication;—first, from the County Society to the State Society; and second, from the State Society back to the County Society.

The Welfare Committee, being composed of representatives of the several component county societies, provides an open forum for the discussion of the various conditions and needs to be met in different parts of the State. The approval of the action of this committee and of its proposals is carried back to the component county societies and explained to them by their representatives on the Welfare Committee. Emphasis will be laid upon the most urgent among these problems in each county,

because their urgency will vary in the several counties.

Each member of the Welfare Committee should consider himself as liaison between his County Society and the State Society; and he should carry back to his County Society a concise, but full, description of aims of organized medicine in New Jersey and its immediate objectives, and the suggestions made in the Welfare Committee as to various ways and means by which such aims and objectives may be ultimately reached.

Hilton S. Read, Chairman.

OBJECTIVES AND PLANS OF THE ADULT HEALTH SUPERVISION COMMITTEE

By Herschel S. Murphy, M.D., Chairman, Roselle, N. J.

The work of the Adult Health Supervision Committee in a previously almost unoccupied field must be largely by trial and error. While the average life expectancy has increased ten years in the last generation, this lengthening of life is largely due to reduction in *infant mortality* as well as in the incidence of acute illness and its aftermath in people *of all ages.*

This lengthening of life has been followed by an increase of chronic diseases occurring in middle-aged and older adults. Some of these are the results of infection against which measures of defense can be found and applied. Others are due largely to errors in habit which can be pointed out and avoided. One function of our committee is to show *chronically ill people* how to live efficiently and comfortably.

THE HEALTH EXAMINATION

We feel that the family physician can use his office as a *health center* in the care and education of people with chronic diseases through a yearly periodic health examination. While the public is not yet fully persuaded that the health examination is a life-saving and health-giving measure of the first importance, it is doubtful whether any public health measure is more fundamental in the prevention of illness and increasing the length of life.

This thorough examination must be followed by sound advice from a qualified physician; and the patient must be convinced that he must reverse certain habits of living if necessary even at considerable sacrifice.

The success with which the examining physician's advice is carried out will determine the efficiency of the periodic examination as a means of raising the level of health through middle age.

Our committee decided that we would take for our field of study cardiac diseases, rheumatism, arthritis, arteriosclerosis, digestive diseases, diseases of the eye and ear, apoplexy, diabetes, neurasthenia, and other chronic diseases of the nervous system other than insanity. We realize that with such a broad field we cannot make progress in them all this year; and so we hope to take particular interest in *cardiac diseases* and *diabetes.*

COUNTY COMMITTEE

We are aware of the fact that each County Society has been urged during the past several years to set up committees corresponding with those in the State Society; and we particularly urge that an Adult Health Supervision Committee be appointed in each County Medical Society.

We feel that the public and physicians of New Jersey should be educated in coöperating in a plan to promote yearly health examinations of the people of the various economic levels; and that some way should be found to finance the examinations of those in the lower economic plane.

Facilities in New Jersey for the care of diabetic and cardiac patients of various economic levels should be studied this year.

EXAMINATION BLANKS

At the next meeting of our committee we hope to take final action upon the completeness of the adult health yearly physical examination blanks; and following this approval, to urge their distribution to the members of the State Society. This rather complete and detailed blank is intended for the patient, so that he may take it with him and have a permanent record of the results of his examination to show his family or friends. The physician may keep his own findings of the examination on any sort of card that he pleases for his own permanent records.

AUXILIARY MEDICAL SERVICES COMMITTEE

By W. W. Mayer, M.D., Chairman, Jersey City, N. J.

In the coming year, the Auxiliary Medical Services Committee is planning an approach to and, we hope, a solution of some of the various problems relating to these special branches of medical services represented by this committee in private and hospital practice.

1. MEDICAL SERVICE IN HOSPITAL INSURANCE CONTRACTS

The most important problem confronting the committee is the elimination of medical services from hospital insurance contracts. In the supplementary report of this committee, which dealt exclusively with this particular problem, recommendations were made which would eliminate these medical services from insurance contracts.

The committee realizes, however, that this report represents primarily a working plan for a further and more practical approach. We believe that the furtherance of our objectives can best be attained by collaboration with other Medical Practice sub-committees that are devoting their attentino to this problem, as well as with hospital associations and insurance groups.

It is therefore proposed that, in the ensuing year, combined committees of the Medical Practice Committee confer with representatives of the hospital association and the interested insurance groups.

2. STUDY OF HOSPITAL QUESTIONNAIRES

In addition to the above, the Auxiliary Medical Services Committee is engaged in a tabulation and study of the questionnaires which have been returned from the hospitals of the State, dealing with contractual relationship and other problems relating to anaesthesia, physical therapy, pathology, and radiology. A subsequent report will be submitted to the Medical Practice Committee upon the completion of this study.

3. REGISTERING TECHNICIANS

A third subject to which this committee proposes to devote attention is an attempt to stimulate the registration, in their respective boards, of all ethical technicians in the various specialties. We believe that such a movement would tend to raise the technical and professional standards of the individuals who are so engaged.

In summary, therefore, the immediate plans of the Auxiliary Medical Services Committee are as follows:

1. A further consideration of Hospital Insurance Plans.
2. A tabulation and study of the hospital questionnaire and a report to the Medical Practice Committee upon the same.
3. A plan to encourage enrollment of all ethical technicians in their respective Boards of Registration.

THE DISTRIBUTION OF MEDICAL SERVICES

By LeRoy A. Wilkes, M.D., Executive Officer, and Frank Overton, M.D., Editor, The Medical Society of New Jersey

The evolution of modern practice of medicine is analogous to that of the automobile industry. For over a century after The Medical Society of New Jersey was founded in 1766, the practice of medicine was like that of the manufacture of carts and carriages. Each village had a combined blacksmith and wheelwright shop in which every form of vehicle from a wheelbarrow or sleigh, to a truck or chaise was manufactured to order and fashioned from local lumber or iron ore dug from the swamps.

During this period the village doctor ran his own "Doctor Shop", with little help from outside sources. He made his own medicines out of local herbs; he treated and operated on his patients in their own homes; and depended on the members of the family and kind neighbors for nursing and welfare services. His knowledge and efficiency equalled that of the blacksmith and wheelwright, and with them he was held in high honor. The three were deeply interested in giving *personal service;* and high-pressure salesmanship scarcely entered their minds.

In these modern days the blacksmith and the wheelwright shop have become great automobile factories, with the widespread establishment of supply stations. At the same time, the "Doctor Shop" has become a suite of offices

filled with costly equipment. Both the average man and the physician buy their wares from great factories, and are therefore deeply concerned with *salesmanship* in distinction from scientific service.

However, the elements of *personal service* and *human sympathy* are still dominant in the medical profession, and impel its members to dispense their services to the poor and to the rich, with an equal degree of efficiency. The modern physician is now in the position of the garage man if he should be compelled to supply a new Packard car to every man whose Model T Ford has become worn out.

STANDARDS OF PERSONAL SERVICE

The Medical Profession has developed its science to such a breadth of comprehensiveness that these services are beyond the financial capacity of the average man to buy. This is also true of the automobile industry, but the average man solves the problem of owning an automobile by purchasing a second-hand car of first-class manufacture at a ridiculously low price. But the medical profession does not recognize or approve second-class medical service; although too many individual practitioners are still satisfied to deliver this kind of service.

CONTROL OF PERSONAL MEDICAL SERVICES

While practicing physicians have promoted the development of palatial hospitals and expensive bacteriological and chemical laboratories, together with great systems of public health nursing and welfare relief, they have permitted the control of these expensive services to pass into the hands of organizations of laymen and public officials whose point of view is essentially that of the *salesman* rather than that of the *practitioner of medicine*. The lay managers of these institutions and services expect physicians to donate their time and skill, while all other members of the staff are paid prevailing wages and fees. Studies by the Camden County Medical Society have shown that the money value of the services donated to hospitals of the city equals or exceeds the amount of money which the hospitals receive for their maintenance.

TREATING POPULAR MENTAL STATES

No longer may the practicing physician ascribe his failure to deliver efficient medical services to the poverty, ignorance, indolence, indifference or prejudice of his patients. He is charged with the duty of not only diagnosing these mental states of the people, but also with the duty of *treating* them, instead of leaving that duty to welfare organizations and health officials, and then complaining of their "domination". All these facts and principles are well known to the leaders of The Medical Society of New Jersey; and the transactions of the State Society and of the larger county societies during the last five years are filled with constructive plans to correct the unsatisfactory conditions of the distribution of medical services. The plans begin with the establishment of intimate contacts with lay health organizations and welfare officials, and educating them regarding the proper methods of distributing medical services according to the high principles of the medical profession.

If the low-wage and the indigent, who constitute one-half of the population, are to receive the medical care which the medical profession is prepared to give, plans for assisting them must be developed.

ACCOMPLISHMENTS

The plans of The Medical Society of New Jersey have been outstanding for their practicality and efficiency, particularly in maternal and child welfare and in venereal disease control. The essential feature of the plans is that of local leadership and control of the means of relief by the practitioners of the State.

The value and efficiency of State leadership have been demonstrated by The Medical Society of New Jersey in its dealings with the Federal administrators of the Security funds.

The next step must be the development of similar leadership within the County Societies; and then the third step will naturally follow—that of the active participation of the individual members.

We are now engaged in the development of the second step—that of the assumption of active leadership by the County Societies. President Carrington and his cabinet have announced plans for a conference of County Society officers, to be held on September eleventh, in order to stimulate a two-way flow of influence—that of the State Society to the County Societies, and the response of the County Societies back to the State Society—as is set forth by President Carrington on page 433.

The proceedings of the House of Delegates, to be published as a supplement to the August Journal, demonstrate a high degree of earnestness of purpose and unity of action among the delegates who represented the County Societies. This is evidence that an abundant return flow of influence from the County Societies to the State Society may confidently be expected.

THE AMERICAN MEDICAL ASSOCIATION

DR. IRVIN ABELL
President, the American Medical Association
1938-1939

Dr. Irvin Abell, President of the American Medical Association, is a native of Kentucky. He was born in Lebanon, September 13, 1876. He graduated from St. Mary's College with the degree A. M. in 1894, and from Louisville Medical College in 1897. He studied in Berlin, Germany, for a year, and has practiced medicine in Louisville since 1904, becoming a leader on the surgical staffs of several hospitals of Louisville, and Professor of Surgery in the Medical School of the University of Louisville. He is also active in national medical organizations including, besides the American Medical Association, the American College of Surgeons and the American Gastro-enterological Society.

Dr. Abell also takes a deep interest in civic affairs, being a Trustee of the University of Louisville, the Commonwealth Life Insurance Company, and the Fidelity and Columbia Trust Company. With his varied contacts in both professional and civic life, he is well equipped to represent the Medical Profession of the United States in its adjustments to the present economic and political state of affairs.

REPORTS OF THE MEETING

BY THE NEW JERSEY DELEGATES

1. INTRODUCTION

By William J. Carrington, M.D., Atlantic City, N. J.
President, The Medical Society of New Jersey

Drs. Conaway, McBride, Read, and Snedecor represented The Medical Society of New Jersey at the highly successful annual session of the A. M. A. in San Francisco, June 13-17, 1938. Our delegates returned full of inspiration, enthusiasm, and ideas. They will report *officially* at the next annual meeting of The Medical Society of New Jersey, which will be held on June 6-8, 1939, in Haddon Hall, Atlantic City. By that time, the inspiration will have lost some of its freshness, the enthusiasm some of its fire, and the ideas most of their news value. The present tempo of events, particularly those concerning medical economics, is so fast that old reports, like old newspapers, are useful only for covering pantry shelves. In order that the bright light of the San Francisco session be not diluted into a pale candle glow, your President has asked each of your delegates to write *a brief, informal report to you in the July issue of the Journal, and to make a complete detailed report to your Board of Trustees on August 7, in addition to the formal report next June.*

2. A SUMMARY OF THE MEETING

By WALT P. CONAWAY, M.D., Atlantic City, N. J.
Senior Delegate from The Medical Society of New Jersey

Regimentation of the healing profession under paternalistic governmental auspices was hit in speech, report and resolution.

Incoming and outgoing Presidents of the Association challenged all attempts to wrest from the Profession the control over its own services, and the "Recent agitation for socialization of medicine by some grandoise scheme".

The profession "Resists efforts and proposals that would include and regiment its services under lay control", declared Dr. Irvin Abell, incoming President.

There is a "manifest determination to preserve the individual type of medical practice as that best suited to this country and to maintain that practice on the highest possible plane", said Dr. Upham, retiring President.

Yet, underlying the Association's unyielding opposition to surrendering the care of the nation's sick to bureaucratic administration was a recognition of the obligation to share in the economic adjustments of the nation.

Dr. Irvin Abell, surgeon, of Louisville, Kentucky, succeeds Dr. J. H. J. Upham, of Columbus, Ohio, as Presdient of the A. M. A. The President-Elect, chosen by unanimous vote, is Dr. Rock Sleyster, a distinguished psychiatrist, of Wauwatosa, Wisconsin.

The other officers elected were:

Dr. Howard Morrow, of San Francisco, Vice-President

Dr. H. H. Shoulders, of Nashville, Speaker

Dr. R. W. Fonts, of Omaha, Vice-Speaker

Dr. A. A. Hayden, of Chicago, and Dr. Charles B. Wright were reëlected Trustees for five years.

Dr. Olin West, of Chicago, was reëlected Secretary, and Dr. Herman L. Kretschner, of Chicago, Treasurer.

To these officers of the A. M. A. The Medical Society of New Jersey pledges its enthusiastic support.

The places of annual sessions of the A. M. A. are 1939, St. Louis; 1940, New York; 1941, Cleveland.

Dr. Rudolph Matas, seventy-eight-year-old veteran professor of surgery at Tulane University, New Orleans, was selected by vote as the first recipient of the distinguished service medal for meritorious service in the science and art of medicine.

3. THE A. M. A. CONVENTION, JUNE 13-17, 1938

By ANDREW F. MCBRIDE, M.D., Paterson, N. J.
Delegate from New Jersey

The House of Delegates of The Medical Society of New Jersey, at its last annual convention in Atlantic City, adopted resolutions calling on the Board of Trustees of the American Medical Association to curb the activities of Dr. Morris Fishbein, Editor of the Journal of the American Medical Association, and to cause him to discontinue all of his activities other than those concerned with the editorship of the Journal, and the other publications of the American Medical Association. The New Jersey delegates to the A. M. A. were instructed to present these resolutions at the convention of the American Medical Association in San Francisco, June 13-17, 1938. The four delegates, Dr. Walt P. Conaway, Dr. Hilton S. Read, Dr. Spencer T. Snedecor, and myself, met and decided that Dr. Snedecor should present the resolutions. We further agreed on a line of action in presenting the case of The Medical Society of New Jersey.

THE REACTION OF THE A. M. A.

The resolutions were presented on the second day of the session, and were listened to with much attention. Dr. Fishbein was accorded an opportunity to be heard. He delivered an impassioned defense of his activities; and while he mildly admitted that some of the advertisements concerning his book, "Modern Home Medical Adviser", might have offended some doctors; when this was called to his attention, he had it changed. Dr. Charles Gordon Heyd spoke in defense of Dr. Fishbein, and he was defended by several others.

Your delegates feel, however, that the position taken by The Medical Society of New Jersey was a sound one, and that much good will follow. Many of the delegates approached Dr. Snedecor and the other delegates from New Jersey, and expressed their appreciation of the stand taken by The Medical Society of New Jersey, and assured them that they were

in accord with the principles that were enunciated in the resolutions presented by our Society. The delegates were assured by Dr. Snedecor and our other delegates that there was nothing personal on our part toward Dr. Fishbein; but that we were opposed to the position he assumed as spokesman for organized medicine in the United States, and that unless the Board of Trustees curtailed markedly or rigidly supervised some of his activities, the profession as a whole was bound to suffer.

IMPRESSIONS

As a delegate from The Medical Society of New Jersey to the 1938 session of the House of Delegates of the American Medical Association, I was impressed with the seriousness and dispatch with which the members of the House of Delegates disposed of matters of great public concern, especially in the relation of physicians to all manner of health problems. The delegates showed their willingness and eagerness to help the government solve the important question of furnishing proper and adequate medical care to those unable to secure it through their own resources. Likewise, a great spirit of friendship and understanding was displayed by all the delegates toward one another.

This being my first appearance as a delegate, I was pleased with the full attendance at the meetings, the close attention paid all questions presented, and the completeness of the discussions that took place. I feel satisfied that organized medicine, as it is represented by the American Medical Association, is capable and willing to lead the way, if given the chance, toward solving the problem of furnishing adequate medical care to all people in need of it, at prices that are within their reach.

SCIENTIFIC FEATURES

The scientific sessions were eminently worthwhile. Many notable papers were presented and discussed by men able and learned, and many new contributions were made. The exhibits were many and varied and added much that made the convention interesting as well as entertaining.

LEADERSHIP OF THE MEDICAL SOCIETY OF NEW JERSEY

We trust that The Medical Society of New Jersey, through its House of Delegates, will continue in the future, as it has in the past, to lead the way in every activity that has for its objective the care and preservation of the health and lives of the people of the nation. We believe that ways and means will be evolved to continue the *patient-doctor* relationship, wherein all the people may receive proper and adequate medical care at prices they can afford to pay; and that methods will be brought about to do this for the American people under the auspices of organized medicine.

4. THE FEDERAL PROGRAM FOR MEDICAL CARE

By HILTON S. READ, M.D., Atlantic City, N. J.
Delegate from The Medical Society of New Jersey

In the opinion of some, the address of Miss Josephine Roche (Chairman, Interdepartmental Committee to Coördinate Health and Welfare Activities of the Federal Government) to the House of Delegates of the American Medical Association in Executive Session at San Francisco on June 14, 1938, was the actual announcement that Uncle Sam's tailors have cut a new pattern in the style of Medical Care, and are ready for the basted try-on.

For years there has been bickering as to whether the style was antique and the cloth threadbare or not. But it remained for Dr. W. F. Draper, a member of the House of Delegates from the United States Public Health Service to read (in the absence of Miss Roche) to that House an ultimatim with epoch-making possibilities that was about as subtle as cellophane.

The Board of Trustees, so we were informed, had a day or so to digest the pronouncement. They gave little outward evidence of hunger for "More of the same" as the result of said digestion as they entered the Executive Session. It had been bruited about that an important message from the Government would be heard at the Executive Session. But even that produced no great curiosity on the part of the Delegates. The Delegates remembered J. Hamilton Lewis, Senator from Illinois, and his trial balloon of the year before, and leaned back for a breather as they followed the manuscript of the address Dr. Draper was reading for Miss Roche. At the conclusion the applause was less than enthusiastic. The delegates were either lulled with an imaginary "Sugar teat" that this latest New Deal trial balloon would be deflated by the

A. M. A., on July 18, or they were anesthetized after the good old slaughter-house fashion of a hammer between the eyes. Delegates who left the room immediately upon the conclusion of the address were relieved of their mimeographed copy by the Sergeant-at-Arms at the door—lest there be a leak. Shortly came word that the Executive Session had been in vain—for the address had been released to the Press in Washington!

Among the New Jersey delegation no great apprehension was felt. The Medical Society of New Jersey has long insisted upon the modernization of the methods of Medical Care. It has with all sincerity fought the "Politicalization of Medicine". It has with equal sincerity accepted the profferred hand of Government in sharing the dual responsibility of the needy and will continue to do so whenever Government's proffer means betterment in the Public Health that can be attained only by such joint action. The Medical Society of New Jersey has experimented in "Medical Care". In New Jersey at least, Miss Roche's closing question need bring no sleepless nights to the recipients or dispensors of Medical Care. No scatterbrain experiments, sired by reactionary panic, out of inertia, need raise their ugly heads here.

MISS ROCHE'S ADDRESS

Miss Roche's address—slightly abridged—follows:

The Interdepartmental Committee was created in August, 1935, following the passage of the Social Security Act, in order that the full benefits of the varied Federal program under the Act's provisions might reach with minimum delay and maximum effectiveness the individual men, women, and children for whose aid and service the program was brought into existence. * * * As members of this committee the President designated four Assistant Secretaries of Government Departments—Treasury, Interior, Agriculture and Labor—and the Chairman of the Social Security Board.

The committee's first task was the setting up of technical committees to work out immediately cooperative agreements between Federal agencies functioning together in the states. * * *

Working under the instruction of the executive order "to study and make recommendations concerning specific aspects of the health and welfare activities of the Government" are the technical Committees on Recreation, Nutrition, Crime Prevention and Parole, and Medical Care.

In the work of the last-named committee you have, of course, a special interest; and our Interdepartmental Committee is deeply grateful and encouraged to know that a number of you, including some of the officers of the American Medical Association, are to be with us at our National Health Conference July 18, 19, and 20, when the full report of this technical committee will be submitted and discussed.

At the time the Technical Committee on Medical Care was formed, the National Health Survey of the Public Health Service was nearing completion. * * *

The overwhelming central fact established by the National Health Survey is this: that with poverty goes not only a higher rate of sickness, but a deficiency of medical care. * * * But never before had such a mountain of evidence been assembled to sustain the conclusion that among the poor there is an excess of sickness and death which requires preventive services and medical care proportionately greater than are required in the higher income groups.

* * * After more than a year of work, the Technical Committee produced a report on the "Need for a National Health Program", which was transmitted to the President last February. * * * It is to be hoped we may have graphically given to us by your own survey the full extent of the free services of the medical profession.

* * * In 1937, of forty-nine State Health Officers responding to a questionnaire, only two reported the facilities for maternal care in their State as adequate.

* * * Preliminary results from the National Health Survey indicate that disabling illness in the relief population occurred in 1935 at an annual rate 47 per cent higher for acute illness, and 87 per cent higher for chronic illness, than the corresponding rates for families with incomes of $3,000 and over. * * * We must keep constantly in mind the fact that approximately fifty million of our population are in families with an annual income of less than $1,000 a year.

When facts of denial and destruction of human values, such as these I have mentioned, are discussed in terms of the size of the population involved—the tens of millions of men, women and children who are their victims—the problems of providing adequate health and medical services obviously demands concerted public action for its satisfactory solution.

In calling the National Health Conference, the Interdepartmental Committee is carrying out the suggestion of the President that it invite representatives of the interested public, and of the medical and other professions, to examine the health problems in all their major aspects, and to discuss ways and means of dealing with these problems.

The National Health Conference is planned as a working conference. To provide the best opportunity for frank discussion, it is necessary to limit the number of participants.

It is hoped that the conference will contribute to two ends:

First, a better understanding of national needs in the field of health and medical care.

Second, the formulation of policies which will enable the medical and other professions, private organization, Federal, State, and local agencies, and individual citizens, to coöperate in efforts to meet these needs.

The Technical Committee on Medical Care will submit to this conference not only its analysis of needs, but certain tentative recommendations as to means of meeting them. These recommendations have been submitted to the President, and it is at his suggestion that they will be submitted to the consideration of the National Health Conference. The report deals with several broad problems:

First, the need for more comprehensive public health services to combat specific diseases or groups of diseases, such as tuberculosis, the venereal diseases, pneumonia, malaria, cancer and other chronic diseases of middle and old age, mental disease and deficiency, and industrial hazards.

Secondly, the need for expansion of maternal and child health services; the Technical Committee estimates that half the infant deaths and half the maternal deaths could be prevented by the application of the knowledge and skill which your profession now has.

Thirdly, the shortage or unequal geographical distribution of hospitals, clinics, doctors, dentists, nurses and other agencies and trained experts in the field of health and medical care.

Fourthly, means of providing more adequate medical care for recipients of public assistance and other persons of very low income.

Finally, methods of financing the sickness costs of self-supporting persons of limited means.

We do not intend to ask the National Health Conference to take formal action on any part of this report. We hope that none of the groups or individuals participating in the conference will attempt to make premature judgments, or urge others to do so. * * *

That there will be concerted public action eventually for such a program no one measuring the human needs and denials can doubt. In this great democracy with its unsurpassed resources and potentialities for human progress, one-third of our people are not going indefinitely to remain ill-fed, ill-housed, ill-cared-for, in sickness. Already they are on the march, and the only question which remains is whether highly specialized groups, experienced and trained in ways and means of meeting human needs, are going courageously and quickly to offer all they can give in constructive and progressive leadership and help in the meeting of the vast human problems of today.

You have your instruments of precision for diagnosis and treatment; your techniques for prevention and cure are among the wonders of the modern world. How can we help to bring them to all our people who need them? That is the question which we submit to you today. The question which we shall ask at our conference must go on asking until we find the answer.

* * * * * * *

It was announced that the American Medical Association would have adequate representation at the conference in the persons of its Editor, its Secretary and General Manager, and its President. Among some groups the feeling was that Organized Medicine, like the German Delegation at Versailles, would be asked to sign on the dotted line of a full-fashioned program. The analogy has certain logical and historical conclusions.

5. RESOLUTIONS AT THE A. M. A.

By SPENCER T. SNEDECOR, M.D., Hackensack, N. J.
Delegate from The Medical Society of New Jersey

The last resolution on the subject of public relations was perhaps a significant step in changing the general attitude of the A. M. A. and the press. The demand for the appointment of Public Relations Committees which would be responsible to the House of Delegates, rather than to the Board of Trustees, and who would direct the public contacts of the Association, was brought forth by Michigan and California.

After several hearings on this subject, a joint committee recommended against these proposals; but the committee said that it was impelled by the support for these resolutions from so many diverse quarters to impress upon the Board of Trustees the need for *more forceful and more tactful public relations*. This action was approved.

Nothing was done on the Birth Control resolution sponsored by New York, except to refer it to the Board of Trustees.

A tart reminder was given to the other specialists' societies that the House of Delegates of the American Medical Association is the only body qualified to speak for the American Medical Profession, and urged the members affiliated with these other organizations to work for closer coöperation.

A plea was again made for a Department of *Health* in the Federal Government with a medical man at its head, in opposition to the plan of a General Federal Department of *Public Welfare*.

HOSPITAL INSURANCE CONTRACTS

A definite stand was taken by the Association in respect to including special medical services, such as x-ray, pathology, physical ther-

apy, and anesthesia, in group hospital contracts. The Council on Hospitals and Medical Education was instructed not to approve those hospitals which exploited either the public or the profession in this respect.

CONTROL OF UNETHICAL PRACTICES

The Judicial Council gave some pertinent reminders to county and state societies. It advised strongly against any society passing specific resolutions for the purpose of controlling unethical practice; for instance forbidding contract practice. The Council foresaw only trouble from this method, and advised proceeding against members under the general code of ethics. The Council also suggested that the county and state societies should adopt a definite and standard procedure for hearings on ethical conduct.

The A. M. A. endorsed the visual standards for automobile drivers which were recommended by the Section on Ophthalmology.

PROGRESSIVE MEETING

In general, it may be said that the Association took a progressive and deeper interest in current problems of the profession and showed an awakening sense of its responsibilities to the American Doctor.

THE A.M.A. SURVEY OF MEDICAL PRACTICE

A STUDY OF THE NEED AND SUPPLY OF MEDICAL CARE AMONG PEOPLE IN THE LOWER ECONOMIC LEVELS, SPONSORED BY THE AMERICAN MEDICAL ASSOCIATION, AND CONDUCTED BY THE COMPONENT COUNTY SOCIETIES, OF THE MEDICAL SOCIETY OF NEW JERSEY

To the President, Secretary and Chairman of the Survey Committee of each County Medical Society:

A nation-wide survey is being made by county medical societies of doctors, dentists, druggists, nurses, clinics, hospitals and all other institutions and agencies concerned with the medical and preventive medical service of the people of the United States. The Medical Society of New Jersey offers each of its component county societies aid in the prompt completion of this survey.

Data blanks have been furnished each county society. With the exception of Form 1, these are filled with comparative ease by a committee of each county society. The information asked in Form 1 concerns medical and dental practice and is more difficult to obtain. Individual blanks mailed to doctors and dentists are apt to remain unanswered. It is necessary for someone to sit down with each doctor and help him fill out his blank. This is no small task for busy doctors. Some affluent county societies have paid medical students to do this work for them. Most of the societies have enlarged their committees so that one member of the committee has from six to ten men to see. In those county societies blessed with Woman's Auxiliary, their leaders have volunteered to help in the distribution and collection of these forms. Whatever method is used, it is of the utmost importance that our survey be completed promptly.

Three surveys have been made since the depression, but all have been made by lay groups. None, heretofore, has been made by medical men themselves. These surveys appear to show that one-third of the population of America is not receiving adequate medical care. Is this true or false? If true, powerful government agencies will attempt to abolish private practice and substitute federalized medicine. If false, we may be permitted to continue individualistic medicine which offers our people the finest medical service ever offered any people of any land. The study of preliminary returns of our survey indicates that there are no deficiencies in the quality of service, but there are deficiencies in its distribution. If the completed survey confirms this, the remedy lies in the local unit of organized medicine—the county medical society, not remote control by the long arm of federal bureaucracy. Because the future of private practice is at stake, let us finish our surveys promptly.

In addition to the primary survey, which we hope to finish in New Jersey by the fifteenth of July, there will be three short "spot" studies made on Form I-F in July, October and January. Form 1 of the primary survey asks for information from doctors concerning the number of cases referred to free clinics, to free wards, and charity work done in private practice in 1937. Many doctors kept no records of this work, hence the three supplemental "spot" studies will be made, during which every doc-

tor is asked to keep an accurate account of such work for short periods of time.

Although the scope of the survey proposed by the A. M. A. is nation-wide, and the actual field work is to be done principally by the component county societies, using forms which are distributed and explained by the State Societies.

The survey includes the adequacy of the facilities of medical service to all classes of people, particularly those in the lower levels of economic status. It embraces eight groups of citizens and organizations:

1. Physicians.
2. Dentists.
3. Hospitals.
4. Pharmacists.
5. Nurses.
6. Welfare organizations whose services have health implications.
7. Schools, colleges, universities, and other institutions of learning.
8. Types of health work in industry, and in fraternal and mutual benefit and philanthropic societies.

The survey that is already begun in New Jersey embraces physicians and dentists, and is being done by the professional organizations of the counties. The success of the survey depends on the coöperation of their individual members.

WILLIAM J. CARRINGTON, M.D.,
President.

June 28, 1938.

TRAINING SCHOOL FOR COUNTY SOCIETY OFFICERS

President Carrington is planning to hold a Conference of the Officers of County Societies on Sunday, September 11th, in the Stacy-Trent Hotel, Trenton, for the purpose of coordinating their activities and developing standard methods for carrying out their several projects.

The conference will begin at 12:30 o'clock with a luncheon, at which President Carrington will preside.

Tentative topics for discussion have been assigned. For example, Dr. S. T. Snedecor will lead the discussion of the subject "County Society Appointments", seeking the answers to the three questions:

1. What committees should be appointed?
2. How to get work out of the committees.
3. How to integrate the program of the county committees in the program of The Medical Society of New Jersey.

Another topic that is proposed is "County Society Membership", with Dr. Hawkes presiding.

These are samples of the practical nature of the topics on the program. It is proposed that the leaders be brief in their introduction of their topics, and that the members do most of the talking.

FALL CLINICAL SESSION OF THE STATE SOCIETY

In the President's page of the June Journal, President Carrington announced that preparations were being made to hold a *Clinical Session* of the State Society. The committee in charge of the project reports that a two-day session will be held in Newark on October 6 and 7, 1938. The instruction will be clinical, and will be given in the hospitals of Newark. No charge will be made to the members for the scientific features of the session.

It is also planned to hold a social dinner during the evening between the sessions.

Details of the clinical session are being developed by a special committee, and the program will be announced as soon as possible,—probably in the August Journal.

STATE SOCIETY ACTIVITIES

WELFARE COMMITTEE

The first meeting of the new Welfare Committee was held in the Stacy-Trent Hotel, Trenton, N. J., at 2 p. m. on Sunday, June 5, 1938.

It was preceded at 11 o'clock by organization meetings of the twenty-one advisory committees to the Welfare Committee, at which 114 members were present, or 76 per cent of the committeemen. The members lunched together at 1 o'clock; and at 2 o'clock, Dr. H. S. Read, Chairman, called the Welfare Committee to order. Those present were fifty-three in number as follows:

Hilton S. Read	Edgar P. Cardwell
William J. Carrington	Harry N. Comando
Alfred Stahl	J. Irving Fort
David B. Allman	Julius Levy
Homer I. Silvers	Theodor Teimer
Robert A. Kilduffe	H. Roy Van Ness
G. Barton Barlow	A. Charles Zehnder
Charles Littwin	I. Warner Knight
Walter J. Farr	Chester I. Ulmer
Spencer T. Snedecor	Wendall Burkett
S. Emlen Stokes	Barclay S. Fuhrmann
R. L. Sharp	A. E. Jaffin
Warren D. Robbins	William W. Maver
Harry B. Walker	James F. Norton
Millard F. Sewall	B. S. Pollak
Arthur W. Bingham	Joseph F. Londrigan
D. Leo Haggerty	George J. Young
Allen G. Ireland	Sigurd W. Johnsen
George W. Fithian	Wright MacMillan
Henry Haywood, Jr.	J. Allen Yager
Joseph H. Kler	David W. Green
William C. Wilentz	Frank L. Field
C. Byron Blaisdell	James H. Spencer, Jr.
J. Berkeley Gordon	Norman W. Burritt
William G. Herrman	Herschel S. Murphy
Barclay W. Moffat	LeRoy A. Wilkes, Executive Officer
Marcus A. Curry	
Byron G. Sherman	Frank Overton, Editor

This attendance was 82 per cent of the personnel of the committee.

In addition, there were present thirteen Trustees, as follows:

Samuel Alexander	Ralph K. Hollinshed
Thomas B. Lee	E. Zeh Hawkes
Aldrich C. Crowe	Watson B. Morris
Andrew F. McBride	William F. Costello
J. Howard Hornberger	Wells P. Eagleton
Frederic J. Quigley	Harry R. North
Thomas K. Lewis	

There were also present twenty-one visitors as follows:

A. J. Casselman	William H. Varney
Frederick Vosburgh	George M. Knowles
Christian R. Segard	L. Samuel Sica
Jerome H. Samuel	Walter A. Taylor
Alfred F. W. Sferra	Arthur F. Ackerman
Robert G. Leland	Charles Hyman
Clarence M. Trippe	Walter B. Stewart
Marshall F. Lummis	H. Wesley Jack
Samuel B. English	Henry C. Barkhorn
Karl M. Scott	Leo B. Drake
William H. MacDonald, State Department of Health	

PRESIDENTIAL ADDRESS

Dr. William J. Carrington, President of The Medical Society of New Jersey, addressed the committee on the subject "Organized Medicine—A Two-Way Flow" (see page 433).

LEGISLATION

Dr. B. S. Pollak, Chairman of the Sub-Committee on Legislation, addressed the meeting on the subject of the Legislative Bill, A-511,—the Medical Practice Bill,—and explained some difficulties with which the committee had to contend.

MEDICAL PRACTICE COMMITTEE

Dr. David B. Allman, Atlantic City, Chairman of the Sub-Committee on Medical Practice, explained the objectives of the committee and those of its several advisory committees. (See June Journal, p. 377.)

PUBLIC RELATIONS

Dr. J. H. Kler, New Brunswick, Chairman of the Sub-Committee on Public Relations, outlined the work of the committee for the coming year. (See Jour., June, p. 381.)

CARE OF INDIGENTS

Dr. George W. Fithian, Chairman of the Sub-Committee on the Medical Care of the Indigent, reported that the committee offers the following recommendations:

1. That the agreement between The Medical Society of New Jersey and the E. R. A. of New Jersey, which was made authoritative by

the signature of the Chairman of the E. R. A. of New Jersey, and the President of The Medical Society of New Jersey, be recommended to the Welfare Committee as a basis for future medical care to the indigent and low-wage group.

2. That all clinics sponsored by county or State funds, contagious, venereal disease, well-baby, and pre-natal, be disapproved and be included in the above plan as to the care of the indigent and low-wage group so that there be distribution of the work, and that duplication be avoided, thus preserving private practice and free choice of physicians, and avoid pauperism by forcing these unfortunate people into clinics.

3. That all medical care be on the basis of free choice of physicians, therefore stopping the trend toward State Medicine.

4. That The Medical Society of New Jersey, through its proper channels, contact the State Bureau of Finance Assistance, the Department of Institutions and Agencies, and the State Department of Health in regard to putting into operation in a concrete form the above recommendations.

The report of Dr. Fithian was referred to the Sub-Committee on Medical Practice for study.

MATERNAL WELFARE CHARTS

Dr. A. W. Bingham, Chairman of the Committee on Maternal Welfare, exhibited the charts showing the maternal mortality rates for each of the twenty-one counties of New Jersey. These charts and their explanations will be published in The Journal,—probably the September issue.

SURVEY OF MEDICAL SERVICES

The outstanding original contribution to the discussions in the Welfare Committee was the address by Dr. R. G. Leland, Director, Bureau of Economics of the A. M. A., who described the proposed method by which each State and County Medical Society would survey its own medical services, using the plans and blanks of the A. M. A. Dr. Leland referred to the urgent need of the surveys, and that in the statement of the Committee on the Costs of Medical Care, approximately forty million persons are now not receiving anywhere near the amount of medical care which they need.

Early in 1938 the A. M. A. planned a method of checking up on the figures which had been widely publicized, and developed a form of survey published in the A. M. A. Journal of February 12, 1938, on page 78A of the Organization Section. The A. M. A. later sent out blank forms for the survey to each State Society, including that of New Jersey.

Dr. Leland outlined the objectives of the study as follows:

1. To determine the prevailing need for medical and preventive medical services where such may be insufficient or unavailable.

2. To discover and to remove, if possible, the obstacles which interfere with the more efficient distribution of medical service.

3. To develop a frank and friendly exchange of information on the demand and supply of medical and preventive medical service.

4. To urge that information be kept up-to-date in each community, thus enabling the professions and other responsible agencies to maintain the local demand and supply of medical and preventive medical services in constant balance.

Dr. Leland described the blank forms supplied by the A. M. A., and the method of their use. In explaining the methods and purposes of the survey, he said:

> It is made for the main purpose of finding out whether or not everyone is getting the medical care which they need. All of us have an idea in our own community as to the number of persons going without medical care or unable to get it. Perhaps not as many have an idea as to the people who need medical care and don't want it. It is to find out, if possible, the number of people who actually are not getting medical care, and after that to devise ways and means to provide them with medical care.
>
> It is the age-long tradition of the medical profession to provide medical care to all people at all times. During the last five or six years the burden has become increasingly heavy, so that other ways have been devised to relieve that burden from the medical profession. We have become a little dizzy over the change in the methods of providing medical care to the indigent and low-wage income people.
>
> This study is to result in the State and County Medical Societies devising their own plans to meet their own situations. The resolutions adopted by the Trustees of the American Medical Association suggest that State and County Societies develop for each county policies for providing medical care to these indigent and low-wage people; and that the first interpretation be made by the County Medical Society knowing the local conditions. It will make the first recommendation as to what needs to be done, if anything. These recommendations will be sent to the State Society, which will review those recommendations. The State Society officers should be prepared to tell county societies whether the proposals are reasonable or not.

The Medical Society of New Jersey has planned to participate in this survey and to make it one of its major projects. President Carrington is on the A. M. A. committee for its promotion.

MEDICAL CERTIFICATE FOR MARRIAGE LICENSE

The New Jersey State Department of Health has issued a comprehensive pamphlet which explains the provision of Chapter 1-b, Public Laws of 1938, which goes into effect on July 1, 1938. This law requires each man and each woman who applies for a marriage license to present a certificate from a licensed physician, stating that the applicant has submitted to a blood test for syphilis, and has been found to be free from evidences of the disease.

PROCEDURE

The procedure for obtaining a blood test and issuing a certificate is simple, and is as follows:

1. The applicant for marriage desiring to have a blood test made goes to any physician licensed by the State of New Jersey and applies for a blood test for marriage.

2. The physician takes a sample of the applicant's blood in a suitable container, and sends it to an *approved* laboratory for examination, marking it plainly "For Marriage Certificate".

3. The laboratory examines the blood and submits two reports to the physician:

A. A confidential report of its findings.

B. A "Certificate Form" which is in three parts:

a. Part one is signed by the laboratory representative and is as follows:

RECORD OF STANDARD LABORATORY BLOOD TEST

(To be filled out and sent to physician with report of result of test)

This is to Certify, that a ..... test
(Name of Test)
for Syphilis was performed on ....
(Date)
on a blood specimen submitted in the name of
.....
(Full name and complete address of applicant)
.....
(Name of Laboratory)
Signed .....
(Person authorized to report for laboratory)

b. Part two is the certificate of the physician which he is to sign after he has read the laboratory report and has formed the judgment that the applicant is free from syphilis in a communicable form. This part of the certificate is as follows:

CERTIFICATE OF PHYSICIAN

(To remain attached to laboratory record)

This is to Certify, that I have examined the person named in the above laboratory record and, in my opinion, this person is not infected with syphilis or is not in a stage of that disease which may become communicable. I also certify that this person submitted to a standard laboratory blood test for syphilis, a report of which I have received and examined.

.....
(Signature of Physician)
.....
(Address of Physician)
.....
(Date of Examination)

Physicians who are not licensed in New Jersey, indicate in which State licensed .....

c. Part three is the following form to be signed by the applicant:

This is to Certify, that I am the applicant referred to in the above certificates.

Signature .....

4. The physician reads the confidential report of the laboratory; and if it is negative, or shows that the disease is not in a communicable stage or form, he fills out the second part of the *certificate form* which he receives from the laboratory, and gives it to the applicant.

If the laboratory report which the physician receives is doubtful or is positive regarding the existence of syphilis *in a communicable stage,* the physician cannot issue a certificate, but he must keep the laboratory report in strict confidence and not disclose its contents to any person except the applicant.

5. The applicants take both certificates and hand them to the official who issues the marriage license.

6. The person who issues the marriage license attaches the certificates of both the man and the woman to the marriage license.

7. The man and the woman present the completed certificate and marriage permit or license to the minister or official who performs the marriage ceremony.

8. The person who performs the marriage returns the certificate and license to the "Local Registrar of Vital Statistics", who sends them to the Bureau of Vital Statistics of the State Department of Health, where they are permanently recorded.

9. Securing a certificate of freedom of syphilis is a private matter like any other visit of a doctor. The man and the woman may

go to different doctors. Each applicant pays the doctor his fee, as for any other professional call. The doctor is not allowed to disclose the result of his examination to any other person than the applicant. The applicant discloses the certificate himself or herself, when the license is obtained; and therefore the physician is not liable for disclosing the fact that he has examined the applicant for syphilis.

10. If the laboratory report states that signs of syphilis are present, the physician may issue a legal certificate if he honestly believes that the disease *is not in a stage* which may become communicable. The object of the law is to prevent the spread of the disease.

There are many details which a physician must consider in order to issue a certificate conscientiously; but the responsibility for the decision always lies with the physician.

APPROVED LABORATORIES

Making a blood test for syphilis is always an expert procedure, and in order to be legal it must be made in a laboratory that is approved by the State Department of Health. The Laboratory of the State Department of Health makes no charge for examining a specimen of blood sent to it by a physician. Private laboratories, of course, make a charge for the tests.

Besides the Laboratory of the State Department of Health, the laboratories in the State of New Jersey which are approved by the State Department of Health for pre-marital examinations for syphilis are as follows (on June 17, 1938):

ATLANTIC COUNTY
- Atlantic City Hospital

BERGEN COUNTY
- Englewood Hospital
- Hackensack Hospital
- Ridgewood Analytical Lab., 164 W. Ridgewood Ave.
- Ridgewood: Bergen Co. Hospital
- Teaneck: Holy Name Hospital

CAMDEN COUNTY
- Camden Department of Health
- Camden: Cooper Hospital
  - West Jersey Homeopathic Hospital

ESSEX COUNTY
- Belleville: Essex Co. Hospital
- East Orange: Pathological Lab., 144 Harrison St.
- Irvington Health Center
- Montclair Health Department
- Montclair: Mountainside Hospital
- Newark Department of Health
  - Bacteriological Laboratory
  - Pathological Laboratory, Newark City Hospital
- Newark: Beth Israel Hospital
  - Brown's Clinical Laboratory, 160 Roseville Ave.
  - Clinical Laboratory, 33 Lincoln Park
  - Yaguda's Clinical Laboratory, 88 Clinton Ave.
  - Dr. Gray's Private Laboratory, 142 Clinton Ave.
- Orange: St. Mary's Hospital
  - Orange Memorial Hospital

GLOUCESTER COUNTY
- Woodbury: Underwood Hospital

HUDSON COUNTY
- Bayonne Hospital
- Jersey City: Medical Center
  - Hudson Co. Laboratory
- Secaucus: Hudson County Tuberculosis Hospital

MERCER COUNTY
- Trenton: State Department of Health
  - St. Francis Hospital
  - Dr. Shaffer's Private Lab., 208 W. State St.

MIDDLESEX COUNTY
- New Brunswick: Middlesex Hospital
  - St. Peter's Hospital
  - Tri-Co. Clinical Lab., 22 Kirkpatrick St.
- Perth Amboy: Health Department

MONMOUTH COUNTY
- Long Branch: Monmouth Memorial Hospital
- Neptune: Fitkin Memorial Hospital

MORRIS COUNTY
- Morristown: All Soul's Hospital
  - Morristown Memorial Hospital
- Dover: Board of Health

PASSAIC COUNTY
- Passaic General Hospital
- Passaic: St. Mary's Hospital
- Paterson Health Department
- Paterson: Barnert Memorial Hospital
  - St. Joseph's Hospital
  - Diagnostic Laboratory, 9-11 Church St.
  - Paterson General Hospital

UNION COUNTY
- Elizabeth Health Department
- Elizabeth General Hospital
- Elizabeth: Alexian Hospital
  - St. Elizabeth Hospital
  - Bio-Chemical Laboratory, 1137 E. Jersey St.
  - Casilli's Clinical Lab., 618 Newark Ave.
- Plainfield Health Department
- Plainfield: Muhlenberg Hospital
  - Phillips Clinical Lab., 734 Park Ave.
  - The Physicians' Lab., 916 Park Ave.
- Summit: Overlook Hospital

INTERPRETATION OF PRE-MARITAL LABORATORY BLOOD EXAMINATIONS

The New Jersey State Department of Health has issued the following pamphlet of standards for interpreting the blood examinations:

INTERPRETATION OF PRE-MARITAL LABORATORY BLOOD EXAMINATIONS

". A strongly positive serologic test presumes the presence of syphilis; but it is wiser to repeat

test before informing applicant, unless a definite history of infection is obtained.

a. All those showing strongly positive reactions, who have had syphilis for less than five years and cannot show evidence of sufficient treatment to render them non-infectious, should be refused a certificate until at least six months' consecutive treatment has been taken.

b. A woman of child-bearing age, with a strongly positive Wassermann, who has had no treatment, should be urged to take at least six months' treatment before marriage, and continuously during any pregnancy subsequent to her marriage until cured.

2. Doubtful reactions call for further physical examination and a repetition of the test.

3. If reaction is again doubtful and no other evidence of syphilis is present, a certificate should be granted.

4. A man who has had syphilis for five years, treated or not, is for practical purposes considered non-infectious by a concensus of authorities, and may be permitted to marry; but he should be advised to take treatment.

The Coöperative Clinic Group of the United States Public Health Service has recommended a minimum treatment of 20 doses of neoarsphenamine and 20 doses of bismuth during one year's time to render a syphilitic non-infectious and unlikely to relapse into an infectious stage in the future (pregnancy an exception to this recommendation).

Please make a note on your laboratory request that this is a pre-marital examination. The laboratory will mail you the special certificate with its report.

The law leaves the granting of certificates to the physician's judgment; but in no case should an applicant in a communicable stage of syphilis be granted a certificate before receiving at least six months of continuous treatment.

TALKING MOTION PICTURE ON SYPHILIS

Dr. J. Lynn Mahaffey, Director, the New Jersey State Department of Health, announces that a talking motion picture on "The Diagnosis and Treatment of Syphilis" has been prepared by the American Medical Association and the United States Public Health Service, especially for the medical profession. It runs about ninety minutes, and shows in detail the modern methods of diagnosis and treatment of syphilis as demonstrated by Drs. John Stokes, J. E. Moore, and other well-known authorities.

Any county medical society, hospital staff, or other medical group, may obtain the use of the picture by applying to the State Department of Health, Trenton, N. J. The picture will be sent with an operator, projector, and screen, and no charge will be made.

LUNCHEON CONFERENCE OF EDITORS OF COUNTY BULLETINS

A luncheon conference of County Society Bulletin Editors and Publication Committee Chairmen was held at one o'clock on Wednesday, May 18, in the Ambassador Hotel, Atlantic City, during the Annual Meeting, with nine counties represented as follows:

Dr. Henry C. Barkhorn, Chairman of the State Publication Committee, who issued the invitations to the conference, presiding.
Atlantic: Samuel Barbash.
Bergen: G. Barton Barlow.
Burlington: E. W. Rodman.
Essex: Henry C. Barkhorn, Henry Davidson.
Gloucester: H. B. Diverty, Chester I. Ulmer.
Hudson: Nicholas M. Alter.
Mercer: A. Dunbar Hutchinson.
Morris: George J. Young.
Passaic: Irving Okin, L. E. Thron, J. Allen Yager.
State Journal Editor, Frank Overton.

A mimeographed outline of the opportunities and aims of the Bulletins was distributed, and is reproduced as an editorial in the June Journal, page 348.

The representatives of the counties were called on to discuss the uses and policies of their bulletins, and to tell the reasons for their form and content. To explain these points, a collection of bulletins of the several counties was passed among the representatives for their perusal.

Dr. Barkhorn stated that only fourteen of the twenty-one county societies are at present issuing bulletins; and that the number of members served by these bulletins is 2800, or 84 per cent of the State membership. He felt that the other 16 per cent, representing 535 members of the Society, should have some sort of monthly bulletin.

Dr. Overton let it be known that the facilities of the Executive Offices are at the service of the county societies, especially in:

1. Mimeographing.
2. Mailing their Bulletins.

The bulletins of the county societies are the result of the necessity of communicating with the membership at large, in times between meetings. In some counties the bulletins are used merely for the announcement of meetings. In others the uses are more numerous, such as:

1. Printing the entire minutes of meetings.
2. Printing Executive Committee minutes.
3. Bringing pertinent local medical issues to attention of members.
4. Bringing State issues and committee reports, which need emphasis and clarification of local involvement, to the attention of the members.
5. Supplementing information received at meetings. The bulletins go to members whether they attend meetings or not.
6. Local personal notes.
7. Editorials,—used to provoke discussions as well as to inspire the members to renewed action.
8. Explaining relationships with the local lay and official health and welfare agencies.
9. Listing meeting dates of coöperating agencies.
10. Listing meetings of hospitals and specialists' societies.
11. Explaining medical bills in legislature, and procedures for enlisting the help of local Congressmen, lay and official agencies, and the citizenry generally.
12. Printing letters to the Editor, either of commendation or protest.
13. The Woman's Auxiliary department.

The exchange of Bulletins between the counties was approved, and is already being done by the majority of counties.

Another idea generally well thought of, and already in use in many of the counties, was the sending of items of interest appearing in the Bulletins to local newspapers, in a form ready to be printed. Unless it was sent in this form, it was felt the newspapers did not always emphasize the facts pertinent to the medical society.

Many of the counties carried the lay and official health and welfare organizations on their mail list, and this was recommended to those who did not. Some of the counties invited representatives from these groups to contribute articles to their Bulletins. This established good-will between the groups, and a better understanding of the work each group was trying to do.

FORM OF BULLETINS

It was generally felt that a uniform size of the Bulletins would be ideal. However, this was not entirely necessary, because the members of each county society usually receive only one Bulletin—their own. Most of the Bulletin editors stated that the type of bulletin they issued served the needs of their societies best. In many instances, the size and form of the Bulletins was dependent on the income derived from the Bulletin. In cases where there was no income, but only an outlay for its upkeep, it necessarily had to be kept in small size.

ADVERTISEMENTS

Atlantic, Bergen, Essex, Hudson and Morris Counties used the income from their advertisements to defray the cost of publishing their Bulletins, and apparently had little difficulty in securing acceptable advertisements for this purpose.

Rates for advertisements vary, and are set by the number of members of the individual counties.

Gloucester County carries no advertisements, but publishes a small bulletin with news of purely local interest. This county has a relatively small membership and the cost of publication and mailing is met by the Society.

Some of the societies are concerned over accepting competitive advertising, but find that they have to do so in order that they will not be accused of discrimination in accepting advertisements.

Advertisers are generally not given endorsement in the reading columns of the Bulletins.

Questions which remained unanswered at the end of the conference were:

How to get sufficient news each month to fill a large Bulletin?

Do counties want news, classified and digested, sent to them from a central source, say—the State Society?

It was felt that the conference should be an annual affair, to be held during the annual meeting. However, it was suggested that another meeting be held during the County Officers' Training School planned for September 11 in Trenton.

OBITUARIES

DR. JOSIAH MEIGH

Dr. Josiah Meigh was born June 13, 1871. He received his preliminary education in the public schools of Trenton, and the N. J. State Model School. He graduated from the Medical School of the University of Pennsylvania in 1899; and served his internship in the Mercer Hospital, Trenton, and the St. Christopher Hospital in Philadelphia. He was licensed in New Jersey in 1899. Was elected a member of the Somerset Medical Society in 1901, and was a Past President of this organization. He was Chief of Staff of the All Souls' Hospital, Morristown. He conducted a private practice in Bernardsville, and was Past President of the Bernardsville Rotary Club, and Vice-President of the Bernardsville National Bank. He was rejected for military service in the Warld War because of a physical disability, but served for one year as Chairman of the Medical Reserve Corps. Dr. Meigh is survived by his widow, and one son.

RESOLUTIONS FROM OVERLOOK HOSPITAL, SUMMIT

In the death of Dr. Josiah Meigh, of Bernardsville, New Jersey, the Summit Medical Society and the Medical Staff of Overlook Hospital of Summit, New Jersey, wish to express their deep regret and extend to the widow and family their sincere sympathy. Dr. Meigh was one of the early members of the Medical Staff of Overlook Hospital since its beginning and was an active friend of the hospital at its inception in 1914. He was unusually faithful in his attendance of the meetings of the Society, and often at great personal sacrifice. In discussion, he contributed something of interest and value out of the years of his experience. The twenty-fifth anniversary of the Society occurred during his term as President, and he was active in its observation. He was a good friend, a cheerful companion, and an excellent physician; and carried a high ethical standard into his professional relations and his work.

DECEASED PHYSICIANS—NEW JERSEY

Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
John A. Derivaux	52	May 18, 1938	Newark	Same	Coronary thrombosis.
Edwin C. Donnald	49	May 15, 1938	Elizabeth	Linden	Carcinoma of pancreas.
Josiah Meigh	66	May 26, 1938	Bernardsville	Same	Suicide.
David H. Oliver	83	May 2, 1938	Bridgeton	Same	Apoplexy.
James C. Wolfe	39	May 23, 1938	Glen Ridge	Same	Coronary thrombosis.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1937

DIPHTHERIA TOXOID

County	Total to May 31	Month of June	Total to June 30	Average per Month
Atlantic	370	195	565	47.1
Bergen	2981	458	3439	286.4
Burlington	1549	195	1744	145.3
Camden	1113	617	1730	144.1
Cape May	185	4	189	15.7
Cumberland	882	14	896	74.6
Essex	5634	1580	7214	601.1
Gloucester	652	157	809	67.4
Hudson	2915	930	3845	320.4
Hunterdon	214	65	279	23.2
Mercer	2074	122	2196	183.
Middlesex	1261	103	1364	113.6
Monmouth	1561	301	1862	155.1
Morris	657	105	762	63.5
Ocean	337	28	365	30.4
Passaic	3114	1039	4153	346.1
Salem	925	7	932	77.6
Somerset	481	84	565	47.1
Sussex	211	2	213	17.7
Union	2144	1957	4101	341.7
Warren	84	6	90	7.5
Totals	29344	7969	37313	3109.4

SMALLPOX VACCINE

County	Total to May 31	Month of June	Total to June 30	Average per Month
Atlantic	567	86	653	54.4
Bergen	1451	943	2394	199.5
Burlington	398	36	434	36.1
Camden	1653	105	1758	129.8
Cape May	130	6	136	11.3
Cumberland	357	41	398	33.1
Essex	4378	746	5124	427.
Gloucester	464	79	543	45.2
Hudson	577	129	706	58.8
Hunterdon	715	9	724	60.3
Mercer	947	161	1108	92.3
Middlesex	923	46	969	80.7
Monmouth	2281	38	2319	193.2
Morris	717	197	914	76.1
Ocean	58	2	60	5.
Passaic	2315	497	2812	234.3
Salem	233	8	241	20.1
Somerset	289	79	368	30.6
Sussex	5	1	6	.5
Union	2158	161	2319	193.2
Warren	215	142	357	29.7
Totals	20831	3512	24343	2028.5

CONTACTS AND COMMENTS

The reports of the New Jersey Delegates to the American Medical Association, which are printed on page 439 of this Journal, demonstrate the birth of a new interest of the physicians of New Jersey in the national organization. In previous years, the A. M. A. meeting has been a far-off event which scarcely touched the personal lives of the physicians of New Jersey. This year questions of nation-wide interest came before the national meeting, and were prominently discussed by the New Jersey Delegates. Not only did they place New Jersey "on the map", but they also aroused the Delegates from other State Societies to assert themselves, and to propose original lines of action suited to their home localities.

The active participation of the Delegates from New Jersey in the proceedings of the American Medical Association on June 11-13 marks a new era in the relations of the State Society to the national organization. Moreover, the presence and the activity of the New Jersey Delegates was by direction of the State House of Delegates. It has been felt that New Jersey has been an on-looker at the A. M. A. meetings. It was a pleasant surprise that the physicians of New Jersey had a very real message to bring to the national organization. The point is not how much a result the delegates accomplished of a tangible nature,—the greatest value of the representation is the demonstration that New Jersey physicians are a kindly lot who desire to accomplish *constructive objectives.*

The following members of the Woman's Auxiliary attended the A. M. A. Convention in San Francisco in June:

Mrs. A. Haines Lippincott, Camden
Mrs. George A. Rogers, East Orange
Mrs. Frederick Kinch, Plainfield
Mrs. Harry V. Hubbard, Plainfield
Mrs. Samuel L. Salasin, Atlantic City
Mrs. Albert S. Harden, Newark
Mrs. Don A. Epler, Newark
Mrs. Harold D. Corbusier, Plainfield

The program for the training conference of officers of county societies announced for Sunday afternoon, September 11, in the Stacy-Trent Hotel is rapidly taking form. The members of county societies are responding to the appeals of their leaders and are now asking, *"What* must I do? and *how?"* They have got beyond the stage of reciting an outworn ritual, and are now ready to show their *beliefs* by their *actions.*

Every member has a personal "gift" besides that of healing. The problem of the officers is to discover and develop those gifts, and to inspire the members to apply those gifts as members of the exalted order of *the Medical Profession.* The programs of the several sections will be entirely practical and simple, and adapted to the varied temperaments of the members.

Requests frequently come to the Executive Offices for the name of a first-class physician whom the questioners may consult. The reason that the requests come to the office of the State Society is that it is listed in the telephone book, like any other organization that is in contact with the public.

The activities of the Medical Society are executive and administrative, rather than scientific and professional. The contacts of the State Medical Society with its component county units are nine-tenths of a business nature, and consist of notices, appointments, records, appeals, and other activities of a clerical nature. It is increasingly evident that every county society needs an office, a telephone, and an attendant who keeps records and answers calls and files the information that is received.

How to set up an office for the county society is an excellent topic for discussion at the Officers' Training School on September 11th.

The June issue of the Journal of the Michigan State Medical Society, p. 546, appeals to individual persons to inform the medical society of the facts regarding their failure to obtain the medical service which they need. In several counties the editors of the local newspapers have run the request as a boxed item to be filled out by the complaining person and sent to the representative of the county medical society.

The society investigates the information, and thereby gets at the true facts of the case.

This is a practical step for The Medical Society of New Jersey to consider.

COUNTY SOCIETY REPORTS

BERGEN COUNTY

LeRoy W. Black, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at Bergen Pines on Tuesday evening, May 10th, 1938, with the President, Dr. Charles L. Littwin, presiding.

SCIENTIFIC

Dr. Chevalier Jackson was introduced by Dr. Joseph Morrow and gave a description of bronchoscopy, accompanied by chalk diagrams illustrating four definite diagnostic problems which had come before his clinic. He stressed the importance of bronchoscopy in tuberculosis, and pointed out that only two per cent of their bronchoscopy work was confined to removal of foreign objects, and the balance of 98 per cent was diagnosis and treatment of disease conditions.

The second part of the program was devoted to Dr. Chevalier Lawrence Jackson, who discussed the outstanding need for bronchoscopy work in tuberculosis and also presented a group of slides on bronchoscopy work. Dr. C. L. Jackson gave a very interesting film on the technic of bronchoscopy. This program was discussed by Drs. William Greenfield, Joseph Gordon, John Olpp, A. Liva, and E. Tennis.

LEGISLATION

Dr. Alexander was asked to discuss the legislation situation, and stated that there was nothing new at this time. Dr. Littwin reminded the members that there were several letters and editorials in the local papers decrying the apathy of doctors to the legislative bill known as Bill No. 511, and urged all members to send letters to their assemblymen.

NEWS SUPPLEMENT

The Public Relations Committee was thanked for its publication of the special news supplement of May 7th, and for sponsoring the Public Health Week in Bergen County, in which all the hospitals coöperated.

NEW MEMBERS

The following physicians were elected to membership:

To regular membership—
- Ross Vilardo, of Garfield
- John L. Olpp, of Englewood (by transfer from Kings County, N. Y., Medical Society)

From junior to regular membership—
- Edmund E. Jacobitti, of Maywood
- W. F. Modrys, of Hudson Heights
- J. M. Keating, of Hillsdale

To junior membership—
- C. E. Wiegele, of Teaneck
- C. S. Ringe, of Teaneck

ELECTION OF OFFICERS

The following were elected to office for 1938-1939:
President, Dr. Chester A. King, Oradell
Vice-President, Dr. G. Milton Knowles, Hackensack
Treasurer, Dr. William K. Harryman, Hackensack
Secretary, Dr. G. Barton Barlow, Englewood
Reporter, Dr. LeRoy W. Black, Rutherford

The following delegates to the Annual Meeting of the State Society were elected:

H. B. Wilson	C. N. Dezer
F. S. Hallett	G. B. Barlow
G. W. Finke	R. K. Tether
Charles Littwin	S. B. Reich
C. A. King	

The following alternates were elected:

H. H. Vandersluis	H. R. Balze
D. B. Hull	Charles Abate
L. A. Markley	Norman Meyer
F. G. Dilger	

INAUGURATION OF PRESIDENT

Dr. King, our new President, took the chair with a brief introductory talk and an expression of appreciation to Dr. Littwin for the good work of his administration.

CAPE MAY COUNTY

Warren D. Robbins, M.D., Reporter

A special meeting of the *Cape May County Medical Society* was held on June 7th, 1938, at 9 p.m. at the Bellevue Hotel, Cape May Court House, N. J. The President, Dr. H. H. Tomlin, presided with the following members present: Drs. Bernheisel, Brooks, Corson, Crowe, Cryder, Dandois, Friedland, Gidding, Haines, Frank Hughes, Samuel Hughes, Mace, Monosson, Moon, Robbins, Tomlin, C. Way, Cameron, Jennings, Cooper and Friel.

NEW MEMBER

Dr. Jules Cooper, of Woodbine, was admitted into the Society after a favorable report by the Board of Censors.

One application for membership was received.

MEDICAL SURVEY

The Medical Survey of the A. M. A. was approved and the members agreed to coöperate and complete the survey as quickly as possible.

ADVISER TO COUNTY SOCIETY

The appointment of Dr. Thomas K. Lewis, of Camden, N. J., as adviser to the County Medical Society was endorsed.

PHYSICAL EXAMINATION FOR MARRIAGE LICENSE

The Secretary was instructed to communicate with Dr. Wilkes in regards to the interpretation of and details concerning the new laws requiring phy-

sical examinations before the issuance of a marriage license, and the taking of a Wassermann test on all pregnant women.

E. R. A.

It was moved, seconded, and carried that our Secretary notify the State Welfare Committee that our Society unanimously recommends that the old E. R. A. agreement be used as a basis for the future medical care of the indigent and low-wage group.

A committee was appointed to consult with the Board of Freeholders in reference to the handling of patients who are financially unable to pay for medical attention needed. Members of the committee are Dr. A. C. Moon, A. C. Crowe, M. Cryder, C. Way, A. J. Friedland and George Dandois.

EXAMINATION OF AUTOMOBILE DRIVERS

The Secretary was instructed to obtain from the State Society information relative to a uniform fee for examination of intoxicated drivers.

FEE SCHEDULE

The question of a minimum county fee was thoroughly discussed, and it was not thought advisable at present to establish a fee schedule. The matter was left to the physicians to decide the minimum fee in their respective localities.

CUMBERLAND COUNTY

E. S. Corson, M.D., Reporter

The *Cumberland County Medical Society* met at Ivy Manor on the afternoon of June 14th, with twenty-six members present. President Dare Woodruff presided.

BIRTH CONTROL

The subject of birth control was generally discussed. The Society went on record as not endorsing the methods of its promotors; and expressed the view that if a clinic is established, it should be supervised by the County Medical Society.

STATE SOCIETY MEETING

Dr. H. B. Walker, a delegate from Cumberland County, described the Annual Meeting of the State Society, in the Hotel Ambassador, Atlantic City, May 17-19.

NEW MEMBERS

Dr. Frank Aitken and Dr. B. Linn were elected members of the County Society. Dr. Reba Lloyd was elected an honorary member.

SCIENTIFIC

Dr. Edward Weiss, Professor of Medicine, of Temple University, was the guest speaker on the subject "High Blood Pressure".

ESSEX COUNTY

Paul H. Hosp, M.D., Reporter

President H. Roy Van Ness presided over the Annual Meeting of the *Essex County Medical Society*, held at the Academy of Medicine, Newark, on May 12th, 1938. The evening was taken up by reports of the various committees, reports of officers and the election of officers for the ensuing year.

PNEUMONIA CONTROL

Dr. Theodor Teimer reported that the Committee on Public Health had met with great success in the pneumonia control. Public health officials had been very coöperative, and he gave special mention to those of Newark, Irvington, East Orange and Montclair.

HEART COMMITTEE

Dr. Frank Weber, Chairman of the Heart Committee, reported that an educational campaign against rheumatic heart was planned for the near future. He said that the care and study of school children with this affliction was planned.

COMPENSATION LAWS

Dr. Harry Comando, Chairman of the Committee on Compensation Laws, reported that a change in the New Jersey Compensation Laws was greatly needed in the interest of injured workers and those suffering from industrial diseases. At the same time he stated the law should be fair to industry. The committee is now working on recommendations, and will not present any bill to the Legislature this year.

NUMBER OF NEW MEMBERS

The Membership Committee, headed by Dr. William Crecca, reported that this year has been the banner year for the Society for new members. Never before has this record high been attained—seventy-two members accepted.

CHILD WELFARE

The Child Welfare report, read by Dr. Minard, stated that Dr. Chester Brown, Chairman, did fine work in "The Care of the New-Born in Hospitals in the County". The rules and regulations will be published later.

BULLETIN

Dr. Henry Barkhorn reported that the Essex County Bulletin is a success. It has grown from a leaflet to a book-sized bulletin.

ELECTION OF OFFICERS

The following is the report of the election of officers:

President, David A. Kraker
First Vice-President, Royal A. Schaaf
Second Vice-President, Harry N. Comando
Secretary, Marcus H. Greifinger
Treasurer, Robert H. Rogers
Reporter, Paul H. Hosp

Councilors:

George Blackburne — Louis Schneider
William Crecca — John T. English
Wallace Hurff — Walter B. Mount

Nominating Committee to State Society:

H. Roy Van Ness
William H. Areson, Alternate

The following were elected to membership in the Society:

Berta Drapkin, 31 Lincoln Park, Newark
David B. Hoffman, 376 Bergen Street, Newark
Mario D. Ragione, 277 Clifton Avenue, Newark
I. Edward Gluckman, 78 Johnson Avenue, Newark
Joseph Metsky, 777 High Street. Newark
K. W. Thum, West Orange

To associate membership—

Abe Allen Cott, 791 S. Eleventh Street, Newark

In his acceptance speech, President David A. Kraker said: "During the coming year the County Society will have to declare its stand on the medical care of low-wage and indigent patients. Without question, this problem must be solved throughout the nation this year. As the largest county society in the State, it behooves us to express our consolidated opinion to the State at large, and to stand by our decision once it is made."

Dr. H. Roy Van Ness in his retiring remarks censured those physicians who publicly criticize organized medicine. "There is nothing to be gained by such criticism. Reformation of medical practice, where it is required, should come from within. Divide and conquer is an old political adage."

HEADQUARTERS ACTIVITIES

Dr. Kraker has had weekly meetings with the officers of the Society, and a Council meeting has been held. Planning for the coming year is in progress. Each member has received a card, to which a reply card is attached, requesting him to choose the committee upon which he would like to work on the coming year. The returns of the reply cards have been very encouraging. This is good work,—keep your interest centered in your County Society.

The Council is actively supporting the arrangements of the Committee for the Clinical Sessions of the State Medical Society to be held in Newark on the sixth and seventh days of October.

THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

Franklin J. Tobey, M.D., Secretary

The stated meeting of the *Academy of Medicine of Northern New Jersey* was held on Thursday, May 26, 1938, at the Academy, 91 Lincoln Park, South, Newark. The meeting was called to order by President Henry C. Barkhorn at nine p. m.

This being the last meeting of the season, the President asked for the reading of the annual reports of the sections. All the sections reported an increase in attendance and enthusiasm of the members for the excellent discourses given during the year.

The report of the Statistical Secretary, Dr. Edward W. Sprague, showed a growth unequalled in the history of the Academy—a gain of 103 members for the 1937-38 term. The total membership May 20, 1937, including Fellows, Junior Fellows, Life Fellows and Honorary Fellows was 472. During the year the Academy lost four by death, eleven by resignation, and two dropped for delinquency. The total membership May 26, 1938, was 558.

The President thanked Dr. Sprague for his report, and praised the Membership Committee, Dr. James B. Davidson, Chairman, for its work in securing the new Fellows. The object of this committee is to enlarge the membership to enable the Council to reduce the annual dues.

Dr. Lee W. Hughes read the Treasurer's report. The Academy is in good financial condition.

The library report showed an increase in its use by both physicians and the laity, and a general growth in books and journals.

Dr. Barkhorn introduced the guest speaker, Dr. Ralph Colp, Clinical Professor of Surgery, Columbia University. Dr. Colp's paper, "Gall-Bladder Disease as a Surgical Problem", was an instructive and comprehensive talk on this subject. The paper was discussed by Drs. Danzis, E. J. Ill, Gerendasy, Kaplan, and Casale.

HUDSON COUNTY

John N. Connell, M.D., Reporter

A regular meeting of the *Hudson County Medical Society* was held on Tuesday, May 3rd, 1938, at the Carteret Club, and was called to order by the President, Dr. W. L. Williamson, at 9:40 p. m.

PNEUMOCOCCUS SERUM

Dr. T. McG. Brennock read the following announcement:

"Pneumococcus serum, Types I, II, V, VII, VIII, may be obtained at Police Headquarters, Seventh Precinct, day or night for doctors in Jersey City. The Hudson County laboratory has the same arrangement for doctors living in other parts of Hudson County, between the hours of 9 a. m. to 4 p. m.

"The doctor must report for this service in person and execute his own personal prescription blank to receive this serum.

"Each vial contains 20,000 units, and the physician may have 40,000 units on first report, and after this he can have as much serum as patient needs; but the Health Department *must* have a record of it.

"Claudio E. McNenney, M.D.,
Chief, Medical Division, Health
Bureau, Jersey City."

HUDSON COUNTY SCHOOL PHYSICIANS COMMITTEE

1. There is a movement in various parts of the country to staff medical and inspection departments of school systems with lay people. In fact, in one of our towns in Northern New Jersey, the Medical Department of the school system is headed by a layman. Your committee believes that the Hudson County Medical Society should go on record as definitely opposed to a layman heading a Medical Department of a school system. We believe that the direction of health matters in the setting up of programs on school health work and supervision should be under the direct responsibility of a medically trained man.

2. Your committee desires a better understanding and coöperation between the family physician and the school doctor.

3. Your committee recommends the examination of pre-school-age children by school physicians. This is an important constructive step in health conservation, and helps to eliminate physical defects before the child enters the school system. It is distinctly understood that the school physician shall merely examine and make his diagnosis, and refer such children who need correction for physical defects or other medical supervision to his family physician.

4. Your committee is convinced that diphtheria immunization of school children should be carried out by the *school physicians*. Hudson County has been reported by the State Department of Health as having the highest number of diphtheria cases in the entire State. We believe that an effective campaign against diphtheria can be successfully carried out if the Hudson County Medical Society goes on record as sanctioning immunization of school children against diphtheria by school physicians.

5. Your committee wishes to go on record that it believes that no school physician should render any surgical or medical treatment in our schools excepting *first aid* in cases of emergency. Subsequent treatment, if necessary, should be carried out by the family physician, or in indigent cases, at hospital clinics.

6. Your committee shall be pleased to receive any suggestions or recommendations from the members of our County Society which will, in any way, improve the health service of our school system, and the cordial relationship between the family physician and the school physician. We shall be pleased to inform the County Society from time to time of policies and principles that may be inaugurated or contemplated in our school health service.

(Signed) J. Schapiro, M.D., *Chairman* Hudson County School Physicians Committee
M. S. Granelli, M.D.
I. Pyle, M.D.
C. E. McNenney, M.D.
T. H. Elsasser, M.D.
J. A. Angelo, M.D.
S. Chayes, M.D.
S. Selinger, M.D.

PUBLICITY COMMITTEE REPORT

During the year 1937-1938, the Publicity Committee has presented a medical program over Station WAAT every week by various members of this Society.

Requests for reprints of radio broadcasts have increased many-fold so that we can report our radio audience is larger and more enthusiastic than ever before.

Speakers have been supplied for many meetings over the entire county for civic clubs, Parent-Teacher Associations, Y. M. C. A., and many other organizations. It has been estimated that members of the Hudson County Medical Society, through your Publicity Committee, have addressed about five thousand persons at various meetings this past year.

We wish to thank, at this time, the many members who have coöperated with us in our efforts to get our story to the public.

(Signed) W. Jay Snyder, M.D.,
Chairman Publicity Committee

REPORT OF LIBRARY COMMITTEE

The Library Committee has been fully aware of its many functions:

1. The creation of a medical library is not only to promote medical education, but also to create a new center of medical activity of this Society. Dr. O'Hanlon has promised graciously not only to give ample room for a library with facilities, but also a librarian. It is to be borne in mind, however, that with the library there is a great deal of clerical work, such as stamping and registration. The preparation of catalogs is also an inevitable task. So far the following journals have been subscribed to by the County Society:

Arch. of Internal Medicine
American Journal of Diseases of Children
Arch. of Neurology and Psychiatry
Arch. of Dermatology and Syphilology
Quart. Cum. Indix Medicum
American Journal of Medical Sciences
Surgery, Gynecology and Obstetrics

Success, however, is only possible with a certain amount of publicity and the coöperation of every member of the Society. Such publicity has been started successfully, and we feel assured that if we can keep the "ball rolling", in no time we can have a satisfactory reference library at our disposal. We were very fortunate to receive a generous gift from Dr. Donald Miner, who gave us approximately 200 volumes of books, which include such items as the latest surgical loose-leaf system by Dean Lewis, loose-leaf medicine by Tice, and a set of surgical monograms, besides innumerable others revealing the remarkable spread of Dr. Miner's interest in the field of medicine. These volumes of books are in the field of pathology, anatomy, biochemistry, with the various special fields of medicine and surgery. It is unquestionable that every individual effort of the members in this direction will have far-reaching results for the further growth of the Hudson County Medical Society.

(Signed) Nicolas M. Alter, M.D.,
Chairman, Library Committee.

REPORT OF POST-GRADUATE COMMITTEE

The following is a report of the Post-Graduate Committee for the year 1937-1938: In February, 1938, a course in clinical cardiology, and another course in electro-cardiography, were given by Professor Wilhelm Dressler, of Vienna. Forty members of the Hudson County Medical Society attended these courses. The students were divided into groups of five, and in this way each one received individual instruction. In addition, Professor Dressler gave a series of ten lectures to the class.

During March and April, Dr. Hugo Roesler gave a course in cardiac fluoroscopy. This course was attended by sixteen members of our Society, and consisted in a preliminary discussion of the anatomy

and pathology of the heart as seen in x-ray films and by fluoroscopy. This was followed by individual instruction in clinical fluoroscopy, in which the members were instructed in groups of four.

We believe that in these courses we were given the advantage of instruction by two masters in their work, and those who were fortunate enough to attend the courses were well pleased.

It is suggested that in the future it would be advantageous to arrange with authorities in other branches of medicine to give clinical instruction to the members of our Society in groups of four to five, such as was arranged this year. Formal lectures are available to the Society at our monthly meetings, in addition to those frequently given at the various hospitals and societies; but there is also a great need for individual instruction such as was given this year.

(Signed) Thomas J. White, M.D.,
Chairman Post-Graduate Committee.

REPORT OF MEMBERSHIP COMMITTEE

Dr. W. T. Callery, Chairman of Membership Committee, reported that we now have 445 paid-up members, and nineteen delinquent members, for the year 1938. He stated that this is the largest paid-up membership we have had. In 1936, the membership was 388 members; in 1937, 434 members; and this year, 445.

SCIENTIFIC

Dr. Williamson introduced Dr. Marion Sulzberger, Associate Professor of Dermatology, Skin and Cancer Unit of Post-Graduate Medical School, Columbia University, who spoke on the subject "Allergy from Simple Chemicals".

Discussors: Drs. M. Shapiro, A. Weiss, P. Maras, A. Jaffin, R. Brennan. Terminated by Dr. Sulzberger.

EDUCATIONAL FUNDS

Dr. A. Weiss suggested that the delegates introduce before the House of Delegates of the Medical Society of the State of New Jersey, the care of education for children of deceased physicians. He stated that there were many doctors whom he knew who died and left their families practically destitute and the education of their children just "passed away". He felt that this was more of a State Society proposition, but that it would require the backing of the County Society. He felt that the State Society, with the aid of the Ladies' Auxiliary, could raise funds and create a fund in the manner of a loan. He stated that there are funds in many of the universities to advance money for tuition and professional education to be paid back at such a time as the recipient is able to do so.

NEW MEMBERS

The following physicians were elected to membership:

Dr. Max Braitman, West New York
Dr. Joseph Freeman, Bayonne
Dr. Harry Greene, Jersey City
Dr. David Halperin, Jersey City

One application for membership was received.

ELECTION COMMITTEE REPORT

The nominations for officers were announced by the Nominating Committee, and were unanimously elected:

President, R. L. Ballinger
Vice-President, J. F. Norton
Treasurer, H. Spence
Secretary, T. McG. Brennock
Reporter, J. N. Connell

Board of Trustees, 3 years to 1941: W. L. Williamson, E. J. Chapman

Board of Censors:
3 years to 1941, J. L. Evans
1 year to 1939, A. M. Zitani

Audit Committee, 3 years to 1941: G. F. Mangone

Publication Committee, 3 years to 1941:
H. B. Ainsley — J. C. Talty
N. L. Shulman — V. J. Sheeran
1 year to 1939, P. Kresch

Delegate to State Nominating Committee, to serve in 1939: J. F. Londrigan

Alternate to State Nominating Committee, to serve in 1939: F. J. McLoughlin

Committee on Constitution and By-Laws, 3 years to 1941: S. Kooperstein

Legislative Committee, 3 years to 1941:
S. G. Scott — E. J. Connell
H. Spence

Delegates to State Convention, 3 years to 1941:
T. McG. Brennock — S. R. Woodruff
J. A. Botti — A. J. Conty
V. P. Butler — H. Spence
W. T. Callery — A. J. Walscheid
A. W. Little — M. Shapiro
W. L. Williamson

Alternates to State Convention, 3 years to 1941:
W. W. Maver — R. J. Doran
F. Pearlstein — F. J. Pflug
A. Weiss — G. C. Lawsing
B. P. Potter — E. M. Kiely
D. D. Dougherty — J. L. Hollywood
W. T. Fifer

Election Committee, to serve in 1939:
S. G. Scott — P. J. Bonanno
L. A. Schneider — M. Shapiro
D. D. Dougherty — S. S. Schept
W. M. Doody

Maternal Welfare Committee, 3 years to 1941:
G. B. Spath — I. L. Gordon
E. G. Waters

Nominating Committee, to serve in 1939:
A. J. Conty — J. A. Botti
W. T. Callery — C. J. Larkey
E. J. Daly

The new President, Dr. R. L. Ballinger, was inducted into office by the retiring President, Dr. W. L. Williamson.

MIDDLESEX COUNTY

Louis R. Panigrosso, M.D., Reporter

The regular meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, N. J., May 25, 1938, Dr. J. V. Smith, President, presiding.

SCIENTIFIC PROGRAM

The speaker of the evening was Dr. William Klein, of New Brunswick, subject: "Cancer of the Cervix". Dr. Klein's paper was discussed by Drs. Avery, Hoffman, Kler, Berkow, Ed Klein, Copelman, McCormack and Silk.

NEW MEMBER

Dr. Hoffman was admitted to associate membership.

LEGISLATIVE COMMITTEE

Dr. Hoffman stated Bill A-511 has passed Assembly.

PUBLIC RELATIONS

Dr. Kler reported on the controversy of whether the Middlesex County Medical Society should approve or not the movie "Birth of a Baby". Dr. Kler thinks we should take the same stand as the State Society, that whoever wants to show this movie may do so,—the Middlesex County does not approve nor disapprove.

Dr. Kler stated he had the forms needed to collect the various items of information conducted by the American Medical Association for study of medical care. These forms and the bulletin are referred to the proper committee.

CHILD HEALTH

Dr. Uhr gave a brief résumé of child health meetings conducted throughout Middlesex County May 2nd, as appeared in the Bulletin.

Moved and seconded that a vote of thanks be sent to all newspapers for aid in making this progra msuccessful.

The Secretary read a letter from Dr. R. L. McKeernan, of the U. S. P. H. S., requesting the cooperation of the society in a survey of social hygiene conditions in Middlesex County by W. P. A. workers. This was referred to the Venereal Disease Committee.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

The annual meeting of the *Morris County Medical Society* was held at the Spring Brook Country Club, Morristown, on Thursday, June 16th, 1938. The afternoon was devoted to a golf tournament on the attractive course of the club, and the evening to a dinner, entertainment, and business meeting presided over by President Williams, with an attendance of about seventy-five members and guests.

ADDRESS OF DR. MORRIS

Watson B. Morris, Vice-President of The Medical Society of New Jersey, brought greetings from President Carrington, and referred to the State Survey which is to be made through the County Medical Society, and also to a post-graduate course or Clinical Congress which is to be held in Newark in the fall; also stressing the aims and efforts to obtain membership of all eligible licensed practitioners; also covering the importance of Public Relations and that Organized Medicine should enter this field rather than the various foundations and governmental agencies; citing the Pennsylvania State Medical Society plan under which 30,000 booklets "On the Witness Stand" and 50,000 "Sickness Insurance" were distributed to the public.

REPORTS OF ANNUAL MEETING

Delegates to the State Convention, Drs. Sherman, Bowers, Teller, and Teskey, reported their impressions, as did Dr. McMahon of the Nominating Committee who, among other things, referred to the new budget of $71,550 and that the State Society's share of the dues had been reduced to $14 per member. Drs. Sherman and Young of the State Welfare Committee also rendered their report.

The special report concerning the New Jersey Survey of Medical Supply and Needs was read, and a special committee to be appointed by the President was authorized to collect data and make recommendations.

PNEUMONIA

The Puhlic Health Committee reported on the plan for pneumonia control; and that free serum was now available to indigent patients and could be obtained at the Board of Health, Morristown, and Dover General Hospital.

VENEREAL CLINICS

Dr. Young, for the Venereal Control Committee, reported an offer of the State Board of Health to install new venereal disease clinics in the county in the four larger towns. This proposal was tabled until fall.

SYPHILIS TESTS

Two new laws were called to the attention of the physicians, one which requires a certificate from a physician prior to marriage, stating that the patient had received a Wassermann or other standard test for syphilis, and that it was negative or the syphilis was in a non-communicable stage, this law going into effect July 1, 1938; also another law requiring a Wassermann test on all pregnant women at the time of the first visit of the physician, which would go into effect January 1, 1939.

DUES

The Society voted to continue the dues at $20 per annum, $6 to be retained by the County Medical Society.

ELECTION

The officers recommended by the Nominating Committee were unanimously elected and the official roster now is as follows:

President, Dr. Thomas S. Thomas, Jr., Morristown
Vice-President, Dr. Ervin McElroy, Rockaway
Secretary, Dr. George J. Young, Morristown
Treasurer, Dr. John H. Harrington, Rockaway
Reporter, Dr. Marcus A. Curry, Greystone Park
Members of Executive Committee: Drs. Williams, Geary and Bowers

Delegates to the State Society, with terms expiring 1941: Drs. Young and Hogan
Alternate Delegates: Drs. Harrington, Carberry, Booth, Costello and Byrne
Member of State Nominating Committee: Dr. Bernard C. McMahon
Alternate: Dr. Byron G. Sherman

President Thomas, newly elected, was inducted as presiding officer.

LIFE MEMBERSHIP

Consideration was given to revision of Section I, Chapter 8, of the By-Laws, relating to life membership. Dr. Sherman proposed Dr. Clifford Mills, and Dr. George H. Lathrope for life membership, and the Society unanimously favored this if it were permissible under the present By-Laws. This was referred to the Executive Committee.

TYPE OF FUTURE MEETINGS

Considerable discussion was engaged in as to the type of meetings which the members most favored for the coming year. While some preferred strictly scientific meetings, others spoke of the poor attendance at this type of meeting as indicated by the recent Post-Graduate Course held at Greystone Park; therefore, the planning of the program was referred to the Executive Committee.

ADVERTISING IN TELEPHONE DIRECTORY

The matter of the County Medical Society advertising in the telephone directory was considered; but the members voted in opposition to this.

BULLETIN TO BE PUBLISHED

A sixteen-page monthly bulletin to be published by the Secretary embracing news of the County and State Societies was approved by the members, and unanimous action was taken that $10 a month be appropriated partly to cover the expenses incurred by the Secretary.

GOLF PRIZES

The afternoon golf tournament resulted in a number of winners of prizes; the low gross score by Dr. Terreri taking the first prize, a set of matched irons; the low net score with a handicap of 30 brought a set of matched woods for Dr. Gibbs. Other prizes were won by Drs. Ballinger and Brennock; and high scores and additional awards were made to Drs. Melvin, Plume, Booth, Ryman, Teller, McElroy, Comeau, Evans, Forbes, Young, Nicoll, and Ransom.

An excellent dinner and musical entertainment also was enjoyed, and it was the concensus of the members that the meeting was not only pleasant but profitable.

SUMMIT MEDICAL SOCIETY

E. H. Macpherson, M.D., Secretary

The annual meeting of the *Summit Medical Society* was held at the Nurses' Home of Overlook Hospital on May 31st, and was called to order by the President, Dr. Tidaback, with twenty-seven members and twelve guests present.

The Nominating Committee, consisting of Dr. Meeker with Drs. Steuart and Carpenter, offered the following nominations:

President, Dr. W. J. Hallock
Vice-President, Dr. R. S. Milligan
Secretary, Dr. E. H. Macpherson
Executive Committee: Drs. T. P. Ford and N. W. Burritt.

These officers were unanimously elected.

Dr. Thomas J. Minnella, of 132 Morris Avenue, Summit, was unanimously elected to membership to fill the vacancy caused by the death of Dr. Meigh, of Bernardsville. This leaves a waiting list of five applications.

Dr. Tidaback appointed Drs. Prout and Krauss as a committee to draft a joint resolution for the Summit Medical Society and the Medical Staff of Overlook Hospital regarding the passing of Dr. Josiah Meigh, of Bernardsville, on May 26th at his home. Dr. Meigh had been an early member of the Summit Medical Society and rarely failed to attend the monthly meetings. He was also on the Courtesy Staff of Overlook Hospital. (See p. 452.)

Following the election, the new President, Dr. Hallock, presided and presented Dr. William H. Lawrence, of Summit, who gave a most instructive and valuable paper on "Rhythmic Surgery", in which he outlined in great detail the many time-saving features of the crescent-shaped instrument table which he has designed, and the standardization of the procedure and instruments used in the various operations. Following the talk, Dr. Lawrence showed motion pictures comparing the present technic with that of "Rhythmic Surgery" as he is employing it at Overlook Hospital.

There were discussions by Drs. Ranson, Allen, Scranton, of Orange, and Dr. McMahon, of Morristown; Prof. Porter, Industrial Engineer, of New York University, under whom Dr. Lawrence studied Economy of Motion, and Drs. Bowles, Burritt, Miller, and Berry.

Following the meeting a collation was served.

SOCIETY OF SURGEONS OF NEW JERSEY

The Spring meeting of the Society of Surgeons of New Jersey was held on May 25th, 1938, at Hackensack, N. J. A very instructive and well-arranged series of dry clinics was given in the morning at the Hackensack Hospital. Lunch and an afternoon of golf were enjoyed at the Hackensack Golf Club at Oradell, N. J. After a short business meeting and dinner at the Golf Club, there were criticisms of the morning talks. The annual meeting will be held in Newark on January 28, 1939.

Walter B. Mount, M.D.,
Secretary.

THE WOMAN'S AUXILIARY

Atlantic County

Reported by Mrs. Morton Major

On April 5th, 1938, at a delightful dessert luncheon, the *Executive Board of the Woman's Auxiliary to the Atlantic County Medical Society* met at the home of Mrs. Daniel Reyner, 7210 Ventnor Avenue, Ventnor, N. J.

Mrs. Lawrence, President, conducted the business session, and lauded Mrs. Harry Subin, social chairman, and her committee for the excellent work they had done on the Reciprocity Tea between the Auxiliary to the Atlantic County Medical Society and the Woman's Club of Atlantic City. The affair was given at the Hotel Crillon on Tuesday afternoon, March 29th, 1938. The tea table was arranged in a very decorative fashion, and was most pleasing to the eye. Mrs. Samuel Salasin, State President of the Auxiliary to the New Jersey Medical Society; Mrs. Lawrence Wilson, President of the Auxiliary to the Atlantic County Medical Society, and Mrs. Harry Subers, President of the Woman's Club, were in the receiving line.

Dr. Clarence Andrews, of Atlantic City, was the guest speaker. His subject was "How We Get Sick; How to Get Well". His topic was most interesting, and was enjoyed by all lay members present. The affair was very largely attended.

Members present at the board meeting were: Mrs. Allan Reick, Mrs. Lawrence Wilson, Mrs. G. Ruffin Stamps, Mrs. E. H. Nickman, Mrs. Percy Joy, Mrs. Louis Feinstein. Mrs. Daniel Reyner, Mrs. Morton Major.

The *Woman's Auxiliary to the Atlantic County Medical Society* met at the Ambassador Hotel on Friday evening, April 8, 1938, at 9 p.m. The President, Mrs. Lawrence Wilson, presided at the meeting.

Mrs. G. Ruffin Stamps, a member of the local Auxiliary, reviewed the "Biography of Madame Marie Curie", by Eve Curie.

Mrs. Stamps did an excellent piece of work. The highlights of the book were presented in a most delightful fashion. Mrs. Stamps revealed the innermost thoughts and emotions of Madame and Pierre Curie, who were the first to present radium to the world.

Present were: Mrs. Allan Reick, Mrs. Ruffin Stamps, Mrs. Percy Joy, Mrs. Lawrence Wilson, Mrs. Baxter Timberlake, Mrs. David Allman, Mrs. Ily Beir, Mrs. Harry Subin, Mrs. Andrew Smith, Mrs. Daniel Reyner, Mrs. Clarence Whims, Mrs. Samuel Winn, Mrs. James H. Mason 3rd, Mrs. Robert MacDonald, Mrs. Leo Kahn, Mrs. E. Harrison Nickman, Mrs. Morton Major.

The Surf Room of the Hotel Ambassador was the scene of a tea that the Atlantic County Medical Auxiliary gave in honor of Mrs. Samuel Salasin on Tuesday afternoon, April 19th, 1938. Mrs. Salasin is a Past President of the Auxiliary to the Atlantic County Medical Society and is soon retiring as President of the Auxiliary to the New Jersey Medical Society. Her successor is Mrs. Don Epler.

Mrs. David Allman presented Mrs. Salasin with a set of airplane luggage on behalf of the Auxiliary. The guest of honor, who was attractively gowned in a navy blue ensemble to which she had pinned a cluster of orchids, thanked the group, and in a short speech told something of the early history of medical auxiliaries.

In the receiving line were: Mrs. Lawrence Wilson, President of the County Auxiliary; Mrs. Salasin, Mrs. James Hunter, Mrs. Charles Hyman, Mrs. Robert Bradley and Mrs. Percy Clark Joy. Mrs. Hunter also spoke in praise of Mrs. Salasin's work in the State organization.

Mrs. Wilson introduced Mrs. Epler, the President-Elect; Mrs. Hunter, a past State President; Mrs. Rathgeber, of Newark; Mrs. Mann, of Perth Amboy, and the following State chairmen: Mrs. Ily Beir, Mrs. David Allman, Mrs. James H. Mason, and Mrs. Carl Surran. She also expressed the Auxiliary's appreciation of the work of Mrs. Harry Subin, chairman of entertainment for the tea, and Mrs. Clarence Whims, chairman of music.

Mrs. Percy Clark Joy, of 7103 Ventnor Avenue, Atlantic City, was hostess at a luncheon for members of the Executive Board of the *Atlantic County Medical Auxiliary* at her home Tuesday afternoon, May 10th, 1938. Mrs. Lawrence Wilson presided at the business meeting.

Present were: Mrs. G. Ruffin Stamps, Mrs. Carl Surran, Mrs. Peter Marvel, Mrs. William J. Carrington, Mrs. Clifford Brown, Mrs. Daniel C. Reyner, Mrs. M. A. MacDonald, Mrs. Lawrence Wilson, Mrs. H. Nickman, Mrs. Allan Reick, Mrs. Robert Bradley, Mrs. Morton Major.

Mrs. Andrew Smith was elected President of the Auxiliary to the Atlantic County Medical Society at the final meeting on Friday evening, May 13th, 1938, in the Hotel Ambassador. She succeeds Mrs. Lawrence Wilson.

Other officers elected were: Mrs. L. M. Walker, President-Elect; Mrs. G. Ruffin Stamps, First Vice-President; Mrs. Clarence Whims, Second Vice-President; Mrs. Louis Rosenberg, Recording Secretary; Mrs. Charles Hyman, Treasurer.

Mrs. Wilson presided at the session and presented her officers and Executive Board with corsages of sweet peas and roses. Mrs. Samuel Salasin, State President, made the presentation of a plant to Mrs. Wilson from the Auxiliary. The President's Pin was presented to Mrs. Wilson by Mrs. Daniel Reyner. Corsages were received by the newly elected officers.

Hudson County

Reported by Mrs. A. C. Ruoff

A meeting of the *Woman's Auxiliary to the Hudson County Medical Society* was held at the Y. W. C. A. on Monday, May 2nd, our President, Mrs. Charles Kelley, presiding.

A business meeting was held in which our schedule for the following year was discussed. Among other things, it was decided to have our first meeting in October preceded by a Membership Luncheon.

The use of our Benevolent Fund was discussed, and it was decided to use a portion of this fund to supply the need of one of the profession.

Our Dinner Dance, for May 4th, at The Brook was discussed, and also our Play Day at White Beeches Country Club.

After the meeting adjourned ice cream and cake were served, and the Auxiliary was entertained with monologues by Miss Rosecranz, and a skit from "Tom Sawyer", by two of her pupils.

Mercer County

Reported by Mrs. L. L. Friedman

The *Woman's Auxiliary to the Mercer County Medical Society* sponsored The First Annual Dinner Dance of the Mercer County Medical Society on Thursday evening, seven o'clock, April 28th, at the Trenton Country Club. Mrs. C. Chester Chianese is the Auxiliary President.

An interesting program was arranged by the committee in charge, composed of Dr. Paul B. Reisingner, chairman; Dr. Frank A. McGuigan, Dr. William C. Ivins, and Dr. Morton L. Poyas of the Program Committee of the Society; and Mrs. H. Donald Cowlbeck, chairman; Mrs. James R. Harman, Mrs. Arthur W. Belting and Mrs. Robert G. Stone of the Program Committee of the Auxiliary.

The affair was strictly limited to the members, and about 150 were present. Ray Callahan's Orchestra played until 2 a.m. A delicious dinner was served at seven. Beautiful fresh flowers decorated the tables. Those who did not dance enjoyed cards. Lenox door prizes, and a hand-carved thermometer were awarded during the evening. Photos of various groups were taken. Another added attraction was the program of magic for entertainment.

Dr. William R. Little, President of the society, addressed the society, having as his topic "The Responsibility of the Public to the Physician". The main purpose of the dinner dance is to create good fellowship among the Society doctors and wives, and this we are happy to say has been successfully accomplished. A grand, gay time was enjoyed by all, and the Auxiliary is proud of this outstanding social success—it has established an Annual Dinner Dance.

Middlesex County

Reported by Mrs. H. L. Strandberg

A membership meeting of the *Woman's Auxiliary to the Middlesex County Medical Society* was held on April 20th, at the home of Mrs. J. H. Rowland in New Brunswick.

Plans were made for participating in the Annual Meeting of the State Auxiliary in Atlantic City on May 17 to 19.

The program of the evening included the presentation of two plays,—"White Caps", and "Beyond the Horizon".

The meeting was largely attended, with forty-one members present.

The regular monthly meeting of the *Woman's Auxiliary to the Middlesex County Medical Society* was held on Wednesday evening, May 25th, at the Nurses' Home, Perth Amboy General Hospital, Perth Amboy.

Report of the recent convention in Atlantic City were read by the President, Mrs. H. L. Strandberg.

On its final reading, the following amendment to the Constitution was adopted: "The Annual Meeting of this Auxiliary shall be held in October, with election to office the preceeding May."

Plans were made for the annual dinner which will be held on October 19th. The speaker will be Dr. Rita Finkler, Endocrinologist, of Newark. Chairmen of the affair are Mrs. M. S. Brody and Mrs. Cyril Hunter, assisted by a committee to be selected.

Mrs. R. J. Faulkingham read a paper on the purposes of the Auxiliary, which was of especial benefit to the new members.

An Executive Board meeting of the Auxiliary was held at the home of Mrs. H. L. Strandberg on Tuesday afternoon, May 31st, when plans were made for the card party to be given at her home for the Auxiliary members on Saturday afternoon, June 18th. Tea was served at the close of the meeting, and a most pleasant and profitable afternoon was enjoyed.

Somerset County

Mrs. C. F. Halsted, Reporter

The regular meeting of the *Woman's Auxiliary to the Somerset County Medical Society* was held at the Somerset Hospital Nurses' Home, Thursday evening, June 9, 1938.

The President, Mrs. Edgar T. Flint, presided.

Mrs. Lancelot Ely reported on the State Convention.

We were then invited by the doctors to hear addresses on tuberculin testing, its significance and importance, by Dr. B. S. Pollak of the Hudson County Tuberculosis Sanitorium; and Dr. A. E. Jaffin, Chairman of the Tuberculosis Committee of the State Medical Society, and staff member of the Hudson County Tuberculosis Sanitorium. Both speakers discussed the Mantoux test and its interpretations.

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INDIGESTION CURES

The A. M. A. Journal of May 14, p. 1674, carries the following editorial on Indigestion Cures:

The versatility of the quack is notorious; he commercializes epidemics and makes disease pay dividends through nostrums. In the department of *The Journal* devoted to the work of the Bureau of Investigation, attention has been called repeatedly to the number of so-called stomach remedies that have been put on the market during the past few years: "Currier's Tablets", "Kolloyd", "Pfunder's Stomach Tablets", "Tums", "Udga", "Willard's Tablets". The cause of this flood has doubtless been the increased incidence of gastric conditions associated with the worry and mental depression of the period of economic stress through which the nation has passed and is passing.

These dangers have recently been reduced to clinical entities by A. B. Rivers, of the Division of Medicine of the Mayo Clinic, who sketches the results of a survey relative to the incidence of dyspepsia among a large number of patients presenting themselves for examination. Rivers and his associates report that "about half of the men forty years of age and older, who come to us primarily because of dyspepsia, are found to have peptic ulcer, cholecystic disease or carcinoma of the gastrointestinal or accessory gastro-intestinal tract". Of women of the same age group, they reported that two out of five "are found to be suffering from gall-bladder disease, peptic ulcer or cancer of the stomach, pancreas or intestine". Every sixth man of the group was "found to have carcinoma of the stomach, pancreas or intestine".

Rivers rightly calls attention to the fact that, "Almost any evening, during the height of the radio programs, it is possible to hear four or five smooth-tongued announcers advising rapid and inexpensive methods of curing gastrointestinal difficulties. Drugstore shelves are filled with attractively displayed means of curing indigestion. The highways are bordered by signs indicating how the passers-by can quickly return to the happy state wherein they can again enjoy their food. Magazines and newspapers daily carry therapeutic advice regarding gastronomic disturbances for the benefit of their dyspeptic readers."

As Dr. Rivers says, there is a serious responsibility falling on the medical profession of "educating laymen concerning the dangers of heeding nonprofessional advice that they cure themselves of dyspeptic unhappiness, particularly if they have reached middle age". This responsibility, *The Journal* believes, the profession has not only realized but met. In season and out, week after week, and year after year for a third of a century, organized medicine has reiterated the dangers of self-drugging. But what shall be said of the responsibility of those newspaper and magazine publishers and those radio station owners—men who cannot be charged with lack of intelligence—who for a price are willing to implant in the minds of the sufferers from digestive disorders the belief that the only hope of escaping the operating table is to buy some so-called patent medicine which is advertised for "stomach ailments"?—Advt.

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EAST ORANGE	Clinton Pharmacy, 481 Central Ave.	ORange 5-6868
BLOOMFIELD	Nicholas G. Burgess, 50 Broad St.	BLoomfield 2-1006
ELIZABETH	The Oliver & Drake Druggists, 293 N. Broad St., Eliz'b'h	ELizabeth 2-1234
NEWARK	Marquier's Pharmacy, Sanford & So. Orange Aves.	ESsex 3-7721
NEWARK	Ewald Broch, 398 Central Ave.	MArket 2-0839
EAST ORANGE	Freytag-Gillbard Drug Store, 331 Main St.	ORange 5-9639

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SYNONYM FOR BENZEDRINE SULPHATE

The report on the acceptance of a synonym for benzedrine sulphate by the Council on Pharmacy and Chemistry is contained in the following article in the A. M. A. Journal of July 2, 1938, page 27:

Smith, Kline & French Laboratories inquired concerning the adoption of a descriptive synonym for their trademark, "Benzedrine", since many different terms are being used. At the suggestion of the Council, the firm agreed to adopt the term "alpha methylphenethylamine" as the descriptive chemical name for the substance introduced in therapeutics as Benzedrine. Subsequently, the firm wrote that it understood that when the chemical name is unwieldy a shorter generic name should also be recognized, and suggested "alphametamine" as the coined generic name for alpha methylphenethylamine. The Committee on Nomenclature preferred "amphetamine" to avoid possible misinterpretations of the firm's term. In reply to this suggestion, the firm wrote:

"This name (amphetamine) is entirely acceptable to us, and we feel that there will be no confusion with any existing names or trade marks."

The Council therefore adopted the name "Amphetamine" as the nonproprietary synonym for Benzedrine, and "Amphetamine Sulfate" as the synonym for Benzedrine Sulfate.—Advt.

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The A. M. A. Journal of March 20, 1937, p. 972, contains the following description of pillow casings for protecting asthma patients from the contents of the pillows: Manufacturer: Allergen-Proof Encasings, Inc., 4046 Superior Avenue, Cleveland.

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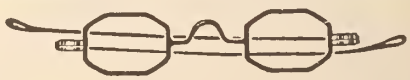

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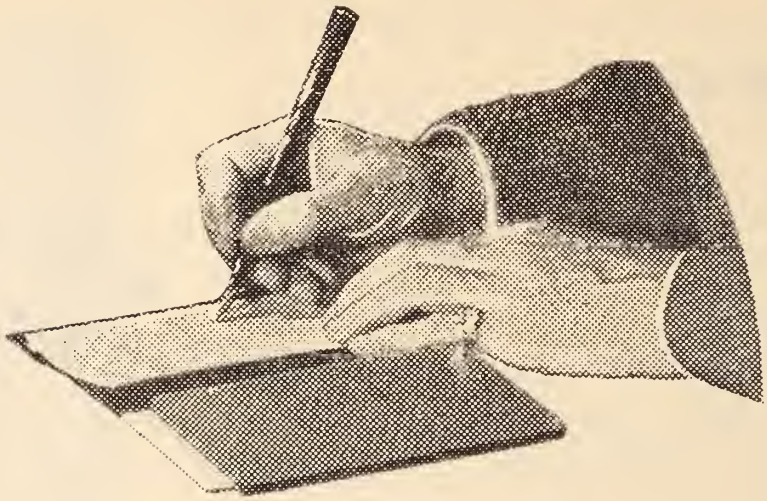

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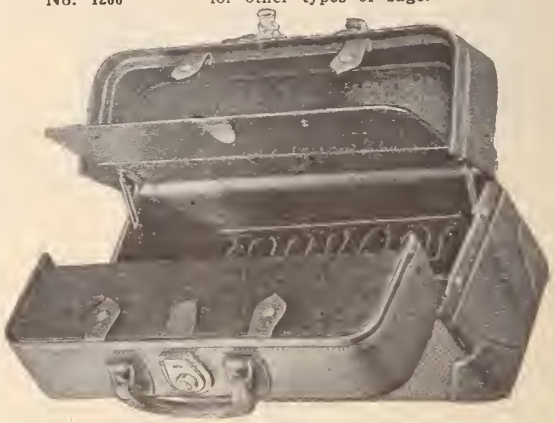

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Miss Margaret Ashmun, R.N., *President*
Orange Memorial Hospital, Orange, New Jersey
Tel. Orange 5-1100

THE MEDICAL SOCIETY OF NEW JERSEY

COMMITTEES,—THEIR MEMBERS AND DATES OF MEETINGS,—FOR THE YEAR BEGINNING MAY 19, 1938

WILLIAM J. CARRINGTON, Atlantic City, President and Ex-Officio Member of Each Committee —By-Laws, Chapt. VI, Sect. 1

Adult Health Supervision

Herschel Stratton Murphy, *Chairman* .....Roselle
William Henry Varney, *Vice-Chairman* .....Washington
Edwin Grafing Dewis .....Interlaken
Robert Martin Grier .....Pleasantville
Edward Caffron Klein .....Newark
Watson Budlong Morris, *Consultant* .....Springfield

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Annual Meeting

Charles Butcher Kaighn, *Chairman* .....Atlantic City
Clarence Ladelle Andrews, Chairman, Sub-Com. on Scientific Program .....Atlantic City
Asher Yaguda, Chairman, Sub-Com. on Scientific Exhibits .....Newark
Thomas McGrath Brennock .....Jersey City
John Clifford Clark .....Asbury Park
William John Carrington, *Consultant* .....Atlantic City

Meetings

Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Auxiliary Medical Service

William Wallace Maver, *Chairman* .....Jersey City
Samuel Barbash, *Vice-Chairman* .....Atlantic City
Arturo Raymond Casilli .....Elizabeth
Eugene Garfield Herbener .....Lakewood
Sigurd Walter Johnsen .....Passaic
Jerome Howard Samuel .....Newark
Walter Albert Taylor .....Trenton
Alfred Stahl, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Cancer Control

William Gettier Herrman, *Chairman* .....Asbury Park
Henry Boylan Orton, *Vice-Chairman* .....Newark
Harold Stern Davidson .....Atlantic City
Ellwood Emerson Downs .....Woodbury
John Butler Faison .....Jersey City
Otto Rudolph Holters .....Asbury Park
Joseph Henry Kler .....New Brunswick
Charles B. Woodman .....Morristown
Thomas Benjamin Lee, *Consultant* .....Camden

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Child Health

Stanley Nichols, *Chairman* .....Long Branch
Walter Blair Stewart, *Vice-Chairman* .....Atlantic City
Arthur Fowler Ackerman .....Summit
Ernest Garfield Hummel .....Camden
Irving Okin .....Passaic
Louis Charles Rosenberg .....Newark
Aldrich Clements Crowe, *Consultant* .....Ocean City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Constitution and By-Laws

James Francis Norton, *Chairman* .....Jersey City
David Kraker, *Vice-Chairman* .....Newark
Herbert William Nafey .....New Brunswick
George N. J. Sommer .....Trenton
David H. Bartine Ulmer .....Moorestown
Frederic James Quigley, *Consultant* .....Union City

Meetings

Trenton.....Aug. 7, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.

Contract Practice

Reuben Lore Sharp, *Chairman* .....Camden
L. Samuel Sica, *Vice-Chairman* .....Trenton
Frank William Ash .....Paterson
John Norman Connell .....Jersey City
John George Decker .....Hasbrouck Heights
Henry Haywood .....New Brunswick
Harvey Theodore Herold .....Newark
Edward Frederick Klein .....Perth Amboy
Jennings Howard Hornberger, *Consultant* .....Roebling

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Crippled Children

Babclay Wellington Moffat, *Chairman* .....Red Bank
Elmer Peter Weigel, *Vice-Chairman* .....Plainfield
Oswald Rudolph Carlander .....Camden
Frederick George Dilger .....Hackensack
William Greenfield .....Hackensack
Emanuel Harrison Nickman .....Atlantic City
Toufick Nicola .....Montclair
Herbert William Nafey, *Consultant* .....New Brunswick

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Finance and Budget

HARRY ROSS NORTH, *Chairman* (1939) .....Trenton
HERSCHEL PETTIT (1942) .....Ocean City
WELLS PHILLIPS EAGLETON (1943) .....Newark
ANDREW FRANCIS MCBRIDE (1941) .....Paterson
DAVID B. ALLMAN .....Atlantic City
HENRY SPENCE .....Jersey City
ELIAS JOSEPH MARSH, Ex-Officio .....Paterson

Honorary Membership

LANCELOT ELY, *Chairman* .....Somerville
EPHRAIM ROLAND MULFORD .....Burlington
FREDERIC JAMES QUIGLEY .....Union City
No meetings, work carried on by correspondence.

Hospital Relationships

SPENCER TREADWELL SNEDECOR, *Chairman* .....Hackensack
WILLIAM H. A. WARNER, *Vice-Chairman* .....East Orange
HENRY BRISTOL DECKER .....Camden
FLORENTINE MILTON HOFFMAN .....New Brunswick
CHARLES HYMAN .....Atlantic City
ELTON WALLACE LANCE .....Rahway
GEORGE O'HANLON .....Jersey City
THOMAS KRAPFEL LEWIS, *Consultant* .....Camden

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Industrial Injuries and Occupational Diseases

J. IRVING FORT, *Chairman* .....Newark
LESLIE EDWIN MYATT, *Vice-Chairman* .....Bridgeton
CHARLES LITTWIN .....Teaneck
TRAUGOTT JOHN SCHUCK .....Hoboken
JAMES HERBERT SPENCER, JR. .....Franklin
WILLIAM FRANCIS COSTELLO, *Consultant* .....Dover
HENRY HOWARD KESSLER, *Technical Adviser,* representing Commissioner J. J. Toohey, N. J. Dept. of Labor..Newark
ROY GRIFFITH, *Technical Adviser,* representing the Manufacturers' Association of New Jersey .....Glen Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Legislation

BERTHOLD STEINBACH POLLAK, *Chairman* .....Secaucus
CHARLES HENRY MITCHELL, *Vice-Chairman* .....Trenton
WENDALL JONES BURKETT .....Pitman
HERBERT ROY VAN NESS .....Newark
WILLIAM CRANE WILENTZ .....Perth Amboy
SAMUEL ALEXANDER, *Consultant* .....Park Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
Others at call of Chairman

Maternal Welfare

ARTHUR WALTER BINGHAM, *Chairman* .....East Orange
JOHN CARLISLE BROWN, *Vice-Chairman* .....Atlantic City
SAMUEL ALLISON COSGROVE .....Jersey City
GEORGE BURTON GERMAN .....Camden
CARL HALLER ILL .....Newark
JULIUS LEVY .....Newark
ROBERT ABBE MACKENZIE .....Asbury Park
WALTER BARCLAY MOUNT .....Montclair
JAMES HARRIS UNDERWOOD .....Woodbury
JAMES WERES .....Alpha
HARRISON BETTS WILSON .....Hackensack
THOMAS BENJAMIN LEE, *Consultant* .....Camden

Meetings

Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
January, 1939, Joint Meeting with County Maternal Committees and Field Physicians; date, hour, and place to be selected by Chairman, Dr. Bingham.

Medical Care of Indigent and Low-Wage Group

GEORGE WASHINGTON FITHIAN, *Chairman* .....Perth Amboy
DAVID WRIGHT GREEN, *Vice-Chairman* .....Salem
FRANK L. FIELD .....Far Hills
DANIEL LEO HAGGERTY .....Trenton
WARREN DAVID ROBBINS .....Cape May
BYRON GRANT SHERMAN .....Morristown
EDWARD MATHIAS ZEH HAWKES, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Medical Defense and Insurance

CHRISTOPHER CHARLES BELING, *Chairman* .....Newark
JOSEPH WALLACE HURFF, *Vice-Chairman* .....Newark
JOHN CHARLES MCCOY .....Paterson
GEORGE THOMAS TRACY .....Beverly
WILLIAM CARTER WESCOTT .....Atlantic City
WELLS PHILLIPS EAGLETON, *Consultant* .....Newark

Meetings

Atlantic City....May 19, 1938.....4 p. m.
Interim meetings at the call of Chairman
Trenton.....Apr. 16, 1939.....4 p. m.

Medical Practice

DAVID BACHARACH ALLMAN, *Chairman* .....Atlantic City
SPENCER TREADWELL SNEDECOR, *Vice-Chairman*....Hackensack
HARRY NOAH COMANDO .....Newark
GEORGE WASHINGTON FITHIAN .....Perth Amboy
JACOB IRVING FORT .....Newark
WILLIAM WALLACE MAYER .....Jersey City
REUBEN LORE SHARP .....Camden
CHESTER ISAAC ULMER .....Gibbstown
ANTHONY CHARLES ZEHNDER .....Newark
THOMAS KRAPFEL LEWIS, *Consultant* .....Camden

Meetings

Atlantic City....May 19, 1938.....4 p. m.
Trenton.....Apr. 16, 1939.....4 p. m.
For meeting of Advisory Committees see their schedules

Mental Hygiene

JAMES STUART PLANT, *Chairman* .....Newark
MARCUS ALBERT CURRY, *Vice-Chairman* .....Greystone Park
WILLIAM COLE DAVIS .....Atlantic City
BARCLAY STOKES FUHRMANN .....Flemington
ALLEN GILBERT IRELAND .....Trenton
EDWARD SHEAFE KRANS .....Plainfield
CLARENCE MORTON TRIPPE .....Asbury Park
HERBERT WILLIAM NAFEY, *Consultant* .....New Brunswick
AMBROSE DOWD, *Technical Adviser,* representing Commissioner Ellis, N. J. Department of Institutions and Agencies .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
One or two other meetings at call of Chairman

Nursing and Nursing Education

ANTHONY CHARLES ZEHNDER, *Chairman* .....Newark
GEORGE MILTON KNOWLES, *Vice-Chairman* .....Hackensack
HORACE WESLEY JACK .....Camden
VICTOR KNAPP .....Asbury Park
FRANK LESLIE PERRY .....Woodstown
HARRY SUBIN .....Atlantic City
THOMAS J. FRANCIS WALSH .....Elizabeth
WELLS PHILLIPS EAGLETON, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Pharmaceutical Problems

Chester Isaac Ulmer, *Chairman* ..... Gibbstown
Reeve Leslie Ballinger, *Vice-Chairman* ..... Arlington
Jacob John Mann ..... Perth Amboy
Merwin Lester Hummel ..... Merchantville
Charles Joseph Murn ..... Paterson
Daniel Woolsey Teller, Jr. ..... Morristown
Ralph King Hollinshed, *Consultant* ..... Westville

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Pneumonia Control

Robert Anthony Kilduffe, *Chairman* ..... Atlantic City
Thomas Michael Kain ..... Camden
Henry Paul Dengler ..... Springfield
Marshall Flower Lummis ..... Pitman
Frederick Thomas Vosburgh ..... Passaic
Ralph King Hollinshed, *Consultant* ..... Westville
William MacDonald, *Technical Adviser,* representing Dr. J. Lynn Mahaffey, Director N. J. Department of Health ..... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Post-Graduate Education

David Fuller Bentley, *Chairman* ..... Haddonfield
Stuart Zeh Hawkes, *Vice-Chairman* ..... Newark
Albert William Pigott ..... Skillman
Ernest Francis Purcell ..... Trenton
Hammell Pierce Shipps ..... Delanco
Sloan Griffin Stewart ..... Atlantic City
Clarence Wilton Way ..... Sea Isle City
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.

Public Health

Stanley Nichols, *Chairman* ..... Long Branch
Frederic William Lathrop, *Vice-Chairman* ..... Plainfield
Arthur Walter Bingham ..... East Orange
Charles Byron Blaisdell ..... Long Branch
Jacob Irving Fort ..... Newark
Ernest Garfield Hummel ..... Camden
Allen Gilbert Ireland ..... Trenton
Abraham Ezra Jaffin ..... Jersey City
Robert Anthony Kilduffe ..... Atlantic City
Isaac Warner Knight ..... Pitman
Julius Levy ..... Newark
Barclay Wellington Moffat ..... Asbury Park
Herschel Stratton Murphy ..... Roselle
Henry Boylan Orton ..... Newark
James Stuart Plant ..... Newark
Elbert Stetson Sherman ..... Newark
Theodor Teimer ..... Newark
Edward Mathias Zeh Hawkes, *Consultant* ..... Newark

Technical Advisers

Ellen Potter and Emil Frankel, representing Wm. G. Ellis, N. J. Dept. Institutions and Agencies.
Henry Howard Kessler, representing J. J. Toohey, N. J. Dept. of Labor.
William MacDonald, representing Director Mahaffey, N. J. Dept. of Health.
Howard Dare White, representing Director Elliott, N. J. Dept. of Public Instruction.

Meetings

Long Branch.... July 10, 1938..... 3 p. m.
Newark..... Sept. 7, 1938..... 3 p. m.
Newark..... Oct. 5, 1938..... 3 p. m.
Newark..... Nov. 2, 1938..... 3 p. m.
Newark..... Dec. 7, 1938..... 3 p. m.
Newark..... Jan. 4, 1939..... 3 p. m.
Newark..... Feb. 1, 1939..... 3 p. m.
Newark..... Mar. 1, 1939..... 3 p. m.
Newark..... Apr. 5, 1939..... 3 p. m.
Newark..... May 3, 1939..... 3 p. m.

Public Relations

Joseph Henry Kler, *Chairman* ..... New Brunswick
Joseph Berkeley Gordon, *Vice-Chairman* ..... Marlboro
George Barton Barlow ..... Englewood
Edgar Parmele Cardwell ..... Newark
Homer Isaac Silvers ..... Ventnor
Jacob Allen Yager ..... Paterson
Elias Joseph Marsh, *Consultant* ..... Paterson

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Publication

Henry C. Barkhorn, *Chairman* ..... Newark
Edward Joseph Ill ..... Newark
James Lawrence Evans ..... North Bergen
William John Carrington, Ex-Officio ..... Atlantic City
Alfred Stahl, Ex-Officio ..... Newark
Frank Overton, Editor ..... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Newark..... July 27, 1938..... 4:30 p. m.
Newark..... Aug. 31, 1938..... 4:30 p. m.
Newark..... Sept. 28, 1938..... 4:30 p. m.
Newark..... Oct. 26, 1938..... 4:30 p. m.
Newark..... Nov. 23, 1938..... 4:30 p. m.
Newark..... Dec. 28, 1938..... 4:30 p. m.
Newark..... Jan. 25, 1939..... 4:30 p. m.
Newark..... Feb. 22, 1939..... 4:30 p. m.
Newark..... Mar. 29, 1939..... 4:30 p. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Exhibits

Asher Yaguda, *Chairman* ..... Newark
James Gordon Boyes, *Vice-Chairman* ..... Plainfield
Nicholas Mark Alter ..... Jersey City
William Wolf Hersohn ..... Atlantic City
Luther Agustus Markley ..... Teaneck
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Program

Clarence Ladelle Andrews, *Chairman* ..... Atlantic City
Robert Speer Gamon, *Vice-Chairman* ..... Camden
Louis Charles Lange ..... Weehawken
Harrison Stanford Martland ..... Newark
Paul Bryson Reisinger ..... Trenton
William John Carrington, *Consultant* ..... Atlantic City

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Study of Sterilization

Charles Wright MacMillan, *Chairman* ..... Passaic
Samuel Emlen Stokes, *Vice-Chairman* ..... Moorestown
Walter John Farr ..... Teaneck
Theodore Russell Robie ..... East Orange
Alfred Frederick Sferra ..... Bound Brook
Samuel Alexander, *Consultant* ..... Park Ridge

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Traffic Accidents

ELBERT STETSON SHERMAN, *Chairman* .....Newark
MILLARD FREEMAN SEWALL, *Vice-Chairman* .....Bridgeton
THOMAS SIMON PADDOCK FITCH .....Plainfield
CHRISTIAN PETER SEGARD .....Leonia
GEORGE JOHN YOUNG .....Morristown
JESSE LYNN MAHAFFEY .....Haddonfield
WATSON BUDLONG MORRIS, *Consultant* .....Springfield
ARNOLD VEY, *Technical Adviser*, representing A. W. Magee, Commissioner of Motor Vehicles of N. J...Trenton

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Tuberculosis

ABRAHAM EZRA JAFFIN, *Chairman* .....Jersey City
SAMUEL BUDD ENGLISH, *Vice-Chairman* .....Glen Gardner
NORMAN WYVELL BURRITT .....Summit
LEO BERTHIER DRAKE .....Franklin
CLYDE M. FISH .....Pleasantville
MARCUS WARD NEWCOMB .....Browns Mills
HAROLD SIMON HATCH .....Morristown
JOHN EDMUNDS RUNNELLS .....Scotch Plains
HARRY BURTON WALKER .....Vineland
FREDERIC JAMES QUIGLEY, *Consultant* .....Union City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Venereal Disease Control

CHARLES BYRON BLAISDELL, *Chairman* .....Long Branch
MARSHALL DAVIS HOGAN .....Boonton
BAXTER ALFONSO LIVENGOOD .....Swedesboro
STANLEY MARTIN MCGEEHAN .....Atlantic City
ROBERT RAYMOND SELLERS .....Newark
STANLEY R. WOODRUFF .....Jersey City
WILLIAM FRANCIS COSTELLO, *Consultant* .....Dover
ARTHUR JAY CASSELMAN, *Technical Adviser*, representing Dr. Jesse Lynn Mahaffey, Director of N. J. Dept. of Health .....Camden

Meetings

Trenton.....June 5, 1938 .....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Welfare

HILTON SHREVE READ, *Chairman* .....Ventnor
WILLIAM JOHN CARRINGTON, Ex-Officio .....Atlantic City
ALFRED STAHL, Ex-Officio .....Newark
DAVID BACHARACH ALLMAN .....Atlantic City
FRANK WILLIAM ASH .....Paterson
GEORGE BARTON BARLOW .....Englewood
ARTHUR WALTER BINGHAM .....East Orange
CHARLES BYRON BLAISDELL .....Long Branch
WENDALL JONES BURKETT .....Pitman
NORMAN WYVELL BURRITT .....Summit
EDGAR PARMELE CARDWELL .....Newark
HARRY NOAH COMANDO .....Newark
MARCUS ALBERT CURRY .....Greystone Park
WALTER JOHN FARR .....Teaneck
FRANK L. FIELD .....Far Hills
GEORGE WASHINGTON FITHIAN .....Perth Amboy
JACOB IRVING FORT .....Newark
BARCLAY STOKES FUHRMANN .....Flemington
JOSEPH BERKELEY GORDON .....Marlboro
DAVID WRIGHT GREEN .....Salem
DANIEL LEO HAGGERTY .....Trenton
HENRY HAYWOOD .....New Brunswick
EUGENE GARFIELD HERBENER .....Lakewood
WILLIAM GETTIER HERRMAN .....Asbury Park
ERNEST GARFIELD HUMMEL .....Camden
ALLEN GILBERT IRELAND .....Trenton
ABRAHAM EZRA JAFFIN .....Jersey City
SIGURD WALTER JOHNSEN .....Passaic
ROBERT ANTHONY KILDUFFE .....Atlantic City
JOSEPH HENRY KLER .....New Brunswick
ISAAC WARNER KNIGHT .....Pitman
FREDERIC WILLIAM LATHROP .....Plainfield
JULIUS LEVY .....Newark
CHARLES LITTWIN .....Teaneck
JOSEPH FRANCIS LONDRIGAN .....Hoboken
CHARLES WRIGHT MACMILLAN .....Passaic
JACOB JOHN MANN .....Perth Amboy
WILLIAM WALLACE MAVER .....Jersey City
CHARLES HENRY MITCHELL .....Trenton
BARCLAY WELLINGTON MOFFAT .....Red Bank
HERSCHEL STRATTON MURPHY .....Roselle
LESLIE EDWIN MYATT .....Bridgeton
STANLEY HETFIELD NICHOLS .....Long Branch
JAMES FRANCIS NORTON .....Jersey City
BERTHOLD STEINBACH POLLAK .....Secaucus
WARREN DAVID ROBBINS .....Cape May
MILLARD FREEMAN SEWALL .....Bridgeton
TRAUGOTT JOHN SCHUCK .....Hoboken
REUBEN LORE SHARP .....Camden
BYRON GRANT SHERMAN .....Morristown
HOMER ISAAC SILVERS .....Ventnor
SPENCER TREADWELL SNEDECOR .....Hackensack
JAMES HERBERT SPENCER, JR. .....Franklin
SAMUEL EMLEN STOKES .....Moorestown
THEODOR TEIMER .....Newark
CHESTER ISAAC ULMER .....Gibbstown
HERBERT ROY VAN NESS .....Newark
HARRY BURTON WALKER .....Vineland
JAMES WERES .....Alpha
WILLIAM CRANE WILENTZ .....Perth Amboy
JACOB ALLEN YAGER .....Paterson
GEORGE JOHN YOUNG .....Morristown
ANTHONY CHARLES ZEHNDER .....Newark

Meetings

Trenton.....June 5, 1938.....1 p. m.
Trenton.....Oct. 2, 1938.....1 p. m.
Trenton.....Dec. 4, 1938.....1 p. m.
Trenton.....Feb. 19, 1939.....1 p. m.
Trenton.....Apr. 16, 1939.....1 p. m.

Woman's Auxiliary

GUSTAV AUGUST BRAUN, *Chairman* .....Newark
WILLIAM KING CAMPBELL, *Vice-Chairman* .....Long Branch
LOUIS FEINSTEIN .....Atlantic City
GERALD ELLSWORTH MCDONNEL .....Mt. Holly
JOSEPH ROWLETT MORROW .....Ridgewood
ALDRICH CLEMENTS CROWE, *Consultant* .....Ocean City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Workmen's Compensation

HARRY NOAH COMANDO, *Chairman* .....Newark
JOSEPH FRANCIS LONDRIGAN, *Vice-Chairman* .....Hoboken
WILLIAM KLIPSTEIN HARRYMAN .....Hackensack
V. EARL JOHNSON .....Atlantic City
HENRY HOWARD KESSLER .....Newark
CEDRIC C. CARPENTER .....Summit
FREDERICK WILLIAM SHAFER .....Camden
DANIEL F. FEATHERSTON .....Asbury Park
ANDREW FRANCIS MCBRIDE, *Consultant* .....Paterson
STEPHEN J. LORENZ, *Technical Adviser*, representing J. J. Toohey, N. J. Dept. of Labor .....Trenton
ROY GRIFFITH, *Technical Adviser*, representing the Manufacturers' Association of N. J. .....Glen Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

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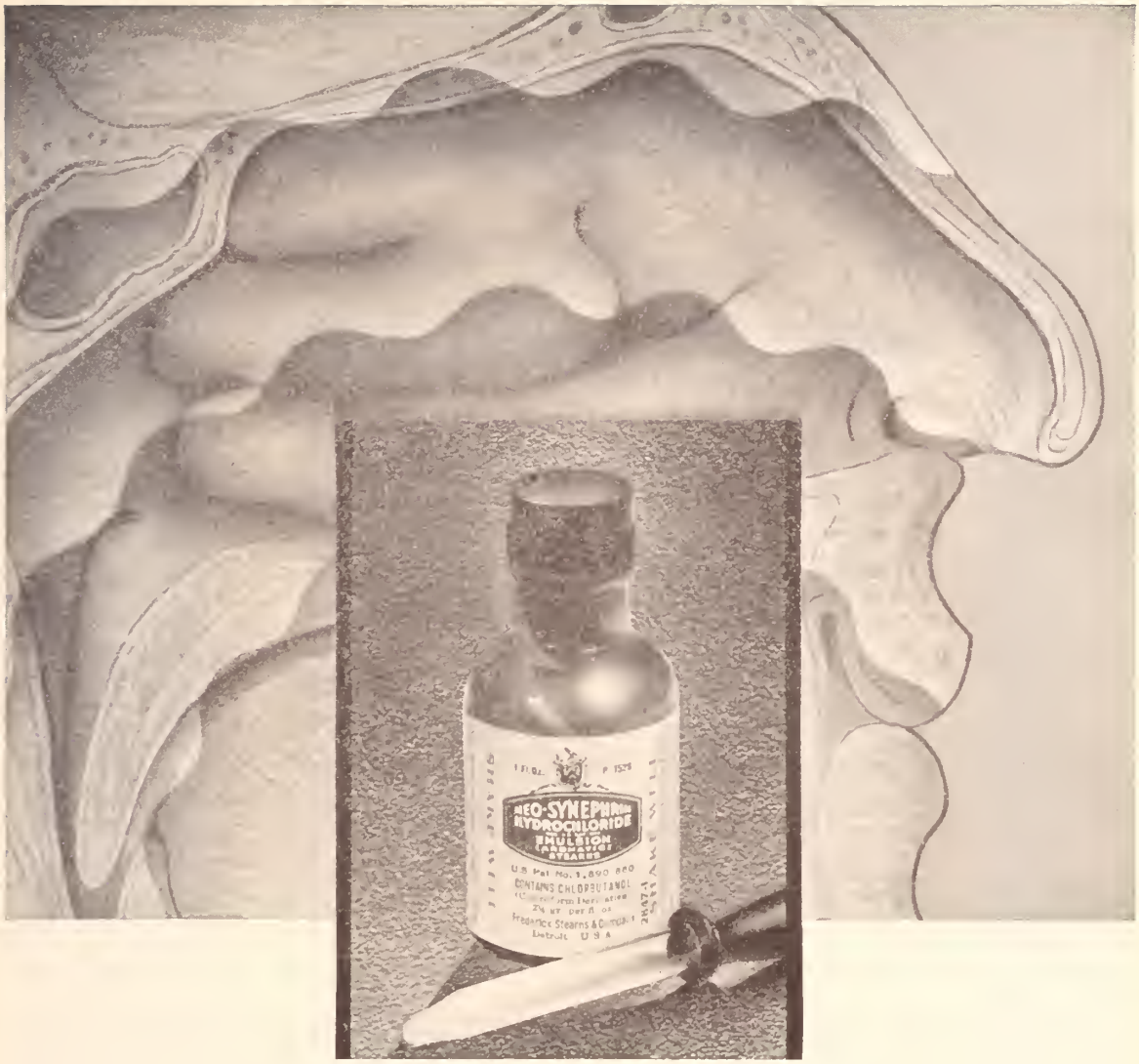

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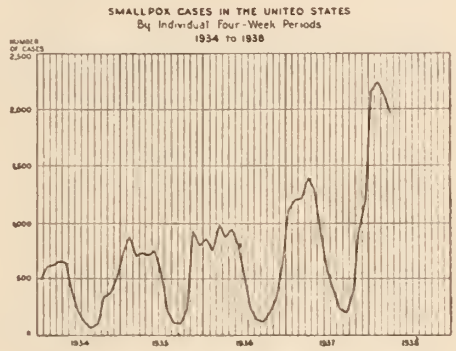

From the Statistical Bulletin, Metropolitan Life Ins. Co., 19: No. 5 (May) 1938.

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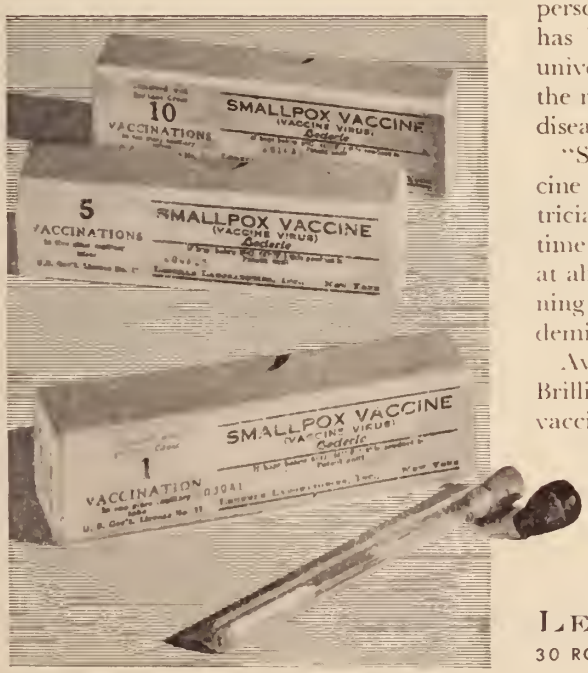

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BASIC OPERATIONS IN COMMERCIAL CANNING PROCEDURES

VI. COOLING THE TIN CONTAINER AFTER THERMAL PROCESSING

● On this page we have previously described certain basic operations in commercial canning procedures. These have included cleansing of the raw material; blanching; exhausting or pre-heating; sealing the tin container; and thermal processing of the sealed container. In this—the last of this series—we shall discuss the final basic operation, namely, the cooling of the sealed can immediately after the heat process.

One main reason for rapid and thorough cooling of the can contents—as soon as the objective of the heat treatment has been fulfilled—is more or less self-evident. Prompt cooling checks the action of the heat and thus prevents undue softening in texture or change in color of the food. Also important, particularly in the case of foods of an acid nature, is the prevention of excessive chemical action between the food and the metal container, which may occur if the contents of the can remain hot for an extended period of time. In modern practice, two types of cooling are commonly used, namely, air cooling and water cooling.

Air cooling, as the name implies, involves cooling of the tin container by facilitating radiation of its heat into the air. This type of cooling is adaptable to certain products in small cans. In other products, or in the case of larger cans, it is employed chiefly when the slower loss of heat, characteristic of this cooling method, is essential either for preservation of the food, or for the production of certain quality characteristics in the final product. Modern air cooling is accomplished in well ventilated, specially designed warehouses where the cans are piled in rows, allowing ample space between rows for efficient air circulation.

The several methods of water cooling and the technique by which they are carried out are detailed elsewhere (1). Briefly, water cooling may be effected in a variety of ways. The hot cans may be cooled by admitting water into the retort in which they were processed, or they may be cooled after removal from the retort by conveying the cans through tanks of cold, running water or through cold water showers. Large size, or irregularly shaped cans—processed under steam pressure—must be cooled in the closed retort at the end of the process to avoid undue strain on the containers. This is accomplished by "pressure cooling" in which pressure is maintained in the retort during the cooling of the cans, to counterbalance the pressure which develops during the process within the can itself. Commercially, cans are water-cooled to about 100°F. so that enough residual heat remains to dry the can exterior.

Present day canners are fully aware of the importance of cooling their products rapidly and completely as soon as the process is completed, in order to insure the production of canned foods with high quality characteristics. Consequently, in modern canneries the cooling operations are strictly supervised like the other basic operations in the commercial canning procedure. After inspection and labeling, the cooled cans are then ready to enter distribution channels for delivery to the consumer.

In this series of six discussions, we have attempted not only to describe the basic steps in commercial canning procedures, but also to explain their purposes. We trust this series may help bring a better understanding of this important method of food preservation.

AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

(1) 1936. A Complete Course in Canning, 6th Ed. The Canning Trade, Baltimore.

This is the thirty-ninth in a series of monthly articles, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research. We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.

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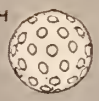
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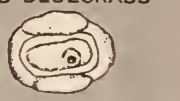
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Volume XXXV.
Number 8

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

Under the
Direction of the
Committee on Publication

Editor of
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Frank Overton, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
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Executive Officer—LeRoy A. Wilkes, M.D.
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Vol. XXXV, No. 8 August, 1938 Subscription, $3.00 per Year
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EDITORIALS

A Continuing Administration

It has been the custom to consider the summer months as times of vacation for the medical societies as well as their individual members; but now it is realized that any project requires weeks of preparation as well as a few days of execution.

The annual meeting has been considered as the end of a year of administration, when the officers give an account of their stewardship, and then await the announcement of plans for the new year by their successors. It is now realized that progress is not dependent on the spasmodic efforts of officers who have no assurance that their plans will be further developed by the incoming group of officers. Today, each annual meeting is a milestone monument in a continuing administration. The periodic meetings of the Welfare Committee are also milestones in the transaction of business whose bulk equals that accomplished in annual meetings of a few years ago.

The officers and committeemen of the State Society—some three hundred in number—know no vacation time. The joy of accomplishments and the keen anticipation of still greater results is their inspiration to make their summer's work in the interests of the Medical Society an enjoyable avocation; and their association with congenial fellow-workers, a social pleasure.

President Carrington had taken wise advantage of his year of service as President-Elect to develop his plans for the coming year along the lines of his immediate predecessors, and thereby to insure a continuing administration of the State Society. In this respect he has demonstrated the wisdom of electing the President a year in advance of his actual assumption of office. Evidence of the approval of his associated officers and committeemen is their response to invitations to state their plans and objectives as editorials in The Journal, four of which appeared in June, four in July, and four in this issue; and the schedule of future editorials is already announced.

The continuity of the State Administration is shown by the fact that the "Transactions", which are in fact a record of Dr. Herrman's administration, are issued as a supplement to this, the August, number of the Journal. It is perforated so that it may be easily bound with the Journals of the current six months.

Hospitalization Insurance

Being sick was formerly a simple procedure. The patient went to bed and was given symptomatic treatment, and the result was left to Nature. None except the really poor went to the hospital. Even for the poor, hospitals were not numerous.

INCREASE IN LABORATORY COSTS

Gradually, with the development of modern surgery, hospitals became necessary for *surgical* patients. Furthermore, as x-ray and other diagnostic and therapeutic measures of the laboratory multiplied and became highly technical, the best treatment of certain medical cases, and of obstetrical also, required hospitalization. Because of the increasing number and the complexity of laboratory procedures, and the variety and high cost of laboratory equipment, in addition to the necessary salaried laboratory personnel, the cost of hospital services has increased, unavoidably.

So it came about that, although hospitalization had become necessary for the sick of all classes of people, only two classes could obtain it, namely, the well-to-do, who could pay for it, and the poor, who received it for nothing. For the great mass of people between these two classes, hospitalization became difficult or impossible. Although they may have been entirely self-supporting and may have budgeted their ordinary living expenses, they could not make provision for the high cost of hospital care.

Thus hospitalization insurance was introduced so as to bring necessary hospitalization within the reach of *low-income classes* of our population. This primary purpose, that of providing a necessary service for those with small incomes, must be kept clearly in mind.

Cheapening of hospitalization is not the purpose of the plan. The cost of hospitalization can not be cheapened, except as the result of income derived from greatly increased endowments, or from other similar sources. It follows, therefore, that hospital insurance should be available only to the low-income classes. Those able to pay should be charged full private-patient rates.

BENEFITS TO HOSPITAL AND PHYSICIAN

There are two results of hospitalization insurance, distinct from its primary purpose, that are very desirable by-products:

1. To hospitals it brings an income which, though slightly less than the per capita cost, allows these hospitals to spread fixed administrative costs among a greater number of patients, and thus reduce the per capita cost.

2. It increases the probability that the patient will be able to compensate his physician, for the patient will leave the hospital without the necessity of having drawn upon whatever reserves he may have.

There is some uncertainty and variability in the operation of the plan as to just what should be included in the term "Hospitalization". One of the contentions of the medical profession is that hospitals should not compete with physicians in delivering medical services; and that, therefore, inclusion of physicians' services, such as the reading of x-ray plates, should not be included in the plan. In order to give authority to this principle and to avoid ambiguity, the House of Delegates of the American Medical Association, at its annual meeting in 1937, included among its ten principles the recommendation that the contract should limit the hospital services explicitly to "Bed, board, operating room, medicines, surgical dressings, and general nursing care".

EXPERIENCE IN NEW JERSEY

Hospitalization insurance has apparently come to stay. In our own state, it was first tried in one county, Essex. The results have been so satisfactory to the public, to physicians, and to hospitals, that steps have now been taken to extend its application throughout the state.

Public-spirited laymen brought the plan to New Jersey, and formerly they alone administered it. The need for the medical viewpoint became apparent. Due to this, a representative of The Medical Society of New Jersey has been appointed to the administrative board of the Hospital Service Plan of New Jersey, and the administrative board has in addition elected a physician to its membership.

E. Zeh Hawkes.

History Repeats Itself

The present controversy about government domination in medicine is very similar to that of a quarter of a century ago over the assertion of the power of the Department of Health in regard to the relation of physicians to contagious diseases.

COMPULSION IN DISEASE PREVENTION

During the decade of the nineties, when the means of diagnosing and controlling contagious diseases became known, doctors resented the requirement that they should report their cases to the local health officers, and advise the family regarding the observance of quarantine and disinfection. Doctors were quite willing to assume responsibility in severe cases in which the diagnosis was self-evident; but they were slow to accept the responsibility of taking cultures of mere sore throats, and of giving antitoxin to suspicious cases, and of immunizing the well members of the afflicted family. The requirements of strict quarantine of all members of the family were especially obnoxious to both the physicians and the people, and often the heads of families refused to call a doctor from fear of being quarantined.

The controversy raged with mutual disputes and recriminations for a decade or more, and one commissioner of wide renown publicly announced that the State would compel the doctors to accept the rules and regulations whether they liked them or not; and, moreover, would install its own governmental system of dealing with contagious disease. Physicians were unwilling to accept positions as local health officers when their superior officials required them to interfere with the private practice of their local confreres. With the dominating influence of the physicians of Greater New York, the State Department of Health was able to maintain the requirement that every local health officer should be a licensed physician; while New Jersey avoided controversy by appointing laymen as health officers, with results that were apparently equal to those in New York State.

RISE OF LAY HEALTH ORGANIZATIONS

Under the conditions that prevailed, the medical societies of the states and the counties found a considerable degree of justification in opposing the radical plans of the State Department of Health, with the result that organizations of laymen, inspired by departments of health, conducted "demonstrations" and clinics and campaigns of education independently of the medical societies. It is only within the last decade that physicians have made serious attempts to regain control of the field of preventive medicine.

PUBLIC INDIFFERENCE

Two major considerations hindered the active participation of physicians in the control of contagious diseases:

1. The great number of mild cases of "carriers" whose families resented the severe restrictions imposed by the quarantines, made it almost impossible for physicians to secure the coöperation of the people, except in well-marked cases of such diseases as smallpox and diphtheria.

2. The well-nigh impossibility of securing provision for the support of families whose wage earners were quarantined with the sick.

Progress was slow in securing coöperation between the doctors and the community in the *economics* of contagious diseases; but nevertheless, coöperation of doctors with laymen was finally achieved, first in the acute contagious diseases; second, in tuberculosis; and most recently, in venereal diseases and pneumonia. Older physicians have vivid recollections of the charges of "State Medicine" brought by physicians against departments of health and welfare organizations, and of "reactionaryism" brought by the official and welfare leaders against the physicians. Coöperation was finally secured by substituting "conferences" for "orders" and "reason" for "prejudice".

EXTENSION OF STATE CONTROL

The success of the coöperative movements for the control of contagious diseases has led to widespread proposals to extend the same system of "State" participation to all other health conditions, especially those of a chronic nature, such as affections of the heart, the kid-

neys, the joints and other organs in which the onset is insidious; and early diagnosis is difficult, and treatment is almost impossible. The new movement is based on the assumption that the people will accept and apply the means of preventing sickness and ill health if they are provided with the financial means of purchasing medical advice. The proponents of the "New Deal" in medicine propose to prevent and cure all manner of diseases by *economic* methods, rather than those of medicine and psychology.

MUTUAL RECRIMINATIONS

The history of misunderstandings and mutual abuses in the development of contagious disease control is repeating itself today in the "New Deal" in medicine. The controversy involves family doctors in rural communities, as well as the American Medical Association—the greatest of all organizations of physicians. The arguments on both sides have been a strange mixture of facts and fancies, of reason and prejudice, and of science and politics. During the last two months three important events have taken place in national health movements:

1. The meeting of the A. M. A. on June 11-14, in which the policy of opposition to the "New Deal" was strongly upheld.

2. The National Health Conference, in which the principal actors were office-holders who were also proponents of the "New Deal"; and the principal subjects discussed were the alleged shortcomings of the medical profession.

3. Notice of a lawsuit brought by the National Attorney General against the A. M. A. and the Medical Society of the District of Columbia for maintaining a "medical trust" in violation of the anti-trust law. (Jour., p. 505.)

Thus the disagreements between the medical profession and the proponents of the "New Deal" have reached an acute stage in which the alternatives are "fight" or "arbitrate". However, the mutual agreements which the medical profession has reached with departments of health regarding the peculiar fields of service of each group are assurances that physicians will reach similar agreements with departments of welfare,—national, state and local.

ATTITUDE OF THE MEDICAL SOCIETY OF NEW JERSEY

The Medical Society of New Jersey is in a favorable position to suggest grounds of agreements with Federal authorities:

1. It has instituted methods of leadership in maternal welfare, child health, and venereal diseases, with the aid of Federal funds.

2. It has developed its own internal system of distributing medical services equitably through its system of thirty active committees in the several branches of medical practice and relationships.

3. It is coöperating actively in a state-wide survey to determine the extent of the alleged deficiency in the distribution of medical services, and the groups responsible for the deficiencies,—whether it be the physicians, the welfare groups, or the individual sick persons.

4. It has been freindly towards its opponents, rather than critical; constructive rather than destructive; and coöperative rather than domineering.

Transactions of the House of Delegates

The Transactions of the House of Delegates, which are issued as a supplement to this Journal, are more informative than ever before. For this fact there are several reasons:

1. In preparation for the meeting the officers and committee chairmen had prepared their reports with unusual care, and had included clear suggestions for future action.

2. Very few disputed problems came up for discussion, for they had been discussed in the Welfare and other committees, and the sentiment toward them was well crystallized. There were practically no contests or disputes over resolutions.

3. Special pains were taken to cross-index each item, so that its introduction, the debate on it, and the final action could be readily followed.

Preserve your copy of the "Transactions", as an integral part of the Journal, to be bound with its current issues.

ORIGINAL ARTICLES

THE MEDICAL MANAGEMENT OF GASTRIC CARCINOMA

By Sigurd W. Johnsen, M.D., Passaic, N. J.

Generalizations in medicine are always hazardous; and this is especially true when we consider the medical management of gastric carcinoma. Here each case presents its individual problems, and should be handled accordingly. We may, however, for purposes of discussion, consider certain generalizations. For this purpose, let us first consider the clinical stages of the disease, when the patient presents himself for treatment.

The earlier we see the carcinoma patient, the more we can do for him. Therefore, let us remember that patients presenting themselves for minor complaints should always be given a thorough examination, with the thought in mind that carcinoma may be present. Any individual over forty years of age complaining of any digestive order should be given a thorough gastro-intestinal examination consisting of a minimum requirement of a gastric analysis, gall-bladder, and gastro-intestinal x-ray examination. While it is true that the early diagnosis of carcinoma of the stomach is very difficult, nevertheless in a sufficient number of cases it can be made worth while.

The treatment of the early case of *gastric carcinoma,* or even of the suspected case, in my opinion, should always be surgical. In the case of *gastric ulcer,* the treatment should always be medical, except for complications such as threatened perforation, repeated hemorrhage, etc. Careful follow-up studies must be made in every case of gastric ulcer; and if x-ray examination shows an ulcer which is not healing, that ulcer should be considered as a possible malignancy. Exploratory laparotomy is justified in every early case of suspected gastric carcinoma. Many lives would be saved by early treatment, but unfortunately, most cases of gastric carcinoma give rise to no symptoms until they are well advanced.

The moderately advanced case of gastric carcinoma presents an entirely different picture. Here we have two fairly common types of carcinoma.

First, the medullary and adenocarcinoma type, which comprises roughly about 60 per cent of cases. Second, the scirrhus type, which accounts for about 30 per cent of cases.

MEDULLARY TYPE

In the case of adenocarcinoma and other medullary types, even when far advanced, surgical removal is often attended by cures. Therefore, in these cases the patient should be advised of the desirability of surgical intervention. When this is refused, palliative treatment must be resorted to. X-ray therapy is often helpful in some of these cases, and should be tried. Bland diet, frequent feedings, symptomatic therapy of anaemia and general debility by iron and stimulants are indicated.

SCIRRHUS TYPE

Where we are dealing with scirrhus carcinoma of the linitis plastica type, we have an extensive replacement of normal tissues by an infilterating, sclerosing, inflammatory tissue which involves the entire stomach and all its coats. It usually begins at the pylorus, and often extends from the duodenum to the esophagus. In a few instances, gastro-enterostomy, when performed early, has resulted in a regression. Often obstruction occurs at the pylorus, and this demands surgical intervention.

The treatment of the scirrhus type should be medical in most of the cases. This calls for a bland diet, with the administration of dilute hydrochloric acid. Anaemia should be treated with stomach residue preparations such as lextron and ventriculin, with iron. Constipation should be controlled with such preparations as

mucilose or oil enemata. A rest regime should be insisted upon. These cases can be kept comfortable for many years on this regime.

ADVANCED STAGE

The advanced stage of gastric carcinoma taxes the ingenuity of the best therapist to the limit. Sentencing the patient to operative interference, in the hope of cutting short the prolonged misery period, is side-stepping our responsibility in the care of this patient, and should be condemned, except in certain instances where there is a definite problem which can be solved by surgical means. Low residue diets, supplemented by frequent feedings and fluid diet, will often keep the patient in relative comfort. Oil enemata are often the simplest measure to control constipation in these cases. Administration of narcotics should be delayed as long as possible, because the barbiturates often suffice to control restlessness, pain, and abdominal discomfort. Gastric lavage is helpful in some cases to prevent obstruction, and to relieve functional obstruction.

THE RETICULO-ENDOTHELIAL SYSTEM

By M. Openchowski, M.D., Newark, N. J.

Read before the Scientific Meeting of the Staff of the Hospital of St. Barnabas and for Women and Children, February 6, 1937

To think that connective tissue, with one-sixteenth of the weight of the whole body of a so-called normal human being, has only mechanical significance, because of its elasticity and distribution inside and out of the organs with a more differentiated cellular element is, to put it mildly, ridiculous. To think that millions of dormant capillaries, with their endothelial and Rouget cells, are just there to await the passage of the blood, should occasion arise, is to avoid entirely the issue of metabolic possibilities of these units. To consider them with Virchow as a barrier between the various highly differentiated conglomerates is to forget physico-chemical laws of membranes; to discard Donnan's equilibrium, and to ignore altogether Jacques Loeb's work on the influence of hydrogen ion concentration on the behavior of colloids. Works of men like Starling, Bayliss, Langmuir, Warburg, Krogh, Ipsen, DuBois cannot be distrusted altogether.

Since the time of Dominici and Ashoff, we began to consider a so-called reticulo-endothelial system as an entity of great physiological, hence, pathological significance; and in the light of the recent investigations, following the introduction of more precise methods of vital staining, we began to realize the importance of the reticulo-endothelial system in the most complicated metabolic processes of the body. The credit belongs to men like MacJunken, Anitchkoff, and others. Be it sugar, water, bile and blood pigments, proteins, colloids, and semi-colloids, all these are influenced by the physico-chemical state of this system, whose elements are more or less primitive in an evolutionary sense of the word, and whose motility is highly efficient.

With Mietchnikoff we may follow phagocytes in their wanderings after a good meal, but we shall not agree to his idea of endowing them with intuition, for they are as intelligent as a drop of chloroform which takes up a glass rod covered with shellac, and after dissolving the varnish, it ejects the rod. They do not realize at times that they are going to their own death, for they simply go to places where the electrical charge compels them, because of the local changes of pH. They change their form as occasion arises, and at times even their size under the influence of their functional emergencies.

ELEMENTS OF THE SYSTEM

The different elements of the reticulo-endothelial system may be classified according to Ashoff and Kiyono:

1. Endothelium of blood vessels and lymphatics which does not take the vital staining

unless forced by the dyes of high degree of dispersion.

2. Fibrocites, or the common cells of the connective tissue, which take up staining more readily than endothelium.

3. Reticular cells of the spleen, lymphatic ganglions, and lymphatic tissue in general. They manifest active phagocytosis for the dye-stuff.

4. Reticulo-endothelial cells of the lymphatic ganglions, the cells of the capillaries of hepatic lobules (Brovich-Kupffer cells); reticulo-endothelial cells of the bone marrow, of the adrenals, and of hypophysis.

5. Histiocytes as opposed to fibrocites. Their function develops under particular conditions, such as inflammation.

6. Splenocytes and monocytes which are derived from histiocytes and reticulo-endothelial cells of group four and five.

The first two groups, according to Ashoff, form the reticulo-endothelial system in the restricted sense of the word; the full meaning of the word is attributed to groups three, four, five, and six, which contain mobile units of the tissues and blood.

American authors, among them Haythorne, Downey, Foote, Permar, and Pittsburgh, consider even the alveolar lining of the lungs as a part of the reticulo-endothelial system. We know that foreign colloids, such as collargol, may be injected for weeks without its particles appearing in the lungs, because they are taken up by the elements of bone marrow, spleen, and liver. However, should one inject a massive dose of colloid or suspensoid, such as India ink, their presence in the lung is noticeable immediately.

The adsorptive capacity of the elements of the reticulo-endothelial system may be decreased or checked by so-called "blocking",—a term used to indicate the lowered surface activities of the reticulo-endothelial system, while the internal metabolism of the cell may be of higher velocity. The blockage may be effected through many means: injection of foreign proteins, semi-colloids, colloids, dyes; removal of the spleen, thyroid; and by anesthesia, when for instance chloroform acts on the reticulo-endothelial system of the liver and heart.

The complete blockage of the reticulo-endothelial system is incompatible with life, and I don't believe that is possible experimentally. A great many therapeutic methods of the present day have for a base just this blocking of the reticulo-endothelial system. The most striking example of this procedure is the reaction following the injection of foreign proteins which act as metabolic excitants toward the elements of the reticulo-endothelial system. However, if before injection of a foreign protein we should block the system with, let us say, suspension of India ink, the expected reaction is temporarily absent. We must consider a pathological blocking present when, in spite of the injection of foreign protein, the expected phenomenon does not occur. Blocked reticulo-endothelial system produces, according to Moldovan, "reticulin M." which, in pure state, is a very effective anti-anaphylatic, and as effective, if not more so, as rabbit serum. If Moldovan is right, and reticulo-endothelial system during the blockage does produce this ether soluble hormone, then I understand the analgesic effect of jaundice, morphine, and pyrazolon derivatives.

We do know that all anti-anaphylactic substances have analgesic effect. We would like to settle the question of bile formation; and probably, by further studies of such diseases as pernicious anemia, hemolytic jaundice, certain leucuemias, some form of adenitis, and syndromes like Gaucher's type of splenomegalia,—diseases like the Schüller-Christian and Niemann-Pick type: We know that in Gaucher's disease enlargement of the spleen is accompanied by disturbance of the metabolism of the lipoids of a so-called cerebroid type. In Schüller-Christian disease cholesterin is disturbed and in Niemann-Pick, the phosphates. The same consideration should be given to serum sickness and arthritis, where the alterations in mesenchyma prevail and disturb the function of the subcutaneous tissue, causing circulatory disturbance and impairing the functions of joints. These changes are the response of the tissue to the abnormal digestion of foreign proteins, as well as disintegrated autoproteins by the reticulo-endothelial system. The reticulo-endothelial system is both a blood-

producing as well as a blood-destroying organ, and very often we call the spleen the "cemetery". The temporary spleno-megalia occurs, whether it be production of blood elements or their destruction. If not the spleen, the bone marrow, the liver, or the mesenchyma becomes active. If one of the above-named organs exhibits impairment of its function, another is taking its place to maintain the equilibrium; but from time to time it does not seem to be able to relinquish the "auxiliary" position of its function and maintains it to the detriment of the rest of the system,—hence the balance is lost.

What is true of the organs must be true of their component cells. The matter of relation of structure to function is still to be settled. We know that cells on their surfaces maintain so-called patches of absorption (contrary to the former views that a surface of the cell as a whole is active); and through these very patches, they proceed with their physico-chemical activities toward the surrounding media and their own protoplasm. Such processes are entirely too complex, involving bio-physics and higher mathematics, and would be rather out of scope of this short paper.

Migration of leucocytes through the capillary wall is obviously more complicated than an excursion of a drop of mercury through a thin layer of gelatin. In its surface energy, concentrated according to the law put down by Willard Gibbs, at the interface between the two phases forming already a kind of membrane, the exchange of ions proceeds; and so-called cellular membranes are the results of just such forces. When a colloid, like congo red, is injected intravenously, it is taken up by the elements of the reticulo-endothelial system, and cannot be found in circulation. Should, however, the absorptive patches of the cells be blocked by a preliminary injection, let us say of India ink, then some dye remains in circulation as long as two or three hours. Perchance the surface of the cells produces new patches, or restores the old ones during such period. Following splenectomy, the retention time rises to a period of one or two days. However, should one repeat the injection four months after the removal of the spleen, one will observe a return of the system to the "status quo ante". Thyroxin accelerates the disappearance of the congo red; hence it does not block the reticulo-endothelial system,—to the contrary, it excites it. Adrenalin, pilocarpine, acethyl cholin, ergotamine, atropin and histamine decrease the process. Dieryck and Benda pointed out that pregnancy also acts as a block toward the reticulo-endothelial system;—hence we have an explanation for the disappearance of asthma and arthritis and other allergic and atopic diseases for the period of gestation. Malaria has the same effect. In all stages of syphilis, the secondary, causes the greatest disturbance of the dye fixation. The hepatic function studied by means of tetrachlor phenolphtalein may give erroneous impression because of the fact that lympho granulomatosis, chronic endocarditis, pernicious anemia, and malaria, may retard the elimination of the dye without any lesions of the liver present. Winternitz and Kauffman showed that jaundice is extra-hepatic.

Hemosiderosis is an anatomical symptom of quite a few pathologcial processes, accompanied by the marked destruction of globulins, as for instance; inanition, intoxication by toluylenediamine, intestinal disturbance of infancy in childhood, and pernicious anemia, to name but a few. There are some cases of hemosiderosis, without marked erythrolysis, and vice versa; and perhaps we should, together with Hueck, consider that hemosiderosis as the result of the slowing down of the formation and the elimination of iron, without the process of exaggerated hemolysis entering the picture. Perchance, the iron is transported from one organ to another, and is taken up and given out with more or less speed, in the spleen, liver, and bone marrow. India ink is eventually fixed by bone marrow, and so is thorium oxide (thorothrast); and everything points to the fact that one has almost the right to consider that both of these experimental substances follow the route established by constituents of hemoglobin.

But it is in the field of immunology, in the phenomena of allergy and anaphylaxis that the possibilities for further research are almost unlimited. There is a certainty that antibody formation takes place in the reticulo-endothelial

system; and hence by blocking it we prevent, at least temporarily, the phenomena of sensitization, and at times produce a therapeutic effect.

The reticulo-endothelial system reacts equally well toward electro-negative colloids and foreign proteins, but in the latter the process is of double nature, that of absorption and digestion. When the second phase is prolonged, amyloid is stored in the immediate vicinity of the mesenchyma; and hence the pathology of certain chronic afflictions. So-called anaphylactic or hyperergic inflammation, which exists even without the presence of bacteria, is of great importance in the studies of serum sickness and arthritis. Experiments show the different organs, isolated and perfused with fluids containing germs, retain different percentages of bacteria. For example, liver retains 80 per cent, spleen 60 per cent, lungs six per cent; four per cent is taken up by intestines, and the brain and the meninges are credited with but 0.5 per cent. The invading microörganisms are taken up and destroyed in most instances by the Browicz-Kupffer cells of the liver. The general anti-bacterial action of mesenchyma may be reduced by splenectomy, and to a lesser degree by blocking of the reticulo-endothelial system.

One of the very ingenious methods of demonstration of immunizing properties of the reticulo-endothelial system is that of Lehman and Tammann. White mice have been blocked by the intravenous injection of Trypan blue. Twelve or fourteen days after the last injection, comparatively large pieces of skin of different animals were grafted. These took very well; while just the opposite could be observed on control mice where the reticulo-endothelial system remained intact and was able to proceed with the formation of antibodies against the foreign protein.

In experimental tumors, Rhoda Erdmann found that, in the animal with the reticulo-endothelial system blocked, it is possible to obtain the tumor by injecting Berkefeld filtrate, while in control animals the results were negative. In mice, following the intravenous injection of India ink and Trypan blue, Psaromitas found impossible to transplant either Rous sarcoma, or carcinoma of the breast. He observed that the transplant is invaded by the mesenchyma with a destructive effect on the tumor.

In animals with developing tumors, one may observe a reticular hypertrophy and atrophy in the animals with tumors grown to a large size. That explains why at times in malignancy of the pancreas one finds hyperplasia of the endothelial elements of the spleen. These studies have just begun, but it is certainly worth attention because the treatment will be forced to proceed along somewhat different lines.

Histologic examination of the organs of patients suffering from lymphosarcoma of the abdominal glands shows, following an x-ray therapy, mesenchymal cells engorged by the debris of the elements destroyed by rays. It is clear why at times the reaction following the intense x-ray therapy closely resembles a true phenomenon D'Arthus. The rays change the auto-proteins into hetero-proteins, and the result is obvious. We know that small doses of x-ray are as excitant to the reticulo-endothelial system just as adequate quantities of colloids. The strong radiations block the reticulo-endothelial system. The possibilities are immense, not only in the treatment of malignancies, but in cases with allergic phenomena and anaphylaxis.

In the field of chemo-therapy we must consider three distinct groups of therapeutics. The lowest in its action of course are the basic dyes and their derivatives, with almost zero of fixation, and without special affinity towards the reticulo-endothelial system. Then come the colloidal benzidic dyes, like Trypan blue, Trypan red and Germanine, which are fixed by the active mesenchyma; and finally, the arsenobenzols, which are taken by the elements of the reticulo-endothelial system, transformed into compounds with a larger molecule and liberated into the circulation as arsenoglobulins. This fact explains spyrochitocidal properties of salvarsan, therapeutic concentration of which is inactive "in vitro". The same may be said about pyronene, trypanosan, atoxile, stovarsolan, neo-salvarsan and trypaflavine, the actions of which are due to their organotropism, with subsequent chemical changes.

You may consider as foolish and absurd to treat asthma by splenectomy or attempting to produce "reticulin M." through artificial jaundice or x-rays, but nevertheless, such possibilities must be taken under consideration. One may be reproached for his attempt to explain all the pathogenies by reticulo-endothelial system, but such is not the case. It is just an effort to coördinate different data. One is rather reluctant to draw dogmatic conclusions. It is only by retaining your prerogative of doubt that the evaluation of the methods may be intelligently critical; and impartial discussion will be of enormous benefit to further the friendly state of war between the research man and the clinicians.

VACCINES IN THE TREATMENT OF DISEASE

By John A. Kolmer, M.D.

Professor of Medicine, Temple University; Director of the Research Institute of Cutaneous Medicine, Philadelphia, Pa.

Abstract of lecture delivered under the auspices of Rutgers University to the Atlantic County Medical Society, Atlantic City, N. J., March 17th, 1937.

This lecture is a discussion of vaccine *therapy*. I believe it may be stated, however, that vaccines have had a far greater triumph in the *prevention* than in the *treatment* of disease. However, at the outset I will discuss certain fundamental principles which are commonly overlooked in the practice of vaccine therapy.

The literature is enormous, and I know of no subject in immunology more difficult to evaluate than vaccine therapy. It is curious and yet apparently true that some physicians obtain much better results than others using apparently the same vaccines, so that I have come to think that in vaccine therapy, as in other therapeutic procedures, the attitude of the physician, and especially whether or not he has confidence in it, are factors that influence results. I also believe that when vaccines are used, they should not be regarded as substitutes for anything else of recognized value, but rather adjuvants in treatment.

When vaccines are used in the treatment of disease, therapeutic effects may follow not only from the production of *specific antibodies,* but in part may be due to certain non-specific effects. But when employed for prophylactic purposes, we depend entirely on the production of antibodies since the nonspecific effects are of doubtful prophylactic value.

Aside from a vaccine being helpful in the treatment of certain diseases by means of the production of antibodies, or by the production of nonspecific effects, one may also expect benefit from the production of *focal reactions* at the site of the infection or disease. For this reason, I usually try to gauge the dose of vaccine in such a way as to produce these mild focal reactions. For example, in asthma due to bacterial hypersensitiveness, each dose is adjusted to give a mild reaction within twenty-four hours after its administration; and the same is true in arthritis, sinusitis, otitis media, etc., on the basis that *mild* reactions are frequently of therapeutic benefit, providing they are not excessive.

STOCK AND AUTOGENOUS VACCINES

We should also be mindful of the relative merits of *stock* and *autogenous* vaccines. In some diseases there is no choice, as in the case of the tuberculins for the treatment of tuberculosis. In gonococcal infections, one is usually forced to use stock vaccines because of the difficulty of cultivating the gonococcus. But otherwise and in general terms, properly prepared autogenous vaccines are to be preferred. There are probably at least two reasons for such a point of view. In the first place, it is well recognized that most organisms occur in immunologically specific types or strains; and if one employs a stock vaccine, we cannot always be sure of using the type producing infection of the patient.

In the second place, most vaccines have a

higher therapeutic activity when freshly prepared. When more than two or three months old, they have usually lost a good deal of therapeutic effectiveness. Freshly prepared autogenous vaccines therefore are usually to be preferred to stock vaccines. On the other hand, a well-prepared stock vaccine is to be preferred to a poorly prepared autogenous one; and it is no wonder that vaccine therapy of disease is so largely disappointing when we consider the careless methods of preparing them that may be employed.

TAKING CULTURES

In reference to autogenous vaccines, I would like to call to your mind that the method of taking the culture is of primary importance. The very purpose of vaccine therapy may be nullified at the outset by reason of carelessness in the preparation of the culture from which the vaccine is to be prepared, and this is a matter of great importance involving the practicing physician. For example, when preparing an autogenous vaccine for use in the treatment of chronic otitis media, if one is content to pick up a little pus in the external auditory canal, where it is subject to bacterial contamination, the culture may show nothing more than staphylococcus albus or diphtheroid bacilli, and one may miss the organism of primary infection like a streptococcus or pneumococcus. No matter how carefully a vaccine is prepared, if it does not contain the organisms of primary importance, nothing can be expected from its administration but nonspecific effects. Therefore, I would like to bring to your attention the important fact that, when having an autogenous vaccine prepared, it is good practice to confer with a bacteriologist so that the method and medium employed will be technically correct.

As a general rule, the exogenous or soluble toxins produced by many pathogenic organisms constitute excellent vaccinogenic agents, and should always be included when possible in the preparation of both stock and autogenous vaccines. A much better type of vaccine is prepared by culturing the organisms in broth for five days in order to secure any toxins that are produced, than the usual heat killed suspensions in saline solution. Furthermore, within recent years it has been shown that vaccines sterilized with chemical agents are more vaccinogenic than those sterilized with heat. I realize that you are not bacteriologists and cannot be expected to be greatly interested in the technic of preparing vaccines; but it is important to know that proper methods are important and especially when vaccines are used in the treatment of disease.

DRAINAGE

Another very important principle in vaccine therapy, when it is possible to carry it out, is to always establish the best possible drainage of the infected area. Drainage followed by vaccine therapy will always give a much better result than when adequate drainage is overlooked or neglected.

DOSAGE

The dosage of vaccines in the treatment of disease is a very difficult subject to discuss, and one of great practical importance. Certainly they cannot be given by rule or fixed scale. Personally I am usually able to merely suggest what should be the first dose, as subsequent doses must be changed or gauged according to clinical conditions and reactions.

In my own practice, I usually employ for adults autogenous vaccines prepared by cultivating the organisms in broth for five days, followed by dilution with saline to give approximately a total of 1,000,000,000 per cubic centimeter, followed by sterilization with tricresol in final concentration of 0.5 per cent. The first dose is 0.1 or 0.2 c.c. Subsequent doses are given at intervals of five to seven days, and usually in gradually increasing amounts to produce *very mild* focal reactions. The number of doses is quite variable, and dependent entirely upon therapeutic response. For example, in the treatment of rheumatoid arthritis I give enough vaccine to elicit a little more stiffness and tenderness in the involved joints during the 24-36 hours follownig the injection, and if the patient has no such reaction, I increase the amount of the next dose.

Vaccine therapy must be of some value since it has survived all of the abuses committed in its name during the past thirty years. And

with this in mind, we may now briefly review the present status of vaccine therapy of some diseases.

ARTHRITIS

Focal infection refers to those systemic diseases that may owe their origin to bacteria or products developing or emanating from some localized area of enclosed infection as, for instance, those developing from infected teeth, tonsils, sinuses, prostate gland, and other primary foci.

Very commonly it is the practice to remove or drain such foci of infection, and do nothing more from the standpoint of treatment. I think this is a mistake because, if a focal infection is chronic, with enough time for the establishment of secondary infection, the mere removal or drainage of the primary focus may not affect the secondary infection. In the treatment of atrophic or rheumatoid arthritis, neuritis, fibromyositis, recurrent iritis, etc., my advice is to always and routinely culture the primary focus upon drainage or removal, in order to secure the organism of infection (usually some type of streptococcus or staphylococcus) for the purpose of preparing and administering an autogenous vaccine, as an important part of the therapeutic program.

I know of no drug that can be relied upon for the removal of the secondary infection after the primary infection is removed or drained; and I think a great deal depends upon increasing the patient's immunological resistance to the infection with the hope of its ultimate removal by phagocytosis. I see many cases that have had primary foci removed and discarded with no cultures, and thereby losing possibly forever the only opportunity of securing the primary organism of infection; and when vaccine therapy is later decided upon, stock vaccines must be used, which are seldom as hopeful as autogenous vaccines. The physician should always seriously consider using autogenous vaccines in the follow-up treatment of these focal infections and, in my experience, the vaccine should be given in small increasing doses, over a long period of time (two or three months) instead of for a period of but a few weeks.

In rheumatoid arthritis, better results are sometimes secured from intravenous injections, but these are usually risky in ambulatory patients from the standpoint of severe nonspecific protein reactions. Intracutaneous injections, however, are frequently more effective than subcutaneous injections, although likely to be more painful.

I believe, therefore, that autogenous vaccines are useful in the treatment of rheumatoid arthritis and other diseases due to focal infections. But we must be careful in the opinion we give our patients. They may expect the removal of the primary focus to solve the whole problem of treatment, and this is frequently far from being the case. I always endeavor to make plain to them in the case of arthritis that, if we succeed in stopping its further progress, a victory has been achieved, even though they may not expect restoration of function in the presence of advanced pathological changes.

THE PYODERMIAS

The term pyodermias refers to furunculosis, acne vulgaris, tinea sycosis, etc., with particular reference to furunculosis. I believe that all individuals with chronic furunculosis should have the benefit of vaccine therapy, because staphylococcus vaccines are frequently effective. An excellent type of vaccine to use in the treatment of furunculosis and other pyodermias is that preparation of the toxin now on the market under the name of staphylococcus "toxoid". This is better than the ordinary vaccine of heat-killed suspensions; but the dosage must be small and carefully regulated because it may produce rather severe reactions. It is my practice to cultivate the staphylococcus in broth for five days (during which time toxin is produced) followed by sterilization with tricresol, which converts the toxin into toxoid along with the chemically killed organisms. Staphylococcus immunity, however, is of short duration, and an individual recovering with six to eight injections at weekly intervals is always advised to return four months after the last dose to receive three or four additional doses in order to reënforce immunity and prevent recurrence, even though there has been no return of the furunculosis in the intervening months.

As far as the skin is concerned, I also wish to refer briefly to chronic or recurrent erysipelas, which can be extremely troublesome; I have had five such cases in whom I have used a vaccine composed of the toxin of erysipelas streptococci with encouraging results.

CHRONIC OTITIS MEDIA

My experience has been that the vaccine treatment of this disease has been largely disappointing; and I think this is true of vaccine therapy in general where bone is involved, since infections of bone do not yield to vaccine treatment as well as infections of soft parts. But, on the other hand, I think vaccine therapy is sometimes of benefit in the treatment of otitis media. It is usually advisable to make a culture of the pus during the acute stage, and particularly when parancentesis of the drum is performed, because it reveals the infecting organisms in a pure state. A vaccine can then be prepared and kept in the refrigerator, and used only in case the otitis develops a subacute or chronic course. Do not use it in acute otitis, as I believe I have seen mastoid infection develop following its administration, probably because of too large dosage. However, it should be started before there is much destruction of the bony parts, so if we can get pus in the acute stage the vaccine is not started unless the infection persists six to eight weeks; and then it is administered as part of the therapeutic program particularly in otitis of children following scarlet fever and measles.

CHRONIC SINUSITIS

I wish I knew an effective method of vaccine treatment for this disease, but my experience has been largely disappointing. I do not discourage the use of autogenous vaccine providing adequate drainage has been established, but I think it is a mistake to depend on vaccine alone, as is so commonly the case. I refuse to use vaccine where the sinus infection is of such duration that polyps are present, or where the mucous membrane shows a great deal of thickening.

Where adequate drainage has been established, I think vaccine therapy is rational and can be employed as an adjuvant in treatment, but always with the understanding that it is not a question of three or four or five doses but that it must be taken over a period of two or three months. And I again emphasize the importance of proper cultures for the preparation of vaccine. One may pick up the postnasal discharge or the cultures should be taken by the rhinologist so that the material will be actually from the involved part.

COMMON COLD

This is a disease of tremendous importance from an economic standpoint, and also for the etiologic relation it bears to pneumonia and tuberculosis. It is probably due to a filterable virus, but the coryza or rhinitis produced by this agent is of relatively minor importance, lasting only a day or two; however, it appears that this virus can greatly lower resistance to the organisms that may be found in the upper respiratory tract and may cause a secondary infection responsible for the long course of the disease, as well as for infection of the sinuses and the lower respiratory tract. If vaccine therapy is employed, it is for the purpose of raising resistance to this secondary infection. I am in favor of such immunization; and my experience has been that an encouraging percentage will enjoy immunity for at least one season, and sometimes over a longer period of time. I have employed autogenous vaccines, but the various stock vaccines may be just as good. On the whole, I am in favor of their use in selected individuals, but I htink it is a mistake to give such vaccine to a child whose post-nasal space is plugged with adenoids, or who has enlarged and infected tonsils, or to patients with marked nasal pathology.

I also wish to draw your attention to the vaccine treatment of *unresolved pneumonia,* since autogenous vaccines are sometimes worth while, and particularly since we cannot do much else for encouraging the resolution of the lesions.

ASTHMA

I am among those who think that asthma is sometimes due to allergic sensitivity to bacteria growing in the sinuses or bronchi. Many allergists deny this, and I can base my remarks

on only my own experience. I believe that there is an appreciable percentage of individuals whose skin reactions are negative to air-borne and ingested allergens, but who display hypersensitiveness to the bacterial proteins of organisms in chronic sinusitis and bronchitis. When this is found, I think I have had excellent results by insisting upon proper measures being taken in reference to the sinuses, and then using autogenous vaccines over a long period of time and in very small doses as an adjuvant in treatment. I have come to the conclusion that I would rather undertake the treatment of such a case than I would one of asthma due to sensitivity to air-borne allergens, because I believe the results are more encouraging.

CHRONIC BRONCHITIS

This can be a very troublesome infection, and particularly among older persons during the winter months. Here again I lay great emphasis upon a thorough examination of the upper respiratory tract because of the frequency with which bronchitis is the result of constant infection and reinfection by mucopurulent secretions from the sinuses and postnasal space. As you know, even during sleep there is a constant drainage downward into the trachea and bronchi, so that this treatment first demands consideration of the whole upper respiratory tract, with particular reference to drainage and local treatment of the sinuses. When this is done, I believe that autogenous vaccines are of adjuvant value.

BRONCHIECTASIS

Owing to the chronic and pronounced structural changes in this disease, autogenous vaccines cannot be expected to be of much value although I think they are worth while over a long period of time as an adjuvant in treatment. Here again I think it is of primary importance to drain and treat any sinus infection that may be present, along with bronchoscopic and postural drainage. I have been much more interested, however, in the treatment of bronchiectasis by instilling disinfecting agents into the bronchi, such as merthiolate, lipiodol, and other bactericidal, and cleansing agents. The results of our experimental work shows that this might be of value if a method could be worked out whereby patients could receive bronchial lavage and instillations at frequent intervals.

TUBERCULOSIS

This could be discussed at great length but with no conclusions, since there is still a remarkable difference of opinion on the value of tuberculin in the treatment of chronic tuberculosis. My own clinical experience is too limited to justify an expression of opinion; but as an immunologist and from my general knowledge of tuberculosis, I would say that I think the administration of old tuberculin is a rational procedure in the treatment of selected types of chronic tuberculosis. But great care is required in dosage, and great patience is required on the part of both physician and patient. Whatever effect it has upon promoting healing appears to depend upon the property of the tuberculin to produce focal reactions characterized by hyperemia; and we have long since known that recurring hyperemia favors the laying down of fibrous tissue and healing by encapsulation. On this basis I think tuberculin has a place in the treatment of chronic tuberculosis, but only in the hands of exceptional physicians and only in the case of those individuals who will submit to its administration over a prolonged period of time.

INFECTIONS OF THE BILIARY TRACT

I am among those who believe that, when bile is secured by nonsurgical drainage with all of the care and precautions advised by Dr. B. B. Vincent Lyon, properly conducted bacteriological examinations usually yield acceptable results, and especially so when streptococci and colon bacilli are found. Under these conditions one may assume from the standpoint of therapeusis that the organisms recovered are actually from the biliary system; and if treatment is to be by nonsurgical duodenal drainage, I believe that autogenous vaccine may be acceptable as a rational part of a therapeutic program with the hope of raising immunologic resistance to such a degree as will promote phagocytosis of the infecting organism.

ULCERATIVE COLITIS

In this disease Dr. Bargen regards a diplostreptococcus as the etiological agent, and reports good results with vaccine therapy. It is very difficult, however, to be certain of the identity of this organism; and as far as my experience is concerned, vaccine therapy has not been particularly encouraging in its results.

INFECTIONS OF THE GENITO-URINARY TRACT

The vaccine therapy of both children and adults with pyelitis has been disappointing, and not at all encouraging in my experience. In the adult, it is particularly important to make sure that there is no obstruction; and I believe that sulfanilamide has done more in the treatment of *B. coli* infections than has vaccine therapy.

In chronic infections of the prostate gland and of posterior urethritis, I believe that autogenous vaccines are sometimes of value. Certainly this is not true, however, in acute gonococcus infections. In the treatment of chronic prostatitis, I think that a vaccine with massage is very encouraging in its results and, in my own practice, the procedure is to massage the prostate with such vigor as to secure secretions at the meatus which are picked up on a sterile swab for culture, realizing, however, that there is no hope of recovering the gonococcus. I take the organisms which are found, and prepare a vaccine, to which is added a stock gonococcus vaccine, and administer it weekly with weekly massage. I believe that this therapy might be a useful adjuvant in the treatment of these intractable infections.

SUMMARY OF THE FIELD OF VACCINES

Of course one cannot cover in an hour all of the diseases in which vaccine therapy may be employed, but insofar as this lecture is concerned, I believe that autogenous vaccine therapy is frequently of value in the following:

1. It has a definite place in the follow-up treatment of diseases due to focal infection,—and in that category I would place most cases of rheumatoid or atrophic arthritis, many cases of neuritis, myositis, or muscular rheumatism, and recurrent iritis.

In this connection I wish to add that, when a series of teeth are to be removed in a case of focal infection, my practice is to have only one removed at first (usually choosing a bad one), which is cultured by the dentist by clipping the root and dropping it into a tube of broth medium. The culture almost always shows a pure growth of streptococcus, which in the majority of cases belongs to the non-hemolytic or viridans group.

I then make a vaccine carrying about 1000 million per c.c., and give the patient from four to six doses at intervals of five or six days before the remaining teeth are removed, the thought being to raise resistance before further extractions as a means of protection against exacerbations and particularly in cases with a history of rheumatic fever where bacterial endocarditis is to be feared. It is not right or proper for you or I to say to a patient "go get your teeth out". We should first decide whether or not this is safe, and the dentist should share the responsibility. What difference if there is another month's delay in the treatment of an arthritis that has been present for a year or more? In this way the physician avoids the severe reactions and possible danger attending the removal of too many teeth at one time.

2. In the treatment of staphylococcus infections, particularly the pyodermias.

3. In the treatment of otitis media, and especially when the vaccine is prepared in the acute stage and kept for use in the chronic or subacute stage.

4. In the treatment of chronic sinusitis, I believe vaccine therapy is rational, provided it is autogenous; and provided also it is carefully prepared of the primary infection and always being careful about our statements to the patient in order not to arouse false hopes.

5. Doctors who do not believe in vaccine therapy should not attempt it, because they are not likely to have the necessary skill or knowledge required. Vaccines cannot be administered by rule or scale; and if the physician has not had the opportunity or desire to acquire the experience and skill required, I believe it is better that he does not use it at all.

6. I advise its trial in unresolved pneumonias.

7. In bronchial asthma due to bacterial sensitization, and in chronic bronchitis when the nasal and accessory sinuses have been properly drained, autogenous vaccine therapy is worthy of trial. It is of no value if the individual is being constantly reinfected by postnasal dripping. A vaccine is only an adjuvant, and is to be used in association with drainage.

8. I am in favor of using vaccine therapy in some infections of the biliary tract.

SERA IN THE PROPHYLAXIS AND TREATMENT OF DISEASE

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The subject of serum therapy is too large to be completely covered in a single lecture, but I shall endeavor to discuss some of its practical phases with special reference to the important principles involved.

The sera employed for the prophylaxis and treatment of disease may be classified as follows:

a. Homologous
   Normal human
   Immune or convalescent human
b. Heterologous
   Normal horse, rabbit, etc.
   Immune horse, bovine, rabbit, etc.

Unfortunately, the laity and even many physicians are accustomed to include vaccines and most everything else administered by injection under the general designation of "serum"; this is sometimes confusing and greatly to be regretted.

PRINCIPLES

1. The *effects of sera* are both specific and nonspecific.

The specific effects are the result of the presence and therapeutic activity of *antibodies;* and include the normal or natural immunological substances of serum, with special reference to *opsonins* concerned in phagocytosis, as well as complement (in fresh or lyophiled sera), antitoxins, and various antibacterial antibodies.

The *nonspecific* effects are due to the presence of leukins (from leukocytes), plakins (from platelets) as well as to the production of fever, leukocytosis, the mobilization of enzymes and hemostatic effects.

The specific natural or acquired antibodies are almost solely depended upon for *prophylactic* purposes; but in *treatment* the beneficial results may be due not only to these, but to *nonspecific* effects as well.

2. *All immune sera possess greater prophylactic than curative activity.* This refers not only to their efficacy in the prevention of disease, but likewise to the fact that all (without any exceptions) exert more curative activity when given *early* than when given late in treatment. Indeed it is to be regretted that this fundamental principle is frequently overlooked; and every physician must know where he stands in relation to serum therapy, in order to give serum as early as possible, if it is to be given at all, instead of delaying its administration too long.

3. All immune sera should be given not only *promptly* but in *adequate dosage.* This is always difficult to gauge, and depends upon the nature, severity, and duration of disease; but the principle is clear, namely, that all the serum the patient is likely to need should be given over a period of two or three days instead of small doses over a long period of time. There are exceptions of course, but this advice applies particularly to the treatment of acute infections on the principle of furnishing large amounts of antibody for the neutralization of toxins and for the promotion of phagocytosis as promptly as possible, with an excess remaining in the blood and tissues.

4. As a general rule, immune sera administered for therapeutic purposes should be given *intravenously* if there are no contraindications. Otherwise, *intramuscular* injections are preferred, with intraspinal administration in the case of meningitis and tetanus.

There is no place for *subcutaneous* injections because of their slow absorption, and the possible fixation of antibody, although the latter may be used for prophylacic purposes. But even here the intramuscular route is to be preferred.

5. *Adequate precautions should be taken against allergic reactions* when horse or other sera of the lower animals are being given for either prophylactic or curative purposes in

order to prevent immediate and sometimes serious reactions due to natural or acquired allergic sensitization. This is particularly true in relation to natural allergy to the horse serum; and it is an excellent rule never to administer a horse immune serum to a horse asthmatic because many of the sudden and tragic instances of fatal reactions have occurred among such individuals receiving their first injection of serum, and usually diphtheria or tetanus antitoxins. Fortunately, such instances are rare, occurring but once in every 50,000 to 100,000 injections, but they have instilled much fear into the laity, and not a few physicians.

PRECAUTIONS

It may be well, therefore, to briefly outline the precautions that may be taken for rendering serum prophylaxis and treatment relatively safe procedures; and especially since fear of reactions has greatly hampered serum therapy in the case of not a few physicians.

1. Take the patient's history regarding other serum (not vaccine) injections, including toxin-antitoxin for diphtheria prophylaxis. If such have been given, there is a chance of acquired sensitiveness; and care is required with particular reference to intravenous injections.

2. Never give horse immune serum to a horse asthmatic in any amount or by any route as it is impossible to desensitize such individuals to a safe degree. In case of emergency under such circumstances, human convalescent serum may be safely given in the case of scarlet fever, and other streptococcus infections, large doses of serum from Schick negative persons in the case of diphtheria, etc.; or bovine antisera may be employed.

3. Indeed, all asthmatics due to protein sensitization are poor risks and precautions are required. This is especially true when serum is to be given intravenously.

4. With individuals (fortunately the great majority) who are not asthmatics and who have never before received an injection of serum, the subcutaneous, intramuscular, intraspinal, and even the intravenous injection of serum are safe insofar as immediate or dangerous reactions are concerned. It is true that the milder or delayed reaction designated as "serum sickness" may occur; and while this may be distressing, is not dangerous.

5. But, with individuals who have had injections of serum two weeks or more previously, *skin tests for sensitivity* are indicated. Such should be conducted with *normal horse serum*, instead of with the serum to be administered, because, if the latter is employed, a reaction may occur in the skin due to interaction between antibody and antigen (resident in the skin) that gives a falsely positive reaction resembling the allergic reaction.

This test may be conducted by placing a drop of normal horse serum (1:10) into the eye. A positive reaction of erythema and lacrimation occurs in about ten minutes (it may be controlled by instilling 1:1000 adrenalin chloride) in case the individual is hypersensitive. Of course this test cannot be given to crying children. A negative reaction is ordinarly acceptable as indicative of safety.

A better test consists in the *intracutaneous* injection of 0.1 c.c. of 1:20 dilution of normal horse serum. A reaction consisting of a wheal with erythema occurring in about fifteen minutes indicates a state of hypersensitiveness.

6. If either or both tests give positive reactions, it is advisable to administer the serum as follows (indeed I think this plan is advisable in the case of individuals who have had previous injections of serum even though the reactions are negative and especially if serum is to be given intravenously):

a. Give 0.1 c.c. subcutaneously. Wait one-half hour and if there is no reaction (other than local), give 0.2 c.c. and double the dose every half hour until all has been given in the case of a concentrated serum to be administered by this route as in the case of diphtheria and tetanus prophylaxis.

b. If the serum is to be given intravenously, proceed in the same manner for four subcutaneous injections totalling the administration of 1.5 c.c. If there are no reactions, the balance of the serum may be given one hour after the fourth injection; but *always slowly* and always after dilution with at least two or three volumes of sterile saline solution. Under these circumstances I also routinely give adults (children less according to age) a subcutaneous

injection of atropin sulphate in dose of 1/50th grain and 0.5 c.c. (eight minims) of adrenalin 1:1000 just before the intravenous injection for prophylactic purposes.

7. Whenever serum is given intravenously or intraspinally, it is advisable to always have adrenalin 1:1000 in readiness for prompt *intramuscular* injection in case an immediate reaction occurs.

8. Human serum is of course much safer, but may also produce serum sickness (designated as "auto" or "iso" anaphylaxis). Immediate reactions may also occur after its intravenous injection and especially in large doses, presumably due to intravascular agglutination and hemolysis of erythrocytes unless the same precautions are taken in regards to compatibility as employed in the case of blood transfusion.

THE PROPHYLACTIC AND THERAPEUTIC APPLICATIONS OF HUMAN SERUM

This comprises a large field in serum therapy, because it includes not only the administration of *normal human serum* as such, or in the form of blood transfusion in the treatment of hemorrhage and hemorrhagic diseases; but it also consists in utilizing the specific and nonspecific antibodies in both normal and convalescent sera including blood transfusion for the prophylaxis and treatment of a number of infectious diseases as follows:

1. For the prevention and treatment of *hemorrhage, hemophilia,* the *purpuras* and *other hemorrhagic diseases.* For this purpose human serum is to be preferred to horse or other sera of the lower animals, because it does not usually produce sensitization. But I believe that whole blood is to be preferred, because it furnishes the patient with platelets and especially in the treatment of those purpuras and hemophilia due to quantitative or qualitative deficiency in these cellular elements. By suitable arrangements it is very easy to draw 20 to 25 c.c. of blood from a healthy donor in a syringe fitted with a No. 16 or 18 needle (to facilitate rapid filling) and inject the patient *intramuscularly* before coagulation has occurred and without the use of anticoagulants. Under these conditions compatibility tests are not required, and one or more injections may be given before blood transfusion is conducted.

2. For the prevention of *measles,* since the intramuscular injection of 10 c.c. of serum or 25 c.c. of whole blood from an adult who has had this disease may effectually prevent the infection for a few weeks at least. In unusually severe measles, and especially in cases of broncho-pneumonia, larger doses and especially transfusion with adult blood, may be of value in treatment.

3. For the prevention of *scarlet fever,* in which case about 20 c.c. of serum or 50 c.c. of whole blood from a *convalescent* may be given intramuscularly to induce an immunity of several weeks' duration. Since scarlet fever antitoxin may produce severe reactions sometimes contraindicating its use for prophylactic purposes, I am much more in favor of using convalescent human serum. And in the treatment of severe scarlet fever, I am also partial to its administration, and particularly by blood transfusion when a compatible immune donor is available.

4. Whether or not human serum possesses prophylactic value in *infantile paralysis* is not clear at the present time; but insofar as the experimental disease of monkeys is concerned, I believe that human serum known to contain anti-viral antibody has demonstrated some prophylactic activity when given in large doses. This may be the sera of adults never known to have had infantile paralysis, but containing antibody presumably because of abortive or unrecognized attacks in childhood, or the sera of convalescents. Indeed, the former appears to be the more effective; and I believe that the intramuscular injection of 20 to 40 c.c. in the case of young children may result in some degree of increased resistance over a period of several weeks. Under epidemic conditions, however, two or more injections at monthly intervals may be required for sufficiently prolonging the immune state.

Insofar as treatment is concerned, however, there is no clear evidence of its value either in human beings or monkeys, probably because the virus is beyond neutralization by antibody once it has become intracellular. Its value in treatment has not been proven; neither has it

been conclusively disproven, and when it can be given upon the earliest evidences of paresis or paralysis, I am in favor of its intravenous administration in dose of at least 30 to 50 c.c. followed at twelve-hour intervals of two or more additional doses of 20 c.c. each by intramuscular injection, with the idea and hope that the antibody thereby furnished will effectively neutralize virus before it has attacked the cells of the central nervous system for which it has a selective affinity. In several cases I have thought that prompt transfusion of blood from compatible donors who had had the disease three to eleven years previously was probably helpful in preventing further infection of the spinal cord.

5. And under this category is to be included *blood transfusion* for the treatment of septicemia and acute infections in general because the therapeutic indications are not so much the supplying of the patient with erythrocytes and hemoglobin as it is for furnishing complement, opsonins and other antibacterial substances as well as such nonspecific agents as healthy leukocytes, leukins and plakins. For these purposes the plasma of normal healthy compatible donors may be used in the form of blood transfusion or that of immunized donors when available and there can be no doubt of the value of transfusion of 200 to 300 c.c. of blood every two or three days and sometimes daily in the treatment of streptococcus, staphylococcus and other septicemias and septic states.

6. Brief mention may be also made in this connection to *auto-serum therapy* in which the patient's own serum is prepared and injected intravenously with some degree of temporary success in the treatment of psoriasis, dermatitis herpetiformis, pemphigus, lichen planus, urticaria and some of the eczemas.

THERAPEUTIC APPLICATIONS OF NORMAL HORSE AND OTHER ANIMAL SERA

These can be but very briefly discussed because their main value is in the treatment of hemorrhage and hemorrhagic states; and as previously mentioned, it would appear that human serum and particularly whole human blood are to be preferred—and especially the latter, because furnishing cellular elements as well (platelets and leukocytes) without allergic sensitization. However, normal horse serum by injection, including its local application, has long been employed with some success in the treatment of hemorrhage, as well as various hemostatic preparations prepared from it.

Furthermore, it would appear that intravenous injections of normal horse and bovine sera have met with some success in the treatment of *anthrax;* and it has been stated that mild allergic reactions are of value for checking hemorrhage and especially in the case of hemophilia. For this purpose the patient is given one or two subcutaneous injections of sterile sheep serum (5 c.c.) to induce sensitization requiring about two weeks. Subsequently about 0.2 c.c. are given intracutaneously when bleeding occurs to induce a local allergic reaction which is stated to be helpful in treatment.

HETEROLOGOUS IMMUNE SERA FOR PROPHYLACTIC PURPOSES

Fortunately the prophylactic value of a number of horse immune sera and particularly the antitoxins is so well known as to require but brief mention. In this connection, however, it is well to remember that the duration of immunity following their administration is but brief, and usually no more than two to six weeks, depending upon dosage; so that it is sometimes necessary to give two or more injections for prolongation of the immune state and especially in the case of tetanus and gangrene. Furthermore, since they usually produce allergic sensitization, it is always well and wise for the physician to use proper discretion in their administration.

1. *Diphtheria antitoxin* in dose of 1000 units by subcutaneous injection in case of intimate exposure. In the case of individuals ten years or older, I believe, however, that a delay of thirty-six hours is justifiable for the conduct of the Schick test, since only positive reactors require immunization.

2. *Tetanus antitoxin* in dose of 1500 units by subcutaneous injection. In severe injuries it is advisable to repeat the dose every seven days for one to three additional injections of the same size.

3. *Gangrene antitoxin* is also of prophylac-

tic value not only in street injuries, but likewise before amputation in diabetes mellitus, and probably in intestinal perforation for the prevention of peritonitis. The dose is ordinarily at least 4000 units of *perfringens* antitoxin, and an equal amount of *V. septique* antitoxin. An excellent practice at the present time is to use a combination of these two, with 1500 units of tetanus antitoxin as a combined method for the simultaneous immunization against gangrene and tetanus, and especially in the case of all injuries contaminated with street, garden, or stable dirts.

4. I am not particularly favorable to the prophylactic use of *scarlet fever antitoxin,* although as now prepared it does not appear as likely to produce severe reactions as was formerly the case. Certainly in all individuals over six years of age, I advise a delay of twenty-four hours for the conduct of the Dick test, since only positive reactors would require immunization.

5. Whether or not *antimeningococcus* serum possesses prophylactic value cannot be stated at the present time; but some observers have recommended the subcutaneous or intramuscular injection of 10 to 15 c.c. to induce immunity of a few weeks' duration during epidemics of the disease.

6. I believe, however, that the probable prophylactic value of concentrated *antistreptococcus* serum prepared by the immunization of horses with hemolytic strains has been greatly neglected, and especially by surgeons and obstetricians in cases of severe mastoiditis, abortions, and miscarriages, prolonged labors, needle pricks by physicians and pathologists, etc. I know that this serum has more prophylactic and curative activity; and I advise the intramuscular injection of 20 c.c. in cases where streptococcus infection, and especially septicemia is to be feared.

Heterologous Immune Sera for Therapeutic Purposes.—And, fortunately, the number of horse immune sera available at present for the treatment of disease is even larger. In this connection it is impossible within the scope of this lecture to give details as to dosage because it varies so greatly, according to severity and duration of infection; but I may be pardoned for again emphasizing the cardinal principles of early administration in large and adequate amounts.

1. In no disease has this been so well proven as in *diphtheria,* where the mortality is almost nil when antitoxin is given within the first twenty-four hours after onset without awaiting the results of culture, while showing a mortality of about 10 to 12 per cent when administration is delayed to the third day. Ordinarily 5000 to 30,000 units are required, depending upon conditions; and in severe cases it is always advisable to give the first dose at least by intravenous injection.

2. If ever there was truth in the old saying that a "stitch in time saves nine", it applies to *tetanus,* in which 1000 units of antitoxin may prevent a disease where 100,000 units may fail to cure. Once the toxin has combined with the anterior horn cells of the spinal cord, its neutralization appears difficult, and only large doses of antitoxin offer hope of success. My practice is to give 20,000 units intravenously, with 5,000 intraspinally every twelve hours for at least four treatments, followed by intramuscular injections at daily intervals.

3. In *gangrene,* large doses of the combined antitoxins are required, like 10,000 units of each by intravenous injection every eight to twelve hours, followed by intramuscular injections at daily intervals until the infection is under control.

4. In *scarlet fever* the intramuscular injection of 5000 to 6000 units of antitoxin, repeated as necessary, has reduced the mortality to an encouraging degree, as likewise to some extent the incidence of otitis and nephritis. Curiously enough, in my experience at least, it has been better borne than when used for prophylactic purposes; and I am in favor of its use early in the disease when human convalescent serum cannot be obtained.

5. *Erysipelas* antitoxin has been frequently of value in my experience, and especially in facial erysipelas when given early by intramuscular injection every twelve hours. But, in severe erysipelas of the body, and especially in cases with positive blood cultures, it has been generally disappointing.

6. And in *septicemia* due to hemolytic types

of streptococci. I believe that the *early* administration of 20 to 40 c.c. of concentrated serum by intravenous injection, every twelve hours for at least six doses, is frequently of value, along with adequate surgical drainage, blood transfusions, and the administration of sulfanilamide. Altogether too frequently its administration is delayed too long which, along with inadequate dosage, has generally resulted in failure.

7. In *lobar pneumonia* of adults there can be no doubt about the value of antipneumococcus serum, and especially in the treatment of Type I and Type II infections, which together comprise about 50 to 60 per cent of all cases. It is necessary, however, to institute treatment early in the disease, and preferably by intravenous injection of 10,000 to 20,000 units every eight to twelve hours for at least four to six injections. Indeed, it appears justifiable to institute serum treatment without delay for typing, although the latter is quickly and reliably conducted by the Neufeld method. Unfortunately the cost of the serum is still prohibitive for many persons, but after all it costs less than a funeral, and sometimes less than hospital care in the way of shortening convalescence and preventing the occurrence of empyema.

8. *Anti-meningococcus* serum has also proven of definite value, and should always be administered in all cases of acute primary meningitis and early as possible, and one dose at least without awaiting the results of bacteriological examination of spinal fluid. My practice is to give the serum intravenously and intraspinally every twelve hours until improvement is definite, and then intraspinally every twenty-four hours as long as meningococci are to be found in spinal fluid by smear or culture. Indeed I believe that daily bacteriological examination of spinal fluid is a safer guide in serum therapy than clinical conditions alone, in order to prevent the regrettable possibility of residual meningitis or exacerbations.

9. I have also had some success in the serum treatment of *influenzal meningitis* with anti-influenzal serum, the method of treatment being exactly the same as in the case of meningococcus meningitis. In my experience, however, the infection does not yield promptly to serum treatment, which is usually prolonged over periods up to three and four weeks before recovery is assured.

10. A few words may also be said in favor of intramuscular injections of 20 c.c. of antidysentery serum in the treatment of *bacillary dysentery*. Furthermore, it would appear that this serum is sometimes of value in the treatment of those cases of ulcerative colitis in which *B. dysenteriae* is not recovered and which are commonly designated as *nonspecific ulcerative colitis*, on the basis that these in the chronic stage are indeed due primarily to *B. dysenteriae*. Otherwise the anticolitis serum of Bargen is worthy of trial, although I personally believe that the beneficial effects sometimes observed with the small doses ordinarily given are due to nonspecific rather than specific effects.

11. Unfortunately anti-staphylococcus serum has not come into as general use in this country as in England for the treatment of *staphylococcus septicemia*. Potent sera are urgently needed, and should be given every twelve hours in large dosage (50 c.c.) by intravenous injection as early as possible, along with adequate surgical drainage, blood transfusions, and staphylococcus bacteriophase (also by intravenous injection).

12. Anti-gonococcus serum is also indicated in the treatment of those occasional cases of *gonococcus septicemia* in dose of 50 to 100 c.c. every twelve hours by intravenous injection; while in *anthrax* it is excellent practice to give at least one dose of 40 c.c. by intramuscular injection for the prevention of septicemia, to be followed by 100 c.c. intravenously every twelve hours for several doses in case positive blood cultures are observed.

THE TRUE AND FALSE IN CARDIAC DIAGNOSIS

By Cary Eggleston, M.D., New York City

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One who works extensively in the domain of cardiac disease is not infrequently confronted with the problem of determining whether or not the symptoms and signs present in a given case are actually due to heart disease, or are correctly to be ascribed to some other cause. The problem may be comparatively easy to solve; or more often, its solution may prove difficult. Sometimes the differentiation cannot be made with convincing certainty.

There is also the patient with unquestionable heart disease who develops signs or symptoms which may be due to his heart disease but which may, on the other hand, be due to some independent and intercurrent condition. The foregoing title was chosen purposely to permit the presentation and discussion of some of these problems. Their correct solution is always important to the patient and usually to his physician or physicians.

I. THE SYSTOLIC MURMUR

The systolic murmur takes precedence, if for no other reason, because of its frequency of occurrence and general ease of discovery. When it is one of several signs and symptoms of organic heart disease, there is no problem. But when such collateral phenomena are doubtful or absent, its significance may be difficult to determine.

CASE 1

A boy of ten was seen several years ago because the family physician had found a systolic murmur during an acute upper respiratory tract infection. The murmur was still present several months later, and the question of heart disease was raised.

History showed tonsilectomy a year and a half before because of two attacks of otitis media; an erythema attributed to food; scarlet fever at six, and measles about eight months before the murmur was noted. The child had always been pampered and his dietary was very inadequate. He had a moderate secondary anemia and was considered to be "delicate", his nervous irritability being attributed thereto.

Examination revealed a somewhat pale, undernourished child who was rather sluggish, and had a flabby musculature from lack of normal physical activity. The tonsilectomy had been excellent, and there was no recurrent lymphoid tissue. A blowing systolic murmur, maximal in the fourth left space, was audible over the whole precordium. Examination was otherwise without help, perhaps because of his irritability and obstructiveness. The heart rate was somewhat increased and the heart seemed to be overacting, but the patient's obstructiveness interfered with interpretation of these findings. The pulmonic second sound appeared to be rather louder than normal, but this might have been the natural accompaniment of the overacting heart.

At this point the available evidence did not permit a definite diagnosis. Was the murmur merely accidental? Was it the first physical sign of an early rheumatic carditis with mitral disease? Was it the result of a relative mitral insufficiency due to the subnormal state of health with anemia and generally deficient muscle tone? Or was it the result of the earlier scarlet fever?

Fluoroscopic study and an orthodiagram showed a borderline degree of enlargement of the heart, with slightly prominent right ventricle, left auricle, and pulmonary conus. An electrocardiogram showed a somewhat prolonged conduction time, together with suggestive changes in the R-T segments. The total leucocyte count was normal, but the differential count showed a moderate increase in the immature forms of the polynuclear neutrophiles. The red cell sedimentation rate was found to be two and a half times normal.

On the strength of these latter findings, a tentative diagnosis was reached of:

A. Probable active rheumatic carditis;

B. Early mitral endocarditis and myocarditis;

C. Sinus tachycardia, mitral incompetence and probable stenosis.

The subsequent course in this case confirmed the diagnosis. Within the year there appeared two short periods of fever, in one of which there were transient arthritic symptoms. Reëxamination at the end of almost a year showed typical signs of a progressive double mitral lesion in which the features of stenosis were indubitable. Owing, in part, to lack of coöperaton by the family, the patient is now an advanced cripple from rheumatic heart disease. It was possible to arrive at a correct diagnosis here only by giving due weight to seemingly unimportant findings in the course of fluoroscopic and electrocardiographic study which led to the discovery of blood changes indicative of a latent infection.

CASE 2

The patient was the nine-year-old daughter of a physician. She had suffered no illness except an occasional "cold", until the present trouble began. About the first of the year she developed a severe infectious sore throat which she caught from a sister. A few days after convalescence was complete, she had a moderately severe scarlet fever without complications. During the scarlet she developed a persistent tachycardia, the heart rate ranging from 108 when asleep to above 140 when awake and sitting up in bed. The patient was first seen in consultation with her pediatrist after he had kept her in bed for six weeks without effect upon her heart rate or upon a systolic murmur which had appeared at the close of the scarlet fever. The child was thought to have developed mitral insufficiency.

The patient was found to be an extremely nervous, excitable, mentally precocious youngster. She was pale and fat, and the muscles were very flabby and weak. Both tonsils were enlarged, cryptic, and infected. Both groups of peritonsillar nodes were notably enlarged.

Abnormal physical findings were otherwise restricted to the heart. It was found to be of normal size by percussion, and the apex impulse was normal in location and to palpation. The apex rate when supine was 128 per minute and there was a well marked sinus arrhythmia not related to respiration. The rate rose to 140 after mild exertion. The sounds were normal except for a snapping quality of the pulmonic second. A blowing systolic murmur was maximal at the inner end of the third left space which was transmitted to the second, and very faintly down to the apex. No diastolic murmur was heard.

It was considered possible that we were here dealing with an infectious or toxic myocarditis with a relative incompetency of the mitral valve. The close association of rheumatic carditis with tonsillitis and with scarlet fever, both of which had been recently present, was a second possibility. A functional or accidental murmur was also considered in view of the history, the defective muscular tonus, and the evident anemia in a recently convalescent child. Because the murmur and tachycardia were not accompanied by any supporting signs of organic disease of the heart, the last diagnosis was given as the most probable and permission secured for further investigation for protection of the patient.

A complete blood count confirmed the presence of a simple hypochromic anemia; but otherwise it was normal. The red cell sedimentation rate was normal. Fluoroscopic and orthodiagraphic study showed the heart to be normal in size and contour. An electrocardiogram showed merely a sinus arrhythmia, and a tachycardia of 130 per minute.

A definite diagnosis of no organic heart disease was given. The tachycardia and isolated systolic murmur were attributed to the debilitating effects of the recent acute infections and the existing active chronic infection of the tonsils. Tonsillectomy was performed and the chld was placed upon a regime of graded, progressively increased physical activity. She was given iron and an anti-anemia diet. She has been reëxamined twice annually, and had returned to normal in less than one year. She remained normal after nearly four years and has become vigorously athletic.

These two cases, among many including both children and young adults, have been cited to emphasize the need for thorough investigation and great caution when called upon to interpret the significance of the systolic heart murmur. The one truly signalized the inception of a serious organic heart disease, the other proved false as a criterion of permanent cardiac damage.

A systolic murmur may be an important sign, or it may be utterly unimportant. It is always significant because, being readily discovered and often appearing very early in organic heart disease, it points to the need for the adequate search for the presence or absence of evidence confirmatory of organic cardiac disease. Its presence, wrongly interpreted, has led to unjust failure to secure employment, or to unfair rejection from the privilege of life insurance, as well as to a great deal of needless worry and apprehension on the part of the patient.

II. PALPITATION

The symptom of palpitation of the heart, with or without tachycardia, is another manifestation which may signalize the presence of heart disease or may be due to factors largely unrelated to the heart. Since it is not often likely to prove misleading, or to be misinterpreted, it will suffice to pass it by with only a few remarks.

Palpitation is a common symptom of auricular fibrillation, but the latter is so easily recognized clinically by the great liability of the heart rate, the irregularity of the heart beat in both force and rhythm, the common presence of a pulse deficit, and by the usual association of either rheumatic or arteriosclerotic heart disease, that there is little likelihood of its playing us false. Paroxysmal tachycardia, too, is generally so clear cut in its clinical characteristics that it seldom leads to confusion or error in diagnosis.

Palpitation and moderate tachycardia are common phenomena in the excitable, nervous, apprehensive type of person, and here may

give rise to diagnostic blunders, particularly in conjunction with evidences of structural damage to the heart.

CASE 3

Twelve years ago a woman of thirty-two sought treatment with the statement that a diagnosis of heart disease had been made several years earlier; and that despite the taking of digitalis and other medicines, her condition was growing worse. She was nervously and mentally hyperactive, and was deeply concerned about her health. In addition to her almost constant palpitation, she had noticed days on which she would frequently have pains in the region of her heart. She had recently become short of breath when excited, when talking, and at times upon moderate walking.

Her past history revealed a fairly definite rheumatic fever in late adolescence, after which she had been told she had a "leaky valve". Her tonsils had been removed at thirteen because of enlargement. She had suffered from pan-sinusitis for years, and had had many operations for its relief, with only partial success. Her digestion was variable, and she was prone to have periods with much gas in the stomach which she would belch. She was inclined to constipation, and received frequent colon irrigations on her own resposibility. She was married and had borne two children without significant difficulties during pregnancy or delivery.

Gross examination showed an apparently normal and healthy woman of medium build, normal color, and average nutrition. Her muscles were firm and normally developed. There was a mild exophthalmos but the eyes were otherwise normal, except for myopia. The skin was of normal texture and temperature. The thyroid was just palpable. The reflexes were markedly hyperactive, and there was a slight, inconstant tremor of the hands.

Other than for some excess of gas in bowels and stomach the only significant physical signs were limited to her circulatory system. There was no venous distension or abnormal arterial pulsation and the blood pressures were normal. The pulse rate averaged ninety per minute, but showed rather marked fluctuations. The regular sinus rhythm was interrupted by several premature beats per minute which failed to reach the wrist. Precordial dulness was at the upper limits of normal. There was pronounced hyperesthesia of the precordium. The apex impulse was sharp and thrusting, and was preceded by a short, faint presystolic thrill. The apical first sound was loud and sharp, the second was somewhat accentuated. The pulmonic second sound was moderately accentuated, the aortic normal. In the apical region a faint systolic murmur was heard, and also a late diastolic rumble with crescendo accentuation in presystole.

Diagnostic considerations: Rheumatic double mitral disease could easily account for almost all of her symptoms and signs. This was supported by her history of probable rheumatism; by the earlier diagnoses of heart disease and of "leaky valve"; by the complaint of dyspnea and palpitation; by the increased heart rate; and by the thrill and murmurs along with the other cardiac signs. Fluroscopic study further supported these evidences by showing moderate, but definite enlargement of the right ventricle and left auricle with questionable enlargement of the left ventricle. The electrocardiogram proved to be of no particular help in confirming or refuting the foregoing diagnosis.

There were features, however, which cast doubt upon the adequacy of the evident mitral disease as a complete diagnosis. Her general physical health appeared normal. She had no clinical evidences of cyanosis, edema, congestion of the lung bases or liver, and the lungs were clear under the fluoroscope. She had endured two fairly recent pregnancies and deliveries without cardiac insufficiency. Her vital capacity was within normal range, and her exercise tolerance appeared to be a bit restricted by nervous apprehension rather than by cardiac insufficiency, of which there were no definite evidences.

In view of the suggestive findings of nervous instability, tremor, exophthalmos, questionably enlarged thyroid, palpitation, and mild tachycardia, hyperthyroidism was considered as a possible complicating disease. Or it might, perchance, have been the only illness and the cardiac signs might have been misinterpreted, as occasionally happens when the heart is overacting in exophthalmic goitre. The basal metabolism ranged between minus eight and minus thirteen per cent. Sugar metabolism was normal. The experimental diagnostic administration of iodin, and later of thyroid extract were both negative in their results. Hyperthyroidism was therefore rejected as a diagnosis.

Not yet satisfied that an adequate explanation of the clinical picture had been found in the rheumatic mitral disease, this patient was persuaded with little difficulty to submit to a complete routine study. This confirmed the findings previously mentioned, and added only the roentgenologic evidences of some chronic infection in her right frontal and ethmoid sinuses; several devitalized teeth, of which three showed apical infection; and a markedly spastic state of both small and large intestines.

During the period of this study the patient was hospitalized and a plausible excuse was found to isolate her almost completely from her family and relatives. This was done to test the third possible factor in her illness, namely a *psychoneurosis*, which was suggested by the accumulating evidence that her symptoms were largely influenced by external factors. Thus it had become apparent that her symptoms were present only when she was at home.

In the earlier stages of her study there had been a brief attack of acute sinusitis during and following a mild upper respiratory tract infection. To convalesce she had been sent South in company with a nurse who had been instructed to get the patient into the sun and air as much as possible, and to guide her in a course of graduated physical activity. Convalescence was rapid, and before the patient's return home she was playing nine holes of golf and riding horseback without any circulatory symptoms and, from the nurse's observations, without abnormal signs. Even the heart rate had returned to normal and there was neither dyspnea nor palpitation. Similarly, during the period of

study in the hospital she promptly lost all cardiac symptoms, which had returned shortly after she had come back home, and the tachycardia disappeared.

With adequate care, including the elimination of focal infection, reassurance and reëducation, and a fair adjustment of family conflicts, this patient today, twelve years after coming under observation, remains in good health except for brief periods of return to her earlier symptoms, each of which has always been the direct consequence of some emotional stress or domestic conflict. She has undergone two surgical operations and has suffered bereavement, all without cardiac symptoms. The objective findings in her heart are practically identical with those recorded twelve years ago, except for the general absence of tachycardia.

Her case has been presented in considerable detail because it contains both the true and the false in relation to her heart disease and emphasizes the importance of their recogniton and separation for treatment.

III. PATIENTS WITH PAIN

Difficult as cases of the foregoing types may be, they are fortunately relatively infrequent. It is among the cases with pain that problems most often arise. The following examples are illustrative:

EPIGASTIC PAIN

CASE 4

A man in his early forties was admitted to the hospital with the complaint of severe epigastric pain, just below the xiphoid. This had appeared suddenly and spontaneously about six hours prior to his admission, and had remained essentially constant. There was a somewhat indefinite radiation of the pain to the lower sternum and the left shoulder. He had vomited at the onset, and while in the admitting office did so again, the material being evidently residual gastric contents.

The blood pressures were 142/90. The peripheral arteries were normal. The pulses were equal and regular with a rate of ninety-two. Temperature, blood count, etc., showed no abnormalities. The patient was pale and in evident severe distress, but examination revealed no additional physical signs except apparent mild tenderness just below the xiphoid cartilage. On his reaching the ward, he began a period of violent retching which ended in his vomiting a few ounces of mucoid material which contained a little fresh blood.

Further history revealed that a diagnosis of "stomach ulcer" had been made when he was about twenty-seven years old, for which he was given a rigid diet and medicine, with nearly complete relief. He said the pain of the present attack felt like the pain he had had with his ulcer, but was more severe. Because of this, he had taken soda twice on the day of admission; the first dose caused free belching and gave temporary relief from the pain, which, however, soon returned. The second dose was somewhat less effective, but had definitely eased his pain. In recent months he had been having a good deal of indigestion, and had often obtained relief from soda. He felt that he was developing another ulcer, and had recently planned to see his physician when the present acute attack had forced him to seek immediate help at a hospital. The admission diagnosis was active, recurrent peptic ulcer, and a Sippy regimé was prescribed to begin four hours after vomiting had stopped.

The next morning the patient was feeling better, but his rectal temperature was elevated to 100.2 degrees F. A careful routine examination then showed no epigastric tenderness. The blood pressures and pulse rate were unchanged, but the first heart sound was thought to be quite lacking in muscular quality, and to be followed by a faint systolic whiff. There were no other abnormal signs.

A routine blood count showed 13,700 white cells, with 86 per cent of polynuclear neurophiles, of which 11 per cent were immature cells. The possibility of an *atypical coronary thrombosis* was therefore considered. The first electrocardiogram yielded inconclusive information; but subsequent records established the diagnosis and were supported by the additional appearance of a transient pericardial friction rub.

This case well illustrates the possible misinterpretation of the early symptoms of coronary occlusion, and the need of always heeding slight inconsistencies in the clinical picture as a whole. Here the fever and leucocytosis gave the clues which led to early correct diagnosis.

CASE 5

A Jewish gentleman, sixty-four years old, had undergone prolonged emotional strain from the loss of his fortune, coupled with domestic difficulties. One day he had two or three spontaneous attacks of rather severe pain in the upper left pectoral region, lasting from a half to over one hour. These left an area of soreness at about the middle of the lower border of the left pectoralis major muscle. Nothing of significance appeared in his family history, and his past history was that of unusual good health except for a long standing osteoarthritis in both feet.

Physical examination showed arteriosclerosis of a grade usual at his age, blood pressures of 154/76 m.m. of mercury, evidence of the arthritis in the feet, and no other abnormalities. On the evening of the second day after this examination, the patient suffered a typical and very severe *coronary occlusion*, with intense pain in the left anterior chest, the left shoulder and arm. The diagnosis, never in doubt, was confirmed both by electrocardiograms and the course of his illness.

After a very stormy period, during which his life hung in the balance, he entered a period of convalescence which was marked by several recurrences of severe chest pain, one of which was followed by electrocardiographic signs indicative of a secondary occlusion. After the lapse of about two

months, and after having gone out of doors almost daily for a couple of weeks, the patient had a return of the pain, which centered over the sternum opposite the second and third interspaces. This grew progressively worse during the day. Two grains of codeine were given when the pain had persisted for four or five hours. Despite this and complete rest in bed, the pain continued until half a grain of morphin was administered in the early evening. A new occlusion was suspected, but its diagnosis was deferred because of the absence of changes in pulse rate and rhythm, in the heart sounds, in the blood pressures and white count, and because of the absence of fever.

The next day, after a good sleep, the patient appeared to be in good condition, there were still none of the changes just referred to, and the pain had shifted so that it was most marked in the right upper chest along the intercostal muscles and in the right shoulder and arm. In all of these areas there was deep hyperesthesia and some soreness. The pain was also observed to be much aggravated by change in position, by deep breathing and by some movements of the right shoulder. A diagnosis of *neuritis or myositis* was then made. Further interrogation led the patient to recall that on the very hot afternoon which preceded the onset of this last attack he had become chilled while in an over air-conditioned "movie". Continued observation, serial electrocardiograms, and favorable response to the use of aspirin and phenacetin, combined with local heat, led to the exclusion of the idea of a new coronary accident. The patient is now well except for the persistence of a rather mild angina of effort.

CASE 6

A powerfully built man, thirty-seven years of age, was brought to the hospital some five hours after the abrupt and unheralded onset of a very severe catching pain in the right mid-axilla. The pain was of a pleuritic type, and so intense as to make his respiration rapid (30 to 38) and very shallow. Inspiration was greatly limited by the pain. There was almost constant coughing, which was nearly unbearable because of the suffering it caused. The patient was raising a mucoid sputum which contained a great deal of fresh blood. His pulse was rapid, 110 per minute, bounding, and of a somewhat collapsing quality. The blood pressures were 118/62. The temperature was 103.2 degrees in the admitting room, and two hours later in the ward it had risen to 104.5 degrees F. The patient felt chilly, but did not have a true chill. The leucocytes numbered 18,600, with 84 per cent of polynuclears.

Physical examination was limited and incomplete because of the patient's extreme distress. He showed a bluish flush of his facies, the lips being definitely cyanotic. The pharynx was dry, but otherwise normal. The tongue was furred. The lungs were normal, as far as could be determined, except for an area in the right mid-axilla about the size of the palm of a man's hand. Over this area there were impaired resonance, suppressed voice and breath sounds, a few fine râles, and a constant but faint pleural friction rub. The heart did not appear enlarged when percussed. It was rapid and regular; the sounds seemed distant, but cough was so frequent and respiration so rapid and noisy due to his inspiratory grunting that these findings were considered questionable. Some of us thought that a systolic murmur could be detected at the apex. Other signs were absent. A diagnosis of *acute lobar pneumonia* was made and he was given morphine for his intense pain and placed in an oxygen tent.

After a restless night, during the early morning hours of which a second dose of morphine had to be given, his condition was changed only to the extent of disappearance of the cyanosis, incomplete relief of the pain, and somewhat quieter breathing with respirations of only twenty-six per minute. The signs in the right chest had been altered by the appearance of a faint bronchial quality to the voice and breath sounds which, however, remained suppressed. Through an error, no sputum had been saved for typing. In the early afternoon a faint, but definite friction rub was heard over a small area of the precordium. The blood pressures had fallen to 94/54 millimeters of mercury.

Because it was felt that this new evidence did not agree well with the diagnosis of pneumonia, and because the pneumonic symptoms could be explained as due to *infarction of the lung*, the diagnosis was reconsidered. A film of the chest was secured with a portable x-ray apparatus, and showed a suggestive triangular area of density in the lower lobe of the right lung, the base of the triangle lying at the periphery. An electrocardiogram revealed abundant evidence of a recent coronary occlusion with extensive myocardial damage. Serial electrocardiograms and the clinical course established this as correct, and positive confirmation was added by post mortem examination.

This was an example of the development of a large *myocardial infarction* without the usual symptoms of substernal or precordial pain, arrhythmia, or gastro-intestinal manifestations.

IV. CORONARY THROMBOSIS

Within the two months just preceding the admission of the patient whose case will be the last to be cited, there had occurred two very acute examples of rapidly fatal collapse in patients in the sixth decade of their lives. Events had moved so rapidly in both cases that no history could be obtained in one, and none of value in the other. Necropsy showed each to have died from a rapid internal hemorrhage due to the erosion of a minute peptic ulcer into a sizable branch of the superior gastric artery. This diagnosis had been suspected just before death in the second case because of the agonal passage of a large amount of black changed blood. The admission, therefore, of a third patient of the same age group—sixth decade—found the minds of the hospital staff perhaps misdirected.

CASE 7

A woman fifty-six years old failed to appear at breakfast at her boarding house where she was known to have been in poor health. She was found by the housekeeper in an alarming state and was brought at once to the hospital by ambulance, arriving in extreme collapse. She was extremely pale, and too weak to answer questions except to indicate that she had no pain, and had previously had none.

The only history was that secured from her landlady, who said that the patient had been in evident declining health for many months, although she had never been heard to complain or in any way to mention having had any symptoms. The landlady did volunteer the observation that she had often noticed that the patient puffed severely and seemed exhausted after climing stairs.

Examination showed a very pale, rather poorly nourished woman who appeared to be about sixty-five years old. She was compelled to sit up to breathe and her respirations were rapid and rather shallow. Scattered, medium-sized râles were present in both lungs. The pulses were equal, regular, almost thready and the rate was between 160 and 180 on several counts. The blood pressures could not be determined accurately, but were thought to be about 85 to 90 systolic. The diastolic level was not determinable. The heart dulness appeared somewhat enlarged to the left; but percussion was regarded as untrustworthy, and the apex impulse could not be seen or felt. The heart sounds were of the fetal type, and no murmurs were heard. It was thought that the liver edge was faintly made out about two centimeters below the costal margin. There were no other findings. The patient grew worse rapidly and died before other studies could be made.

In the light of recent experience, hemorrhage from another eroding peptic ulcer was naturally considered. Her age, the great dyspnea and orthopnea, and the very low blood pressure suggested a cardiac origin such as *paroxysmal tachycardia* or the possibility of *ventricular tachycardia*. Other possibilities were admitted, but no definite dagnosis was deemed possible.

Necropsy showed the presence of a large fresh *thrombus* occluding the major part of the descending branch of the left coronary artery.

Many more examples might be cited, but this would serve no useful end. Enough has been presented to illustrate the essential contention that, when faced with signs or symptoms which may be evidences of heart disease, or which may be produced by quite unrelated conditions, it may be difficult to sort correctly the true manifestations of heart disease from the false, and thus adequately serve and protect the patient. Here, as elsewhere in diagnosis, it is often the seemingly insignificant details or the minor inconsistencies, which if rightly viewed, serve best to guide one to the correct solution of the patient's diagnostic problem, if indeed it can be solved during life.

125 East 74th Street

SOME MEDICAL OSTRACCA

By FRANKLIN H. CHURCH, M.D., Salem, N. J.

The medical literature of the beginning of the Christian Era has been lost almost entirely. The writings of the physicians of the period were unaccomplished or else never survived the destructive effects of the passage of the centuries. That there are many references to medical subjects in other documents and in the works of lay historians is seldom realized; and from these fragments, frequently, some idea of the state of physicians and medicine in these early times may be obtained. The physicians of the early Roman Empire were probably Greek and Egyptian slaves or captives taken in war; and medicine owes an unremembered debt to Gaius Julius Caesar of Gaellic War fame in that, in the year 44 B. C., he conferred Roman citizenship on all aliens who were physicians in Rome.

The term *ostraccon* (plural, ostracca, from ostrea, oyster), is applied to fragments of books or documents or letters, or of shards, tiles, or shells, with writings or inscriptions on them which have been found in various locations in the world and which may be deciphered and convey some ideas of past conditions to us. Some may consist of only an inscription; others contain only the name of a king in hieroglyphic character; and others, a few incomplete lines; but many have sufficient material to give us an impression of the life and times in which they were written. A few of these fragments of historical documents have been selected for comment from the eighteen hundred specimens in the published collection "The Oxyrhynchus Papyri", of Grenfell and Hunt, London, 1898. (Copy in the University Museum Library,

Philadelphia.) Oxyrhynchus was at one time a large city in Egypt, the capital of a Nome or civil division, and was named from the Greek name of a pike-like fish which the Egyptians worshipped there. With the spread of Christianity through Egypt, the city became a great resort for monks and hermits, which accounts for the fact that any of the fragments have been preserved at all. These ostracca are written in the uncial Greek of the period.

PUBLIC PHYSICIANS

One of the obvious inferences from several of these fragments is that, as long as two thousand years ago, State medicine and socialized melicine existed, and possibly was the only type of treatment available for any except the very wealthy. That so little of the then current medical knowledge has been passed down to us is possibly due to the fact that the physicians occupied a relatively inferior social position and were, in general, dependent upon the whim of the politician or the wealthy not only for subsistence but actually the life of the physician was often dependent upon his ability not to offend the powers that were. Under such a regime inventiveness and candor would not be encouraged.

Two of the fragments in the Oxyrhynthus collection relate the activities of the *Coroner* or city physician. One read as follows:

"Report of a Public Physician. To Claudius, strategus, from Dionysius, son of Apollodorus, son of Dionysius of Oxyrhynthus, public physician. I was today instructed by you through Heraclides, your assistant, to inspect the body of a man who had been found hanged, named Hierax, and to report to you my opinion on it. I, therefore, inspected the body in the presence of the aforesaid Heraclides at the home of Epigathus, son of ———, son of Serapion, in the Broad street quarter, and found it hanged by a noose, which fact I accordingly report."

This fragment is assigned to the year 173 A. D.

Another shows that two "public physicians" are reporting to the authorities the results of an examination of a girl harmed by the fall of a house: "And saw that the girl had several cuts in her hip, and wounds near her shoulder and right knee." This is also a second century fragment. All this reveals the fact that there were city physicians eighteen hundred years ago.

In the "Hibeh Collection" made by Grenfell and Hunt, published in London, 1906, there are two fragments which are assigned dates in the third century B. C., and which indicate a more or less socialized state for the physician. These were evidently found with mummies; the first being labeled as "Mummy A, 248 B. C. Payment of a Physician tax: One, Cyrenean, writes a promissory note to Eucarpus, a physician, as payment for the physician tax." It does not state whether Mr. Goodhand was ever paid the note or not.

The second fragment was found with "Mummy 10, 231 B. C." The fragment is part of a receipt given by the tax collector, "for payment of a physician's and police tax". It would be enlightening to have some of the details of the system which seems from these two receipts to have been quite well organized, and wholly open to expert racketing by the *tax-farmers.*

HEALTH OF SLAVES

Six or seven documents are "Bills of Sale" for slaves. These carry curious implications as to the medical problems of the early Christian era, and indicate a little, some of the knowledge of disease of the time. Two mention that the slave being transferred has *epilepsy* and a third certifies the freedom of the mother and child from that ailment. This suggests a relatively very high incidence for the "sacred disease"—rather more than is present in our day.

"Fragment XCV,—Sale of a slave. 'This slave Julius Germanus took from him, just as she was, free from blemish except epilepsy, and marks of punishment.' "

"Sale of a slave, A. D. 77,—'The slave Serapous who belongs to me and is about eight years old and is without blemish apart from epilepsy and leprosy.' "

There would not seem to be any connection between the disease we know as leprosy and epilepsy but there is a well-known association of inherited or congenital syphilis with epilepsy. The leprosy mentioned could also have been the transitory rash of Yaws, primitive

form of treponematosis. These blemishes are mentioned casually as if epilepsy were common, and implies that the "Leprosy" was not damaging and would, like the Yaws, soon disappear. This suggests the reply of the old beduin to Dr. Hudson, whose studies in the Euphrates Valley are well known, when asked if he had ever had "Bejel", the primitive type of the yaws-syphilis common with the tent beduins. He replied, "Well, who hasn't had it?"

WILLS

Another small fragment, CV, being part of someone's last will and testament, allows us to make certain interesting inferences from just a single phrase. In the course of the document, the testator is stated as "Being sane and in his right mind". This shows that other types of alienation than utter madness were recognized as early as the first century, A. D., and that it was recognized that an unsound mind could not make a valid will. Herodotus describes the madness of Cambyses, who ruled the Babylonian-Assyrian Empire in 530 B. C., stating:

"For Cambyses is said, even from infancy to have been afflicted with a certain severe malady, which some call the "sacred disease" (epilepsy) In that case it is not surprising that, when his body was so diseased, his mind should not be sound."

The recognition of the lack of responsibility of paretics did not become adopted into the legal system until about 1825; and it was not until 1913 that Nogutchi and Moore described the causation of the disease as being due to the treponemata.

Another interesting fragment, 1463, in the Oxyrhynthus collection, is suggestive of a knowledge of venereal disease, and is dated 215 A. D. It is an

"Application for the examination of a female slave * * * 'As I wish to buy from Aurelia * * * a female slave called Tyrannis, of Asiatic descent, white skinned, aged about twenty-four years. * * * I request that her examination may be held in accordance with the orders on that subject.'"

We today are tardily beginning to consider, and in some communities to require, the routine examination of domestic servants for contagious venereal disease.

These few fragments, shells cast up on the sands of time, potsherds from the camping grounds of the ancients, give us a little insight into the medical duties of the earlier physicians. They made a little more real the fact that there were active medical men then, and that they were attacking almost the same problems with the crude methods at hand, in spite of the rise and fall of nations and the inability to have any other aid than the word-of-mouth training of other physicians. There seems to have been a definite position achieved by the physicians in the society of the time. Many of them at least were associated with the governments of the communities in which they lived. Some form of socialized medicine is clearly implied in the "public physicans" and "receipts for physician's tax." There is definite recognition of the medical man as an officer of the state, and the last fragment suggests an attempt at public health control; possibly a realization of the dangers of admitting a strange individual, a slave, into another household without a medical examination. This would seem quite an advance in the status of the physician in the four centuries surrounding the beginning of our era, a progress which apparently retrograded sadly in the next four or five centuries and required nearly a millenium to surmount the oblivion of the Dark Ages.

VERTIGO OF MENIERE'S SYNDROME

By Thomas S. P. Fitch, M.D., F.A.C.S., Plainfield, N. J.
Neuro-surgeon, Muhlenberg Hospital, Somerset Hospital, and Newark Eye and Ear Infirmary

Read before the Staff Meeting of the Muhlenburg Hospital

Vertigo is one of the most distressing symptoms which are presented by patients. Many patients are rendered miserable by this complaint, and seek medical advice. In many cases the cause is apparent after complete physical examination, and may be purpuric disease or anemia and leukemia with hemorrhage into the internal ear. Arteriosclerosis, and chronic

nephritis or cardiac disease may be found. A frank acute or chronic middle ear suppuration with labyrinthitis would be very evident to the examiner. Cerebellar or even cerebral tumor or abscess with vertigo as a symptom of increased intracranial pressure would be quickly suspected upon finding choked discs in the eye grounds.

The syndrome of Meniere's disease should immediately arise in the mind of the physician when vertigo is presented as the chief complaint. This is particularly true because of the great relief that can be obtained by the proper treatment. Dandy* has described an ingenious surgical attack and has contributed much to our understanding of the proper treatment of these cases. Just as the treatment resembles the radical treatment of tic douloureux, so the syndrome is grossly similar. The pain of tic douloureux appears suddenly without any known reason at a most unexpected time so, in Meniere's, the attack of vertigo falls upon the unprepared patient with great suddenness. The patient is seized by a severe attack of dizziness which usually contains an element of definite sense of subjective motion of the body in space. This feeling of motion immediately suggests the vestibular system as the aggravating factor. The nausea and falling which accompanies the vertigo completes the picture of end organ vestibular irritation which resembles the sensations suffered after stimulation of the vestibular mechanism by caloric tests or rotation in a Barany chair. Again the eighth cranial nerve is placed under suspicion because of the history of tinnitus, of which these patients complain, either associated with their attacks or occurring in the interval between attacks. Further evidence of auditory nerve involvement is the loss of hearing in the ear to which the tinnitis is referred. This completes the syndrome—vertigo, nausea, falling or sense of imbalance, and tinnitus in one ear with loss of hearing on the same side.

Neurological examination shows no organic changes other than a disturbance of the vestibular mechanism and loss of hearing. Any variation of the above syndrome should put one on his guard as to the true diagnosis of Meniere's. For instance, if other cranial nerves in the neighborhood of the eighth are involved, the possibility of a tumor in the cerebello pontine angle, most commonly an acoustic neuroma, should be considered. Characteristic pupillary changes would suggest syphilis of the central nervous system, and lead to studies of the serology of the blood and spinal fluid.

One patient came to me, accompanied by his wife, with the complaint of vertigo which mystified me until I interviewed a friend who had seen the patient during an attack. His description promptly settled the diagnosis as epilepsy, later shown to be traumatic. Vertigo, tinnitis, and falling constituted the aura and were the only symptoms of which the patient was aware, since only one attack had been in the presence of a second person.

Two cases which presented this typical syndrome and upon which I operated for relief by eighth nerve section will illustrate the syndrome:

CASE 1

Mrs. A. D. B., aged sixty-five years, referred by Dr. Hegeman, of Somerville. This patient was in good health until one year ago when she had her first attack of dizziness, which was attributed to biliousness at the time. Three months ago she had a second attack of severe vertigo. She had noticed deafness in her right ear for past ten years and had also noted tinnitis in that ear. Her attacks were accompanied by nausea and vomiting. Examination showed a nerve deafness in the right ear, with normal hearing in left ear. Vestibular rotation tests gave reduced reaction for the right side.

She entered Somerset Hospital, where I performed a right occipital craniotomy and sectioned the right eighth cranial nerve. She made a good post-operative recovery. A transient right peripheral seventh nerve palsy appeared the second day after operation, but this soon cleared up.

I saw her on follow-up fourteen months after operation. There was no evidence of facial weakness, and there had been no recurrence of her vertigo to date, four years later.

CASE 2

Mrs. G. M. P., aged thirty-five years, referred by Dr. Hamblin. Three years ago she had her first attack of dizziness. It consisted of severe vertigo, with nausea and vomiting. She experienced a ringing noise in her right ear which has continued to present time. She was free of attacks for two years when they returned and have become more frequent. They have occurred about every two days during the past two weeks. The attacks are always accompanied by nausea and vomiting. She is

* Dandy, Walter: Trans. Am. Therapeutic Soc. for 1932.

now in a state of dread and very nervous as a result of the frequent attacks. She is afraid to walk out alone. Examination showed deafness in right ear—could only hear loud spoken voice.

I performed a section of her right eighth cranial nerve through a right occipital craniotomy. She was completely relieved of her vertigo after operation, and has had no recurrence to date more than three years.

Temporizing treatment, such as large doses of ammonium chloride with sodium chloride restriction, are uncertain and difficult to maintain. If the syndrome is clear-cut and the diagnosis certain, the operative section of the vestibular branch of the eighth cranial nerve on the side of tinnitis and deafness is worthy of serious consideration; and in my experience when carried out, has resulted in producing a most grateful patient comparable to the sufferer of tic douloureux who has had a successful section of the posterior root of the trigeminal.

HEART DISEASE IN PREGNANCY

MATERNAL WELFARE ARTICLE NUMBER TWENTY-EIGHT

By JAMES B. GULICK, M.D., East Orange, N. J.

Cardiac disease, being a reasonably common disorder in this section of the country, cannot but play an important rôle as a complicating factor during pregnancy. It has been found that about four in every hundred pregnant women present this complication. Furthermore, the maternal mortality among this group has proved to be more than twice as high as that in normal women. Therefore, the obstetrician is faced with a real problem in dealing with his cardiac patients, and much time has been spent in an effort to discover a satisfactory method of evaluating and treating the condition.

FUNCTIONAL TESTS

Statistical study has shown that the "Rheumatic" heart with its mitral lesions is the most common offender. However, there are also other valvular lesions encountered; and it is sometimes difficult by physical signs alone to determine accurately how much capacity such a diseased heart will have to withstand the increased burden which pregnancy undoubtedly places upon it. This capacity after all is what we would like to be able to foresee in deciding correctly on the treatment of any individual case. Therefore, in addition to classifying the heart lesion according to the physical findings, many clinics have also adopted a classification based on *functional capacity*. Thus by careful inquiry into the patient's cardiac history with regard to dyspnea, orthopnea, cough, previous decompensation, etc., plus the physical findings such as pulse, respirations at rest and following exercise, one can attempt to group the patients in classes as those suggested by the New York Heart Association. A grouping based on such data will give the physician some idea as to what to expect of the diseased heart under the added strain of pregnancy. Observations along these lines should be continued from week to week as the pregnancy progresses, so that any change or shift from a relatively mild class such as Class I or Class II a, to a relatively serious class such as Class II b or Class III, can be detected at once and appropriate methods of procedure undertaken.

STEPPING TEST

In attempting to assign a given cardiac patient to the correct functional group, it is often convenient to have the patient carry out some form of exercise test in the presence of the physician. The type of test used will of course vary, but it is essential that the physician be familiar with the normal reaction of the heart to the exercise given. A stepping exercise has been found useful in some clinics. This merely consists of having the patient step on and off a step about ten inches high at the rate of twenty steps per minute. After twenty-five such steps, a Class I patient will show some

dyspnea and tachycardia for about one minute. A Class II a patient will show similar reaction of somewhat greater severity and of longer duration. Class II b patients will often have to stop before the exercise is completed because of fatigue and dyspnea. If this or some similar exercise is carried out at intervals during the progressing pregnancy, any change in the heart's functional capacity may be detected.

Generally speaking, patients falling into Class I or Class II a will deliver spontaneously without undue distress. It is always advisable, however, to give such patients complete bed rest for a week or two before delivery, and to shorten the second stage of labor by the application of forceps.

Class II b and Class III patients occasionally show considerable cardiac embarrassment during labor, and therefore many physicians prefer to deliver them by Caesarean section. The choice of method, however, will depend largely on the individual case.

TREATMENT

It must be remembered that adequate rest is an important feature in the treatment of the cardiac patient. It may be necessary to hospitalize a patient several times during the pregnancy; and in the more severe cases, hospitalization is essential for a month or more previous to the date of delivery. Digitalis therapy should be instituted according to the physical findings, but is not always necessary in the milder forms of the disease when the pulse remains regular and slow. The presence or onset of auricular fibrillations should be looked upon as a serious complication; and the patient with this sign should be treated as if falling into a more severe class than that to which she has been assigned according to her functional capacity. The danger of pulmonary embolus as a result of this condition is well recognized.

THERAPEUTIC ABORTION

The performance of therapeutic abortions because of existing cardiac disease is a moot question. Certainly, it is unfair to state that such a procedure should be carried out for all cases. No definite statement can be made on this matter because so many different factors enter into the decision. Each individual case must be reviewed from all sides, and the ultimate decision must be made by the physician after careful study and evaluation. On the whole, it may be stated that, after careful study of the cardiac condition by the method outlined, many patients with cardiac lesions will be allowed to go on to term who would otherwise have been aborted.

CLASSIFICATION OF N. Y. HEART ASSOCIATION

Although the functional classification as suggested by the New York Heart Association is undoubtedly familiar to all, it is appended below for the purpose of convenience.

Class I: Patients with organic heart disease able to carry on physical activity without discomfort. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or chest pain. Patients in this class do not show physical signs of cardiac insufficiency, and rarely signs of active heart infection.

Class II: Patients with organic heart disease unable to carry on ordinary physical activity without discomfort.

a. Activity slightly limited. Ordinary physical activity causes undue fatigue, palpitation, dyspnea or chest pain. Patients in this class rarely show physical signs of cardiac insufficiency or signs of active heart infection.

b. Activity greatly limited. Less than ordinary physical activity causes fatigue, palpitation, dyspnea, or chest pain. Patients in this class usually show one or more physical signs of cardiac insufficiency, or the anginal syndrome, or signs of active heart infection.

Class III: Patients with organic heart disease and with symptoms or signs of cardiac insufficiency at rest, unable to carry on any physical activity without discomfort. There is fatigue, palpitation, dyspnea, or chest pain at rest. Patients in this class show marked physical signs of cardiac insufficiency, or the anginal syndrome or signs of active heart infection.

144 Harrison Street
East Orange, New Jersey

THE PRESIDENT'S PAGE

NUMBER THREE

THE FOUNDING OF THE MEDICAL SOCIETY OF NEW JERSEY

By William J. Carrington, M.D., Atlantic City, N. J.

A broadcast address delivered from Station WPG, Atlantic City, on July 23, 1938, the 172nd Anniversary of the Founding of The Medical Society of New Jersey

The Medical Society of New Jersey is the oldest medical society in the Western World. It was founded on July 23, 1766, by seventeen of the leading physicians of that day. The purpose of the Society was, I quote, "to render the profession more capable of serving humanity". Then, as now, humanity needed serving. The ghosts of sickness, poverty and privation stared in many a colonial window. The Colonies were entering the second year of seemingly hopeless rebellion against extravagant government spending. The Governor of New Jersey, the last of the royal governors, was the strange and estranged son of Benjamin Franklin, the arrogant Tory, Sir William Franklin, who was held in general contempt as a puppet who lived in the glamour of reflected royalty. There were no Liberty Leagues, but there were Sons of Liberty, and they had a tea party near Bridgeton, less publicized than the Boston Tea Party, but quite as effective.

There was much sickness; and diagnosis and treatment were elementary. To feel the pulse, look at the tongue, and mix a dose of medicine out of a smelly saddle bag were simple and inexpensive procedures which took little time, less skill, and no costly apparatus. One of the doctors was not only a physician; he was a teacher, miller, preacher, and distiller as well.

The best doctors in New Jersey 172 years ago had never heard of infections, blood pressure, tuberculosis, puerperal sepsis, appendicitis, goitre, meningitis, or gallstones. These and scores of other diseases are now diagnosed and cured routinely by the 5,000 doctors of New Jersey. George Washington died of a then mysterious malady that any third-year medical student could cure today. The cost of sickness has risen in 172 years, but so has the quality of medical care. Then, there was but a single medical school in America, and it had not yet issued any diplomas. A few doctors studied abroad, some served as apprentices, others just hung out their shingles.

Six years after The Medical Society of New Jersey was founded, it persuaded the legislature to regulate the practice of medicine, the first act of its kind in America. This has been amended from time to time so that the public is now protected from ignorant pretenders who gather on the fringe and make faces at the so-called "medical trust". Today, M.D. means four years in high school, four years in college, four years in an approved medical school, and from one to three years' actual practice under supervision as an interne. Today, any practitioner of any school who measures up to this standard is welcome in New Jersey. One hundred and seventy-two years ago there was no prevention against typhoid, diphtheria, scarlet fever, lockjaw or smallpox. Today, pockmarks are curiosities. Then, there were as many pockmarked faces as there are bald heads today. During certain years, every third mother died of childbed fever. Now, childbed fever is a medical curiosity. Then, the average mother had ten babies, raised two, and became an invalid at forty. Today, the average mother has two babies, raises them both, gets a permanent, and steps out with her debutante daughter.

For modern women, life begins at forty. In the past 172 years more medical progress has been made than in all previous generations of recorded history combined. Suffering has been lessened, usefulness increased, and the span of life lengthened more than twenty years. But, medical care is no longer simple and inexpensive. Living in New Jersey 172 years ago was also simple and inexpensive. Food was homegrown and lacked variety. There were no oranges, canned goods, bananas, or packed meats. Victuals were cooked over open wood or charcoal fires. There was no gas. Coal and ice were curiosities. There were no refrigerators, bathtubs, or electric gadgets. What few rooms were heated had open wood-burning stoves; and wood was to be had nearby for the cutting. There were tallow dips and bayberry candles, but not even sperm-oil lamps. Beds were of straw, husks, or feathers; there were no springs or mattresses. One new home-made dress, or one new homespun suit a year, was a luxury. In 1766, when The Medical Society of New Jersey was founded, the rich had fewer creature comforts than the poor today.

Government was simple and inexpensive. It showed no paternalistic interest in women's wages, or Texas ticks, and there was no public debt. Local government was carried on largely by a sales tax, levied if and when

needed, on stores and grist mills. Fiat money was printed by no less a person than Paul Revere, of Boston, but there was so much counterfeiting that Continental money was not "Worth a continental". There was little travel and no hurry. The trip from Philadelphia to New York through Jersey was by stage over a dirt road. The trip cost $3.50, which included a night's lodging en route. Steam and electricity had not yet been harnessed, and man had not spread his wings. In 1766, there were white and colored slaves in New Jersey. In Somerville the blacks plotted against their owners. Thirty were apprehended, one was hanged, some were flogged, and the rest had their ears cut off. White children, kidnapped in London, were sold as slaves in New Jersey, and Englishmen who had gone in debt at home were shipped to New Jersey and sold as indenture slaves.

Amusements were simple and inexpensive. There were no theatres, but there was amateur wrestling in the stable yard with eye gouging and ear chewing. There were lotteries, horse racing, denominationalism, and hard liquor. But all in all, life was simple, unadorned, and inexpensive. There were no cigarettes, beauty parlors, store candy, lipstick, radios, racketeers, Sunday newspapers, sewerage systems, rouge, vitamins, mazda lamps, birth control, paved streets, public schools, patent medicines, night clubs, bathing suits, saxophones, mixed drinks, lingeries, heated churches, big leagues, Fuller brushes, college football, motor vehicles, department stores, water works, chewing gum, or C. I. O.

While poverty and privation were common in 1766, the doctors were able to give everyone adequate medical care according to colonial standards. There were no hospitals, trained nurses, anesthetics, thermometers, blood counts, stethoscopes, quarantine, microscopes, x-rays, bronchoscopes, bifocal glasses, cystoscopes, hypodermic syringes, medical journals, surgeons, or false teeth.

Much has been written about the high cost of medical care. As a matter of fact, only 29.8 cents of each dollar spent on illness is paid to physicians. The cost of illness could be reduced if we were willing to turn back the pages of history 172 years, and accept the simple and inexpensive care of that day. Indeed, the cost of living could be reduced if we were willing to live as our forefathers lived. The average American family spends $67 a year on tobacco; $37 on candy; $34 on drinks and chewing gums; and $24 on physicians. But, no one among us would go back to saddle-bag days.

Modern scientific care of the sick is beyond the financial means of many of our people. But the heart of America goes out to the underprivileged. We are unwilling for the poorest among us to receive less than the best. Government officials in high places state that one-third of the people of America are ill-housed, ill-fed and ill-cared-for in sickness. They state that because sickness is more prevalent among the poor that, therefore, the Federal Government must furnish medical care, must conscript all doctors, place them under the control of a political bureau, and pay them out of tax funds.

The medical profession is sympathetic to the needs of the poor. No true physician has ever turned a deaf ear to the cries of distress. Through the centuries, day in and day out, in private practice, in clinics and in hospitals, without the slightest thought of remuneration, doctors' care of the poor is in sharp contrast to the sporodic preëlection interest in them by politicians. The medical profession is unwilling to serve under political masters who would prostitute poverty to retain power by offering "free" government medical service to the poor.

During the past two months, The Medical Society of New Jersey has been conducting a survey of the medical needs of New Jersey. Each county medical society is gathering information from doctors, dentists, druggists, nurses, hospitals, welfare groups, fraternal organizations, and from all institutions and agencies, private and public,—in short, from everyone who has any contact with the ill and injured of New Jersey. This survey will undoubtedly reveal faults and errors in the distribution of medical care. However, study of the returns to date shows that adequate medical care is available for everyone in New Jersey. Eighteen per cent of the population do not want medical care. These include Christian Scientists, faith healers and similar groups. Some who want care do not know always where to obtain it; but it is available. Some are too proud to accept charity, and some who can afford private care abuse clinical privileges meant for the needy. But, the statement that one-third of the population cannot be adequately cared for under the present system of medical care is untrue as far as New Jersey is concerned.

On July 7, 1938, an appeal was made to all persons in New Jersey who failed to obtain adequate medical care when in need. Every newspaper in the State carried this appeal: "Any individual, family or group in New Jersey that for any reason has not obtained, or cannot obtain, adequate medical care in time of

need, is urged to communicate with The Medical Society of New Jersey, 143 East State Street, Trenton, N. J. Steps will be taken immediately by the medical society in coöperation with the county medical societies to assure adequate medical care for those in need of it." As a result of this appeal, four letters have been received to date. One poor soul did not know where to have his teeth extracted free, another wanted glasses, and two cancer victims did not know where to go for free radium.

Today, on this the 172nd anniversary of the founding of The Medical Society of New Jersey, a similar appeal is being made to the public through the newspapers and radio stations of the State. If anyone listening to his broadcast knows of a case that cannot receive adequate medical care, please help them and help others by notifying The Medical Society of New Jersey, 143 East State Street, Trenton, N. J. Only with the help of the public can we discover failures in the distribution of medical care for those who need help.

The Medical Society of New Jersey believes that the care of the helpless is a *local*, and not a *federal* project. The long, impersonal, unsympathetic arm of the Federal Government lacks the friendly sympathy of understanding neighbors. Federal aid cannot hope to separate the worthy from the unworthy, as neighbors do close at home. Ill fares the land to hastening ills a prey, where the medical care of the poor becomes a campaign issue.

On this, the anniversary of the founding of The Medical Society of New Jersey, we pay tribute to the founders. Although they worked and wrought in a depression, with sickness and poverty on every hand; although their tools were crude and blunt, yet they possessed the wisdom and the foresight to organize, not for pecuniary gain, not for selfish interests, but "to render the profession more capable of serving humanity". We salute them. We dedicate ourselves to these propositions:

1. To make available to every man, woman and child in New Jersey adequate personal and sympathetic medical care, preventive and curative, at the lowest cost compatible with efficient service.

2. To preserve for all the people of New Jersey, regardless of income, the free choice of physicians from among those licensed by the State to engage in the healing art.

3. To advance medical science, to elevate professional standards, to foster friendly relations between doctors, and to promote mutual understanding between doctors and the public.

A STATE-WIDE SYSTEM OF MEDICAL BROADCASTS

President Carrington's address was one of the eight which were arranged in a state-wide recognition of the 172nd anniversary of the founding of The Medical Society of New Jersey on July 23, 1766. The addresses were delivered by officers of the Society, while the stations and hours were arranged by Dr. J. H. Kler, Chairman of the Committee on Public Relations. All the stations contributed their services in accordance with their usual custom of promoting projects of public interest, and spreading information among the people.

The speakers followed the general plan of preparing their addresses in two parts. First, they described medical conditions in 1766, and the reasons that medical leaders formed a voluntary society for the promotion of the knowledge and practice of scientific medicine. Secondly, the speakers described the present-day efforts of the medical leaders to bring medical services within reach of every person, no matter what his social status might be or where he lived.

The addresses were delivered as follows:

Dr. William J. Carrington, Atlantic City, President, spoke over Station WPG, Atlantic City, at one o'clock.

Dr. Marcus W. Newcomb, Brown's Mills, Ex-President, spoke over Station WTNJ, Trenton, at 7 p. m.

Dr. Chester I. Ulmer, Gibbstown, a Councilor, spoke over Station WSNJ, Bridgeton, at 11:15 a. m.

Dr. William G. Herrman, Asbury Park, Ex-President, spoke over Station WCAP, Asbury Park, at 9 p. m.

Dr. James A. Fisher, Asbury Park, a Councilor, spoke over Station WBRB, Red Bank, at 6:15 p. m.

Dr. E. Zeh Hawkes, Newark, President-Elect, and Dr. Watson B. Morris, Springfield, First Vice-President, divided the time over Station WOR, Newark, at 10:30 a. m., and over Station WAAT, Jersey City, at 1:15 p. m.

Dr. Thomas K. Lewis, Camden, Second Vice-President, spoke over Station WCAM, Camden, at 2:15 p. m. on Friday, July 22.

Dr. P. S. Avery, New Brunswick, was scheduled to speak over Station WAWZ, Bound Brook, at 7 p. m. on Saturday, but was unable to reach the station on account of a cloudburst which made the roads impassable.

The Medical Society of New Jersey gives credit to the broadcasting stations for their participation in the plan to acquaint the people with the disinterested services of the physicians of the State.

COMMITTEE ACTIVITIES

OBJECTIVES OF THE ADVISORY COMMITTEE ON CRIPPLED CHILDREN

By Barclay W. Moffat, M.D., Chairman, Red Bank, N. J.

In general, the objectives of the Crippled Children's Advisory Committee, as outlined in Dr. Nichols' report of the Public Health Committee, are as follows (Jour. June, p. 379):

1. Coöperate with Crippled Children's Commission on all matters concerning the care of crippled children.
2. Integrate physicians with all public groups interested in the care of crippled children.
3. Study the qualifications necessary of the personnel,—medical, nursing, physiotherapy, hospitals, etc.—dealing with crippled children in this State.
4. Study all facilities available and other phases of development of the work for crippled children from the standpoint of The Medical Society of New Jersey.

As regards the first of these objectives, this involves the attendance at committee meetings, called at no stated intervals, to determine what advice to give the commission in carrying out its work so far as the State Medical Society is concerned. These meetings are called when problems are presented to it by the Commission.

The second objective concerns seeking the coöperation of physicians caring for crippled children, in furthering the work of the Commission, in making sure that every crippled child under medical care is having its hospital or brace bills paid for through county or State funds, and that the facilities for care of the crippled children are made available to the patient through follow-up work, transportation, and the like.

The third objective has occupied the attention of this committee for the past, and will do so throughout the coming year. In particular, the convalescent care in institutions for crippled children will be considered.

Included in the fourth objective is the plan to be considered by the committee whereby *post-graduate instruction* may be given to the physicians interested, by extending to them an invitation to be present at the local orthopaedic clinic, should the surgeon in charge in each case express his willingness to coöperate in this respect.

It is difficult to give a comprehensive picture of the work of this committee, involving as it does, such a diversity of activities.

REPORT OF THE COMMITTEE ON THE CONTROL OF CANCER

By W. G. Herrman, M.D., *Chairman,* Asbury Park, N. J.

The Cancer Control Committee for the year 1938-1939 has as yet only held one meeting, and that a meeting to get acquainted and for organization, there being several members this year on the committee who were not on last year.

As a tentative program for the ensuing year, the Chairman does not feel that we can present a better program than one consisting of a combination of the report of Dr. Orton in the Journal of August, 1937, page 522, together with that put out later in the last administrative year by the Cancer Control Committee. This program briefly would be as follows:

a. *Education* of:
   1. The profession.
   2. The laity.

b. *Facilities:*
   1. Accommodations for incurable cases, particularly the indigent and those in the low-wage group.
   2. Increase in radiological equipment, including radium and deep x-ray therapy.

c. *Coöperation:*
   1. With all groups organized to combat the rising death rate from cancer, such as the Curie Institute.
   2. With hospitals and groups already established.
   3. With State agencies, such as Boards of Freeholders and Boards of Health.
   4. With national groups, such as the A. M. A. and Federal Government.

We believe that every effort should be made to stimulate the medical profession itself to become aroused and interested in the subject of cancer; and we believe that education and stimulation of the medical profession should take precedence over further education and stimulation of the laity. The committee wishes to urge each County Medical Society to arrange for at least one program on cancer during the ensuing year as part of its scientific program. We wish to coöperate with any county or section desiring to run a cancer symposium such as was conducted by Passaic County October 11-15, 1937. We believe the medical profession as a whole should be stimulated to take post-graduate work in cancer diagnosis and treatment.

In such localities as have proper facilities for diagnosis and treatment of cancer at the present time, we believe that there a program for education of the laity by the County Medical Society should be started.

We hope to continue coöperation with Boards of Freeholders and other groups in our efforts to provide accommodations for the incurable cases, particularly those who are indigent or in the low-wage group. This, of course, will be in the line of custodial care for those beyond further surgical or radiological treatment. We shall try to work in harmony with such groups as the Curie Institute, seeking to increase the facilities for modern medical care of those who may still be considered in the curable, or amenable groups.

This is a tentative program, and no doubt there will be additions to it after further meetings of the committee.

OBJECTIVES AND PLANS OF THE CHILD HEALTH ADVISORY COMMITTEE FOR 1938-1939

By Stanley Nichols, M.D., *Chairman*

1. Promote child health supervision by the family physicians at all of the child age levels, as follows:

New-born and infants
Pre-school age
School age
Adolescence.

2. Prepare the family physicians to give the highest class of service by offering them post-graduate education facilities, instruction in Baby Keep-Well Stations, hospital pediatric clinics, etc.

3. Include in each *Health Supervision Visit* at a physician's office:

a. Presentation of physical and mental health problems, by the mother or nurse.

b. Medical history since previous visit.

c. Physical and mental examination made and variations from normal recorded.

d. Written instructions to mother or nurse as to care and diet, and special measures to solve health problems presented.

It is recommended that the *minimum necessary frequency* of such Health Supervision Visits in the different age periods should be as follows:

New-Born Period (birth to two weeks of age): *First week,* daily visit; *second week,* 10th and 14th day.

Infancy Period (two weeks to two years of age): *First year,* Health Supervision Visits should be made at least once a month; *second year,* Health Supervision Visits should be made at least every three months.

Pre-School Period (two to six years of age): Health Supervision Visits should be made at least every six months.

School-Age Period (six to eighteen years of age, or to end of growth period—primary, grammar and high school): Health Supervision Visits should be made at least once a year.

4. Promote, by Public Health Hour and other means, the Control of Communicable Diseases in Childhood by Family Physicians—

a. Individually,

b. As coöperating members of their County Medical Societies.

Inasmuch as the record from July 1, 1937, to July 1, 1938, of immunizations and vaccinations by physicians have reached the splendid total of 37,000 diphtheria immunizations and 24,000 vaccinations (which has been developed by the coöperation of The Medical Society of New Jersey with the State Department of Health on these projects), it is recommended that the County Medical Societies, through their Public Health Committees, develop an increasing number of *definite,* coöperative plans with local boards of health, druggists, public health nurses and lay agencies, by which the public may be referred to the Family Physician for such work, for a reasonable period,

before the same is offered at public expense.

5. Furnish capable speakers on Child Health topics, and develop other methods of educating the public on Child Health, including—

a. Printed material—concise printed material by outstanding authorities summarizing the subject in each of the fields of Preventive Medicine.

b. Post-graduate courses, both didactic and practical, including clinical demonstrations of the subject matter at centers, hospitals, conferences, institutes, etc.

c. Practical experience in actual training centers where any member physician can secure (as a trainee or assistant) personal training in this field of medicine, such as pediatric hospital clinics; rotation as attending physician in Baby Health Station; school health work, etc.

This year's progress in Child Health Services must necessarily depend to a great extent on the effort of the individual county societies to develop definite plans, utilizing the groundwork laid by the State Society along these various lines.

The Child Health Committee will be glad to be of service to any county society desiring information or assistance in the preparation or forwarding of Child Health work on behalf of the members of the Society.

THE "WHY" OF PUBLIC RELATIONS

By J. H. Kler, M.D., *Chairman,* New Brunswick, N. J.

Why do established business and professional institutions maintain public relations departments? Why does the medical profession need an intelligently conducted public relations program? Why does The Medical Society of New Jersey need a public relations program?

Because Mr. John Q. Citizen is becoming curious. John Q. is a consumer. He consumes goods and services. He is becoming increasingly interested in the ways in which these goods and services are produced. He is interested because he wants to know whether he is getting the best goods and services obtainable for the money he expends. (The physician is a producer. He produces professional services.)

So John is interested in the methods of production. He asks himself two questions: 1. Do the producers of a particular service favor retention of an existing system of production solely because that system is profitable *to them?* 2. Is the present way of producing these services the most efficient, economical, and satisfactory obtainable from the standpoint of the *consumer?*

If Mr. John Q. Citizen thinks private ownership and operation of public utilities will give him cheaper and better service than any other system, he will favor private ownership and operation of utilities. But if he thinks public ownership and operation will give him more value for his money, he will favor public ownership and operation. He isn't primarily interested in the economic welfare of the producers. He is primarily interested in the welfare of his own pocketbook. His choice of methods of production will be based upon his information or lack of it. So utilities maintain public relations departments to inform John Q. Citizen that from the standpoint of his own welfare he should favor private ownership and operation of utilities.

Similarly, John Q. Citizen wants to know whether the private practice of medicine will give him the best possible medical service obtainable for his money. He isn't taking it for granted. *His attitude will be based on his information or lack of it.* As a consumer, he is not primarily interested in the welfare of the members of the medical profession. He is interested in getting the best medical service obtainable for the least cost. He is interested in the problem of the distribution of medical care from the standpoint of the consumer.

This same thought was apparently in the minds of the members of the Sub-Committee on Legislation when in the June, 1938, issue of The Journal, page 376, they wrote: "The Committee on Legislation suggests that physicians base their arguments for or against a bill on the pleas of 'Public interest'; and so far as possible avoid reference to the 'Interests of the profession'."

Most members of the medical profession sincerely believe that the private practice of medicine, considering everything, is the most efficient system of supplying medical care that exists. But it is not enough merely to say so. It is necessary to convince the increasingly curious consumers. That is why the medical profession is becoming conscious of the need for effective public relations.

DR. ROCK SLEYSTER

PRESIDENT-ELECT OF THE AMERICAN MEDICAL ASSOCIATION

Dr. Rock Sleyster, who was chosen President-Elect of the American Medical Association on the afternoon of Thursday, June 16, 1938, comes into medical leadership with a broad experience in administrative medicine, as well as the specialty of psychiatry.

Dr. Sleyster is a native of Wisconsin. He was born in 1879, and graduated in medicine in 1902 from the University of Illinois. He began practice in a modest way in Calumet County, soon became Secretary of the County Medical Society and served six years.

In 1913 he was elected Assistant Secretary of the Wisconsin State Medical Society, and served as Secretary for ten years, from 1914-1924, when he was elected President of the State Society. He has been the Treasurer of the State Society, 1925-1938.

From 1918 to 1923, Dr. Sleyster was Editor of the Wisconsin Medical Journal, the official organ of the State Society. He was Delegate to the A. M. A. 1915-1926, and was Vice-Speaker of the House of Delegates during the last four years.

He was Trustee of the A. M. A. 1926-1937, and Chairman of the Board 1935-1937.

Dr. Sleyster is a member of the American College of Physicians, and the American Psychiatric Association.

DR. ROCK SLEYSTER
President-Elect, the American Medical Association

THE PROCEEDINGS OF THE A. M. A. ANNUAL MEETING

The official proceedings of the 89th annual session of the American Medical Association in San Francisco, California, on June 13-17, 1938, fill sixty-four pages of the A. M. A. Journal of July 2, 1938, containing seventy-six subdivisions, each with a titled heading.

A four-page summary of the proceedings of special interest to New Jersey physicians was written by the five representatives from New Jersey, and published in the New Jersey Journal of July, pages 439-444. In order to record the point of view of the A. M. A. officials, the following summary of the printed proceedings has been prepared for the August Journal.

ADDRESS OF THE SPEAKER

Paragraph 7 is the address of the Speaker of the House of Delegates, Dr. N. B. Van Etten, of New York, who expressed the attitude of the A. M. A. as follows:

The American Medical Association is the largest medical organization in the world. Its technical set-up is democratic by any test. Any member, anywhere, at any time, may express himself on any subject, with the greatest freedom *before his county medical society;* and if he meets approval there, his opinions may travel to the larger audience of his state medical society, and then to this House of Delegates for decisive action.

You elect the officers and trustees (of the A. M. A.) and they report to you. They do not originate policy. You make the policies, and the officers and Trustees are obligated to execute them.

There can be no autocracy where final decisions rest with a house composed of 175 delegates. There is no dictator among your trustees to whom you delegate the care of your money.

As delegates from constituent bodies, it is your duty to report the action of this house to your membership.

If this great association is unresponsive to the will of its membership, remember that you have failed to bring the thoughts of your constituents to its forum.

If you are unhappy about the conduct of the Association, you have only yourselves to blame. Your Speaker makes no recommendations. He has restated your powers, in order to renew your consciousness of them, and to stimulate their faithful performance.

PARAGRAPH 9. THE ADDRESS OF PRESIDENT UPHAM

President J. H. J. Upham outlined his three outstanding impressions concerning the state of medicine and medical organization in this country:

1. There is evident avidity of the general manship of the medical profession for self-improvement in medical knowledge, as is shown by the list of 100 national medical societies, each promoting a special phase of the practice of scientific medicine. When, however, such societies take action in matters of *medical policy,* they arrogate to themselves an authority which cannot be conceded by the rest of the medical profession—echoes from the public press to the contrary notwithstanding.

2. A second impression is of the awakened interest of our membership in present social and economic questions. There is a manifest determination to preserve the individual type of medical practice as that best suited to this country. The American Medical Association has assumed a leadership in constructive thought.

3. The third impression is that of the awakening of our membership to the obligations of medicine. The development of recent years have shown that social and economic conditions are inseparably intermingled with health and sickness. There are factors beyond the ability of physicians alone to supply, that enter into many present-day problems, as is shown by experience with tuberculosis and venereal diseases.

The middle and low-wage classes need the guidance of physicians in devising the economic means of their relief.

PARAGRAPH 10. THE ADDRESS OF PRESIDENT-ELECT ABELL

Dr. Abell continued the thoughts of President Upham and said:

The members of the Association have welcomed with enthusiasm the resolutions of the Board of Trustees following a meeting in which representatives of the American Public Health Association and the U. S. P. H. S. participated. While our critics have demanded a plan, our membership has refrained from making a "Snap diagnosis", with its inevitable inaccurate "Therapeusis", until the needs for medical care and preventive medicine can be precisely known.

In any consideration of the indigent and low-income groups, social and economic factors play parts of equal importance with medical care. The medical profession does not feel it within its power or province to initiate or sponsor measures looking toward social or economic reformation.

A second matter of widespread interest concerns *graduate education,* a problem that is well on its way to solution under the direction of the Council on Medical Education.

The opening addresses fill four closely printed pages of the Proceedings.

REPORTS OF OFFICERS

Sect. 11, the report of the Board of Trustees, was in the form of a supplemental report on the policies of the American Red Cross in disaster.

Sect. 13, is a two-page report by Dr. Ray Lyman Wilbur, Chairman of the Council on Medical Education, on "The essentials of an acceptable medical school".

Sections 15-22 fill four pages, and consist of resolutions on eighteen subjects ranging from sulphanilamide, to standards of practice of medicine in hospitals.

This report covers the proceedings of the Monday morning session, which lasted from 10 a. m. to 1:10 p. m.

SECOND SESSION

The second session of the A. M. A. opened at 9:30 a. m. on Tuesday and consisted principally on the actions of the Reference Committees on the reports of the several officers, committees, and councils. These reports are contained in sections 35-47, and fill six pages of the Journal.

The next section is devoted to New Business, one of the most important items being an approval of the Indiana plan of Health Education and Preventive Medicine, which is contained in section 51, filling three pages of the Journal.

THE NEW JERSEY RESOLUTIONS

Sect. 52 is the resolution introduced by the New Jersey delegation regarding the activities of the Editor of the A. M. A. Journal. This resolution was considered in an executive session, which was held on the afternoon immediately following the morning session, and is described in outline in Sect. 55. In its consideration, the House resolved itself into a committee of the whole, at 2:20 p. m., which lasted forty-two minutes. No details of the discussion were given. The House adopted two resolutions unanimously:

First, expressing confidence in the Editor.

Second, rejecting the New Jersey resolution that the Editor be instructed to confine his writings to the official publication of the A. M. A.

The action of the New Jersey delegates was in line with the recommendation sof Speaker Van Etten in his remarks at the opening of the meeting of the House of Delegates.

Sect. 56 is on the appointment of a special committee on publicity "To censor the publicity emerging from the discussions of the afternoon meeting of the House", referring evidently to the published reports of the discussions on the New Jersey resolutions.

ADDRESS OF JOSEPHINE ROCHE

Sect. 57 contains a verbatim report of Miss Josephine Roche, which is quoted in the report by Dr. Hilton S. Read, delegate from New Jersey, on page 441 of the July issue of The Journal of The Medical Society of New Jersey.

Sect. 61 contains the report of the Reference Committee on the address of Miss Roche, and closes with an expression of gratification that representatives of the A. M. A. would be included in invitations to a national Health Conference to be held in the near future.

A. M. A. SURVEY OF MEDICAL CARE

Sect. 58 is a description of the A. M. A. Survey of Medical Care, by Dr. W. F. Braasch, Chairman of the Committee on Supply of Medical Care.

THE A. M. A. BUSINESS ORGANIZATION

Sect. 62 is a report of the Board of Trustees on a notice from the Deputy Commissioner of Internal Revenue stating that the A. M. A. is now rated as a business organization which will be taxed from fifty thousand to one hundred thousand dollars annually.

THIRD MEETING, THURSDAY AFTERNOON, JUNE 16

Sections 63-79 consist largely of routine business, including the election of officers, and the determination of the places of meeting during the next three years.

The new officers are:

President, Irvin Abell (elected in 1937), whose photograph and biography are printed on page 439 of the July issue of the New Jersey Journal.

President-Elect, Rock Sleyster, of Wauwatosa, Wisconsin.

Vice-President, Dr. Howard Morrow, of San Francisco.

Secretary, Olin West, reëlected.

Treasurer, Dr. Herman L. Kretschmer, of Chicago.

Speaker of the House of Delegates, Dr. Harrison H. Shoulders, of Nashville, Tenn.

Vice-Speaker, Dr. Roy W. Fouts, of Omaha.

The places of the annual meeting were chosen as follows:

1939, St. Louis, Missouri
1940, New York City, N. Y.
1941, Cleveland, Ohio.

NATIONAL HEALTH CONFERENCE

The greater part of Dr. Hilton S. Read's account of the A. M. A. meeting, on June 13-17, on page 441 of this Journal, was devoted to an address by Miss Josephine Roche, Chairman of the Interdepartmental Committee to coördinate the health measures of the Federal government.

THE INTERDEPARTMENTAL COMMITTEE

According to Miss Roche's address, the Interdepartmental Committee was created in 1935, following the passage of the Social Security Act, in order to devise means for carrying out the provisions of the Act. On the Committee are the Chairman of the Social Security Board, and the Assistant Secretaries of four Departments of Treasury, Interior, Agriculture, and Labor. The present membership of the Interdepartmental Committee is—

Miss Josephine Roche, Chairman
E. L. Bishop, Executive Secretary
Arthur J. Altmeyer, Chairman, Social Security Board
Milburn I. Wilson, Under Secretary of Agriculture
Oscar L. Chapman, Assistant Secretary of the Interior
Charles V. McLaughlin, Assistant Secretary of Labor

TECHNICAL COMMITTEE ON HEALTH

Working under the direction of the Interdepartmental Committee are four technical committees on Recreation, Nutrition, Crime Prevention and Parole, and Medical Care.

The technical committee on Medical Care consists of:

Martha Eliot, Children's Bureau of the Labor Department

I. S. Falk, of the Social Security Board

Joseph W. Mountin

George St. John Perrott, and

Clifford E. Waller, of the Public Health Service of the Treasury.

PROGRAM OF THE OFFICIAL CONFERENCE

An official conference devoted to health was held in the Mayflower Hotel, Washington, D. C., on June 18 and 19, 1938, with Miss Roche presiding. Miss Roche read a letter from President Roosevelt, advocating a "Comprehensive long-range health program". Miss Roche made the comment that the nation cannot attack a ten-billion-dollar project with "small change".

The Interdepartmental Committee released its statement of four gross deficiencies in health services, and its recommendations for their correction, as follows:

1. *Deficiency:*

   Preventive measures are grossly inadequate.

   Correction:

   Federal appropriation of $200,000,000 annually.

2. *Deficiency:*

   Hospital facilities are inadequate, especially in rural areas; and their financial support is insufficient and precarious.

   Correction:

   Expand the facilities in infectious diseases and in maternal and child health services; one-half of the cost to be borne by the Federal government.

3. *Deficiency:*

   One-third of the population is receiving inadequate or no medical service.

   Correction:

   Federal grants-in-aid to the States for medical services, starting with $50,000,000 annually, and increasing to $400,000,000, to be duplicated by the States.

4. *Deficiency:*

   An even larger fraction of the population suffers from economic burdens created by illness.

   Correction:

   A system of relief by:

   A. General taxation.

   B. Insurance paid by individuals.

ATTITUDE OF DR. ABELL, PRESIDENT OF THE A. M. A.

In the discussion following the announcement of Miss Roche's program, the first speaker was Dr. Irvin Abell, President of the American Medical Association, who offered all the facilities of the A. M. A. with its extensive files of records, in making a study of the medical needs of the people and of the means of meeting them. While to some this attitude seemed to be conciliatory and subservient, yet it was in accord with the principles and methods of medical diagnosis, in which all possible evidence is collected, classified, and digested, in order to establish a diagnosis on which wise therapeutics may be applied. Dr. Abell's attitude was one of friendly investigation, to precede both a diagnosis, and a system of therapeutics.

Not all the speakers expressed the scientific attitude of Dr. Abell in witholding an announcement of therapeutics until an intelligent diagnosis is made; but in general the speakers showed a judicial temper in their remarks; and a desire to reach an amicable solution.

An unsuccessful attempt was made to induce the conference to endorse the Federal plan that an annual appropriation of $850,000,000 be made in support of the plan of Miss Roche's committee.

The New York Herald-Tribune of Thursday, July 21, in an editorial on the national conference, says:

> The political aspect of so gigantic a reform would alienate a large portion of the voters. So would the excessive expansion of Federal agencies involved. The medical profession has already been driven into a position of unfortunate intransigeance by the overhasty zeal of earlier reformers-with-a-panacea. More than ever the need is for patient, evolutionary progress, state by state, with the Federal government leading and advising rather than directing.
>
> In such a gradual advance the coöperation of the great mass of medical men is absolutely essential. Nor can we believe that their aid will be withheld from any fair and reasonable approach. The socialization of the doctor and the regimentation of the patient, which some enthusiasts lately advocated, have been rejected by the good sense of social worker and medical scientist alike. Judging by the broad-minded attitude displayed at the Washington conference—under the effective leadership of Miss Josephine Roche and Dr. Parran—we think the path lies open for a fresh approach in which every qualified element of expert opinion would participate. We hope the medical profession will find a way to play its essential part—assume, indeed, the leadership which is its right—in this great task.

THE A. M. A. CITED UNDER THE ANTI-TRUST LAW

The New York Herald-Tribune of Monday, August 1, carries the front-page news that the American Medical Association and the Medical Society of the District of Columbia are summoned before the Grand Jury of Washington to answer charges of violating the Federal Anti-Trust Law.

The controversy started about two years ago when "The Group Health Association" was organized among government employees for the purpose of supplying its members with medical services, by means of physicians hired for that purpose, and with the aid of a substantial government grant. The objectives and methods of this association were explained at the annual conference of State Secretaries and Editors in November, 1937.

The U. S. Attorney General made the charge that the A. M. A. and the local medical society of the District of Columbia are attempting to prevent the Group Health Association from functioning by three methods:

1. Threatening to expel from the medical society those physicians who accept employment with the Group Health Association.

2. Threatening to expel those physicians who consult with doctors on the staff of the Health Association.

3. Excluding the consulting doctors and the association's doctors from the staffs of hospitals of the City of Washington.

Mr. Sherman Arnold, Assistant Attorney General in charge of anti-trust proceedings, explained that the acts of the medical societies are violations of the anti-trust law in three respects:

1. Preventing qualified doctors from carrying on their calling.

2. Preventing members of the Group Association from selecting physicians of their own choice.

3. Preventing competition for services as well as goods.

The proceedings against the medical societies are based on the ruling of Associate Justice Jennings Baily, of the Federal District Court, that the Group Health Association was not engaged in either the practice of medicine or the business of health insurance, as has been suggested by the A. M. A. This opened the way to bring the suit against the A. M. A. as a test case. Assistant Attorney General Arnold stated that the case was instituted in such a form that it can be discontinued if the A. M. A. admits that its attitude is wrong. However, Mr. Arnold was careful to explain that even though the leaders of the A. M. A. may have the wrong view, the court had no intention of suggesting that the defendant physicians were actuated by moral turpitude,—although they were law-breakers. He compared the doctors to a rich man who exceeded the speed limit with his car in hastening to keep a private engagement.

Physicians will await the A. M. A.'s presentation of its side of the case, which may be expected in its Journal of August sixth.

The New York Herald-Tribune of Tuesday, August 2, states that Dr. Fishbein has released an editorial which will be printed in the A. M. A. Journal of August 6. The closing statement of the editorial is:

> Until the courts have spoken, physicians need have no fear as to the legality of the services which they render, or as to the place which the American Medical Association occupies in our national economy.

The Tribune also prints a dispatch from Milwaukee quoting Dr. Sleyster, President-Elect of the A. M. A. as saying:

> The charge of conspiracy to prevent doctors from practicing is ridiculous. Hospitals are private institutions and have the right to determine which doctors shall practice in them.

The Tribune also quotes Dr. Channing Frothingham, President of the Massachusetts Medical Society:

> Organized medicine is making an awful mistake by not following the trend of public opinion in medical and hospital insurance plans.

The Federal officeholders have shown a critical attitude toward medical organizations for several years; and presist in presenting the same arguments repeatedly. On the other hand, the representatives of the medical organization persist in reiterating their denials of the points raised by the government. Perhaps the arguments have reached a stage in which a legal fight is the only solution of the dispute. But physicians generally will prefer that both sides sit down together and reach amicable conclusions on the basis of sound reasoning and mutual respect.

STATE SOCIETY ACTIVITIES

TRAINING CONFERENCE FOR COUNTY SOCIETY OFFICERS

It is becoming more and more evident that the next major item of progress in the organization of physicians of New Jersey is a wider participation of the County Medical Societies in medical administration. The County Medical Societies duplicate the form of organization and methods of work of the State Society, but on a smaller scale; and yet the smallest county society is larger and has a wider range of activities than the State Society during the first half-century of its existence.

Teamwork between the several county societies is dependent on uniform methods of administration which are the development of the experience of the State Society officers in dealing with State-wide problems,—as most problems called *local* are in reality.

Medical administration is now a branch of medical practice to which every physician is compelled to give attention daily.

Every County Medical Society is a training school in administrative medicine. In fact, it offers the most practical of all the courses in that branch of medical practice.

The most evident and compelling reason that every physician should acquire knowledge and skill in the practice of administrative medicine is that the government will compel him to engage in its practice if he does not engage in it voluntarily. The threat of "State medicine" lies in its compulsory features,—the threat to impose administrative practices on the physician against his will. An effective answer to this threat is that each individual doctor shall enroll as an active student and research worker in the school of his County Medical Society.

In order to promote a wider understanding of their duties and opportunities, President Carrington has invited the officers of the several county societies to meet in the Stacy-Trent Hotel, Trenton, at 12:30 o'clock on Sunday, September eleventh. The program will be as follows:

PROGRAM

A. A luncheon of the county society representatives as guests of The Medical Society of New Jersey.

B. A combined conference of all the local representatives.

Presiding: William John Carrington, President, The Medical Society of New Jersey.

1. The Year's Calendar—William J. Carrington
2. The Welfare Committee—Hilton Shreve Read

Legislation—Berthold Steinbach Pollak
Medical Practice—David Bacharach Allman
Public Relations—Joseph Kler
Public Health—Stanley Nichols

3 County Society Committees: What committees to appoint? How to secure efficient county committees. How to mesh with State committees.—Spencer T. Snedecor

County Society Membership—E. Zeh Hawkes

5 Survey of Medical Needs and Supply—LeRoy A. Wilkes

C. Conference for Presidents and Vice-Presidents

Presiding: William John Carrington

1. The Art of Presiding—Thomas K. Lewis
2. Speakers: A list of available men—Watson B. Morris
3. Questions and Answers.

D. Conference for County Society Secretaries, Historians, and Reporters

Presiding: Alfred Stahl, Secretary, The Medical Society of New Jersey

1 County Society Bulletin—J. Allen Yager
2. Attendance at County Society Meeting—Large, Small
3. Preparation of Copy for Journal of The Medical Society of New Jersey—Frank Overton, Editor
4. Correspondence
5 County Society Histories
6. Questions and Answers

FALL CLINICAL CONFERENCE

A. GENERAL CONSIDERATIONS

A two-day Clinical Conference will be conducted by **The Medical Society of New Jersey** on Thursday and Friday, October 6 and 7, 1938, in Essex County. All the events will be held in the hospitals of the county and will be free to the members.

REGISTRATION

The center for Registration and Information will be the **Academy of Medicine,** whose building at 71 Lincoln Park, Newark, N. J., will be open for this purpose on Thursday afternoon and evening and Friday morning.

GENERAL INFORMATION

The committee will make provision for the comfort and guidance of visiting doctors, and provide them with information regarding the location of the several hospitals, the easiest routes for reaching them, and the parking rules of the city.

SOCIAL DINNER

Thursday evening will be given over to an **informal social dinner,** to be held in a location that is easily accessible from the registration headquarters. Notice of the time and place of the dinner will be announced later.

SCIENTIFIC EVENTS

Scientific events will be the sole feature of the programs of the afternoon of Thursday, and all day Friday.

On Thursday afternoon, Dr. Harrison Martland will conduct a Clinico-Pathological Conference in the Newark Academy of Medicine. Details will be announced later.

On Friday,—morning and afternoon,—sessions will be held in seventeen hospitals and medical centers by 179 leading members of the staffs. The demonstrations and lectures will be clinical so far as possible.

William Gauch, *Chairman,*
The General Committee.

B. THE SCIENTIFIC PROGRAMS

The following scientific programs are tentative only. The amended programs, with the necessary changes and adaptations, will be printed in the September issue of this Journal.

The Program Committee,
Benjamin Saslow, M.D., *Chairman*
Stuart Z. Hawkes, M.D., *Secretary.*

THURSDAY, OCTOBER 6, 1938

The Academy of Medicine
71 Lincoln Park, Newark, N. J.

1. REGISTRATION

2 to 5:30 P. M.

2. CLINICO-PATHOLOGICAL CONFERENCE

4 to 5:30 P. M.

By Harrison S. Martland, M.D.

Professor of Forensic Medicine, New York University; Chief Medical Examiner, Essex County; Pathologist, Newark City Hospital.

FRIDAY, OCTOBER 7th, 9 A. M. to 5 P. M.

BABIES' HOSPITAL, NEWARK, N. J.

9:00 A. M. to 4:00 P. M.

9:00 A. M. to 11:00 A. M.

1. Panel Discussion on Care of New-Born:
   - Dr. Chester Brown, Chairman
   - Dr. Julius Levy, Division of Child Hygiene, Newark Board of Health—Neo-natal Statistics
   - Dr. Arthur Heyman, Beth Israel Hospital—Resuscitation
   - Dr. R. Wright, Homeopathic Hospital—Feeding
   - Dr. W. Ripley, Mountainside Hospital—Vitamins

11:00 A. M. to 12:00 Noon

2. Hare-Lip, Cleft Palate, and other plastic work:
   Dr. E. W. Sprague, Presbyterian Hospital
   Dr. L. A. Peer, Eye and Ear Infirmary
   Dr J. Newmann, Beth Israel Hospital

Luncheon

2:00 P. M. to 2:30 P. M.

3. Chorea:
   Dr. H. A. Murray, St. Michael's Hospital and St. James' Hospital
   Dr. W. G. Guthrie, City Hospital and Babies' Hospital

2:30 P. M. to 3:00 P. M.

4. Cardiac Cases:
   Dr. N. A. Antonius, City Hospital and Babies' Hospital
   Dr. S. Parent, Babies' Hospital
   Dr. C. Rosenberg, Beth Israel Hospital

3:00 P. M. to 3:20 P. M.

5. Two Cases of Streptococcus Meningitis Treated with Sulphanilamide without Spinal Drainage and with Recovery:
   Dr. F. H. Von Hofe, Orange Memorial Hospital

3:20 P. M. to 4:00 P. M.

6. Behavior Problems of Children:
   Dr. L. Loeser, Babies' Hospital

II.

ESSEX COUNTY HOSPITAL FOR CONTAGIOUS DISEASES, BELLEVILLE, N. J.

2:00 P. M. to 5:00 P. M.

1. Clinical Aspects of Tuberculosis in Children Including the Use of Some Unusual Therapeutic Measures
   Dr. I. Applebaum
2. Clinical Presentation of Cases of Scarlet Fever and Other Common Communicable Diseases
   Resident Staff

III.

ESSEX COUNTY HOSPITAL FOR MENTAL DISEASES, CEDAR GROVE, N. J.

7:00 A. M. to 12:00 Noon

1. Clinical Demonstration and Treatment of Dementia Praecox by Shock Therapy. Presentation of Treated Cases
   Drs. Henry G. Smith and Joseph C. Sutton
2. Lecture on Treatment of Neuro-Syphilis with Presentation of Interesting Cases
   Dr. Charles Englander

Luncheon

IV.

ESSEX MOUNTAIN SANATORIUM, VERONA, N. J.

9:00 A. M. to 12 Noon

1. Surgical Clinic consisting of:
   a, Thoracoplasty; b. Extrapleural Pneumothorax; c, Pneumonolysis; d, Pneumothorax.
   Drs. R. H. Dieffenbach and A. D. Crecca
2. Indications for and Results of the Various Forms of Collapse Therapy in Pulmonary Tuberculosis
   Dr. B. M Harmon

Luncheon

V.

HOMEOPATHIC HOSPITAL, EAST ORANGE, N. J.

2:00 P. M. to 5:00 P. M.

1. Diagnostic Methods and Treatment of Peripheral-Vascular Disease. Demonstration of All Apparatus Used in the Diagnosis and Treatment of Peripheral-Vascular Disease.
   Dr. F. C. Dinge
2. Review of 30 Cases of Partial Gastrectomy with Follow-up of These Cases of from Two to Ten Years. Lantern Slide Illustration.
   Dr. E. H. Willan
3. X-Ray Treatment of Sinusitis with Special Reference to the Treatment of Children. A Review of Cases with Complete X-Ray Data as Shown by Slides and X-Ray Plates.
   Dr. W. J. Marquis
4. Mechanisms of Bodily Defense Against Infection with Special Reference to Immune Reaction. Illustrated.
   Dr. E. Fendrick

VI.

HOSPITAL OF ST. BARNABAS AND FOR WOMEN AND CHILDREN, NEWARK, N. J.

3:00 P. M. to 5:00 P. M.

1. Department of Allergy
   The Treatment and Results of Treatment in a Series of Cases of Hay Fever
   Dr. C. L. Minier

9:00 A. M. to 12:00 Noon

2. Department of Arthritis
   A. Presentation of Various Types of Arthritis, with Discussion of Diagnosis and General Treatment in Clinic and Wards
   B Exhibit demonstrated 9:00 A. M., 12:00 Noon; and 2:00 P. M. to 5:00 P. M.
   Drs. John W. Gray and William G. Bernhard

10:00 A. M. to 12:00 Noon

3. Department of Dermatology
   Presentation of Interesting Skin Cases.
   Drs. Frank J. McCauley, Eva Brodkin, J. E. Kiley

10:30 A. M. to 11:30 A. M. (Operating Room)

4. Department of Gastro-enterology
   Demonstration of Gastroscopy
   Dr. Andrew J. Klein

9:00 A. M. to 10:30 A. M.

5. Department of Gynecology
   Presentation of Cases of Carcinoma of Cervix Treated with Radium
   Drs. Edgar A. Ill, Otto G. Matheke and Staff

9:00 A. M. to 2:30 P. M.

6. Department of Medicine
   A. Interesting Diabetic Cases
   Dr. Frederic A. Alling
   9:00 A. M. to 10:30 A. M.

   B. Presentation of Cases of Rheumatic Heart Disease in Various Phases
   Dr. Edw. C. Klein
   10:30 A. M. to 12:00 Noon

C. Differential Diagnosis in a Case of Aleukemic Leukemia
Dr. E. W. Smalzried
2:00 P. M. to 2:30 P. M.
(Paper—Staff Room)

2:00 P. M. to 2:30 P. M.

7. Department of Neurology
Presentation of Interesting Neurological Cases
Dr. Ambrose F. Dowd and Staff

9:00 A. M. to 10:30 A. M., and
2:30 P. M. to 3:00 P. M.

8. Department of Obstetrics
A. Blood Chemistry in Mothers and Infants at Term with Special Reference to Diabetes
Dr. Carl H. Ill
Paper—Staff Room 2:30-3:00

B. Prenatal Care
Dr. Louis M. Bull and Staff
Clinic—9:00-10:30

9:00 A. M. to 12:00 Noon
(Clinic and Wards)

9. Department of Orthopedics
A. Rehabilitation Treatment with Demonstration of Various Methods for Preventing and Correcting Deformities
Drs. John E. Toye and Daniel E. Kavanaugh

9:00 A. M. to 12:00 Noon (Laboratory)

10. Department of Pathology
A. Demonstration of Pneumococcus Typing, Donor Typing, Rapid Tests for Syphilis, Blood Dyscrasias and Special Demonstration of the Laboratory Finding in Three Cases of Erythroblastosis. Gross Pathology and Tumor Specimens Will Also Be Demonstrated.
Drs. John W. Gray, William G. Bernhard, Elizabeth W. Byrnes, Cecil H. Gowen

B. Exhibit on Bone Tumors Demonstrated
9:00 A. M. to 12:00 Noon, and
2:00 P. M. to 5:00 P. M.

9:00 A. M. to 12:00 Noon

11. Department of Physical Therapy
Demonstration of Physical Therapy Measures Including Hubbard-Currence Tank
Drs. Jerome H. Samuel and Elizabeth W. Byrnes

11:00 A. M. to 12:00 Noon
(Operating Room)

12. Department of Plastic Surgery
Skin Graft Repair of Burn Scar of Axilla
Dr. Lyndon A. Peer

9:00 A. M. to 12:00 Noon
(X-Ray Department)

13. Department of Roentgenology
Interesting Roentgenograms of Thorax and Gastro-intestinal Tract
Dr. Charles F. Baker

9:00 A. M. to 10:00 A. M.
(Operating Room)
3:00 P. M. to 3:30 P. M.
(Staff Room)

14. Department of Rhinolaryngology
A. Tonsillectomy by Inversion and Snare (Operating Room 9-10)
Dr. Edgar P. Cardwell
B. Rhinophyma—Lantern Slides of Operation, Results and Microphotographs (Staff Room 3-3:30)
Dr. Edgar P. Cardwell

9:00 A. M. to 10:30 A. M.

15. Department of Surgery
Demonstration of Peritoneoscopy, 9:00 A. M. to 10:30 A. M., Operating Room
Dr. C. Abbott Beling
Surgical Cases, 10:00 A. M. to 12:00 Noon, Operating Room
Dr. Herbert A. Schulte and Staff
Presentation of Cases of Hypertension Treated by Surgical Measures, 9:00 A. M. to 10:00 A. M., Clinic
Dr. James R. Irwin and Staff
Presentation of Cases of Perforated Gastric and Duodenal Ulcer, 10:00 A. M. to 11:00 A. M., Clinic
Dr. Edmund W. Ill
Discussion of a Case of Pancreatic Cyst, 3:30 P. M. to 4 P. M., Staff Room
Dr. Clymont MacArthur

11:00 A. M. to 12:30 P. M. (Operating Room) and 4:00 P. M. to 4:30 P. M.
(Staff Room)

16. Department of Urology
Urological Operations
Drs. Herbert M. Ill and John S. Kessell
(Operating Room 11:00 A. M. to 12:30 P. M.)
Diseases of Female Urethra and Trigone
Dr. Herbert M. Ill
(Staff Room, 4:00 P. M. to 4:30 P. M.)

8:00 A. M. to 10:00 A. M. (Clinic)

17. Department of Vascular Diseases
A. Demonstration of Diagnosis of Peripheral Vascular Diseases
Dr. Ferdinand C. Dinge
Luncheon at Noon

VII.

MOUNTAINSIDE HOSPITAL, MONTCLAIR, N. J.

10:00 A. M. to 3:30 P. M.

10:00 A. M.—Introductory Remarks—J. Corwin Mabey, M.D., Chief of Staff
10:05 A. M.—Demonstration of the Unit Record System—Mary Pleis, Historian
10:15 A. M.—Hay Fever, Newer Method of Diagnosis and Treatment—Dr. Clifford Weston
10:30 A. M.—Sterility Problems—Dr. Rhys Jones
10:45 A. M.—Pelvimetry—Drs. W. K. Pudney and Walter Mount
11:00 A. M.—Radium Therapy—Dr. Frank Scudder
11:15 A. M.—Tumors of Interest to the General Practitioner—Dr. M. J. Fein
11:30 A. M.—Hyper-thyroidism — Viewpoint of the Internist—Jennings S. Lincoln, M.D.
Viewpoint of the Surgeon—Victor B. Seidler, M.D.
11:45 A. M.—Gastric Symptoms, Their Interpretation—Dr. Fletcher B. Carman
12:00 Noon — Indications for Tonsillectomy — Dr. James B. Shannon

12:15 P. M.—Pain in Heart Disease—Dr. Harvey M. Ewing
12:30 P. M.—The Management of the Diabetic—Dr. J. Corwin Mabey
12:45 P. M.—Diseases of the Eye of Interest to the General Practitioner—Dr. A. H. Richardson
1:15 P. M.—Luncheon
Ward Rounds:
Medical, Surgical, Pediatric, Orthopedic, Eye Ear, Nose, and Throat; Dermatology, Anesthesia
2:30 P. M.—Advances in the Diagnosis and Treatment in Pediatric Urology—Meredith F. Campbell
3:00 P. M.—The Treatment of Fractures of the Hip—T. Nicola, M.D.
3:30 P. M.—The Approved Hospital and Its Obligations—W. H. Areson, M.D.

VIII.

NEWARK BETH ISRAEL HOSPITAL, NEWARK, N. J.

9:00 A. M. to 5:00 P. M.

1. Department of Gynecology—Dr. John Huberman and Staff
   A. Formation of Artificial Vagina Without Operation
   B. Uterine Bleeding
   Dr. Edwin Steiner and Staff
2. Department of Proctology—Dr. A. L. Reich
   A. Intra-peritoneal Perforation of Rectum with Complete Recovery
   B. Electric Snare Treatment of Obstructing, Bleeding, Malignant Rectal Neoplasm in the Infirm and Aged
3. Department of Orthopedics—Dr. L. Szerlip
   A. Scalenus Anticus Syndrome. Demonstration and Presentation of Cases Relieved by Surgery (Scalenectomy)
   B. Demonstration of Watson-Jones Operation for Arthrodeses of the Hip. Two Cases.
   Dr. H. H. Kessler
4. Department of Cardiology and Electrocardiography—Dr. A. E. Parsonnet and Staff
   A. Demonstration of Latest Developments in Electrocardiography
   B. Discussion of Interesting Electrocardiograms
5. Department of Ophthalmology—Dr. Andrew Rados and Staff
   Demonstration of Operated Cases of: Cataract, Glaucoma, Strabismus
6. Department of Medicine—Drs. H. Bush, E. Yadkowsky and H. Goldberg with Staffs
   Medical Ward Rounds and Demonstrations of Cases
7. Department of Neurology and Neurological Surgery—Drs. C. Englander, L. Loeser, W. Ehrlich
   A. Diagnosis and Localization of Spinal Cord Tumors by Intra-spinal Lipiodal Injections. Demonstration of Cases with X-Ray Findings.
   B. Para-vertebral Alcohol Injection for the Relief of Pain in Angina Pectoris.
   C. Diagnosis and Treatment of Brain Tumors. Presentation of Cases.
8. Department of General Surgery — Operative Clinics with Reports of Interesting Cases.
   A. Stomach Surgery: "Mesenteric Cysts", "Lateral Pharyngeal Cysts"
   Dr. C. M. Robbins
   B. Surgical Operations: Report of Cases—"Retro-peritoneal Malignant Tumor", "Adrenalectomy for Adenocarcinoma"
   Dr. H. B. Greenfield
   C. Surgery of the Biliary Tract: "Cholecystectomy", "Common Duct Obstruction"—Report of Cases: "Pancreatic Cysts", "Retro-Gastric Abscess"
   Dr. Max Danzis
   D. Presentation of Some of the Latest Methods of Treatment of Fractures with Report of Some Unusual Cases
   Demonstration of Skeletal Traction
   Dr. Harry Comando
   E. "Polyposis of Colon and Complete Colectomy"
   Dr. A. B. Abrams
   F. Interesting Surgical Problems
   Dr. Max Singer
9. Department of Otology—Drs. H. Barkhorn, I. Rettig and Staffs
   Head Sepsis. Presentation of Cases.
10. Department of Clinical Laboratory
   A. Roentgen Function Disturbance in Duodenal Ulcers
   Dr. N. J. Furst
   B. Recent Advances in Blood Groups in Relation to Blood Transfusions
   Dr. Philip Levine
   C. The Value of Sternal Puncture in Hematologic Diagnosis
   Dr. Lester Goldman
   D. Histological Distribution of Vitamin C
   Dr. David Glick
   E. Treatment of Sarcoma of Soft Tissues
   Dr. Louis Levinson
   F. Glycogenesis
   Dr. William Antopol
11. Department of Obstetrics
   A. Adrenal Cortex and Vitamin B in the Treatment of Vomiting of Pregnancy
   Dr. H. Nash
   B. Combined Uterine and Tubal Pregnancy Hysterectomy for Post-Partum Hemorrhage Following 4½ Months' Miscarriage
   Dr. D. Gershenfeld
   C. Placenta Praevia
   Dr. N. G. Price
   D. Spermatogenesis
   Dr. H. B. Kessler
12. Department of Bronchoscopy and Thoracic Surgery
   A. Bronchiectasis
   B. Lobectomy—Carcinoma of Lung
   C. Lung Abscess
   Drs. N. Zvaifler and H. Brodkin
13. Department of Urology—Dr. S. Keller
   A. Operative Clinic
   B. Demonstration and Discussion of Cases Presenting Problems in Diagnosis and Therapy
14. Department of Phthisiology—Dr. M. J. Fine
   A. Chronic Pulmonary Disease. Demonstration of Patients.
   B. X-Ray Plates, Slides and Discussion
15. Department of Dermatology—Dr. N. B. Heller
   A. Skin Clinic
   B. Discussions

IX.

NEWARK EYE AND EAR INFIRMARY, NEWARK, N. J.

9:00 A. M. to 12:00 Noon

1. Ear: Radical Mastoid Operation—Service of Dr. H. S. Baldwin
2. Eye: Eye Muscle Operation—Squint—Service of Dr. E. A. Curtis
3. Head: Demonstration on Cadaver of "Unlocking Approach for Petrous-Apex Meningitis"—Service of Dr. W. P. Eagleton
4. Plastic: Operation—Service of Dr. L. A. Peer
5. Sinus: Radical Sinus Operation—Service of Dr. F. J. Wort
6. X-Ray: X-Ray Demonstration of Pertrositis—Service: The Staff

Luncheon

X.

NEWARK MEMORIAL HOSPITAL, NEWARK, N. J.

9:00 A. M. to 12:00 Noon

1. Treatment of Medical Complications of Urological Surgery Based upon the Pathological and Biochemical Processes Involved
   Drs. J. I. Echikson and Harvey Nussbaum
2. Ligation of the Saphenous Vein
   Drs. W. D. Crecca and G. Cetrullo
3. Low Cervical Caesarian Section
   Dr. R. A. Cacciarelli
4. Practical Aspects of Electrocardiography with Special Emphasis on the Interpretive Value of Precordial Leads
   Dr. E. Albano

Luncheon

XI.

THE NEW JERSEY ORTHOPEDIC HOSPITAL, ORANGE, N. J.

9:00 A. M. to 12:00 Noon

1. Ward Rounds
   Dr. A. DePalma
2. Brief Symposium on Low Back Pain Supplemented by a Presentation of X-Ray Plates and Presentation of Patients
   Dr. H. G. Smith
3. Discussion of Conservative and Surgical Treatment of Lower Back Pain Followed by an Operative Schedule
   Dr. H. Briggs

Luncheon

XII.

ORANGE MEMORIAL HOSPITAL, ORANGE, N. J.

9:00 A. M. to 12:00 Noon

1. Practical Solution of Problems of Diet and Insulin in Diabetes
   Dr. Amos Plante
2. Demonstration upon Patient of a Simple Apparatus for Mariotte Drainage in Conditions with Upper Abdominal Distention
   Dr. Charles Scranton
3. The VonPelz Suture Clamp and Its Use in Visceral Anastomosis
   Dr. James Allen
4. Presentation of Patients Illustrating Various Problems in Urological Diagnosis and Treatment
   Dr. E. B. Stokes and Staff
5. Value of Cystographic Diagnosis of Placenta Praevia
   Dr. R. Potter
6. Treatment of Trichomonas Vaginalis Vaginitis. Moving picture illustration.
   Dr. R. Pattyson
7. Advantages and Dangers Relative to the Use of Cyclopropane in Anesthesia
   Dr. M. G. Kilborn
8. Clinical Conference on Some Diagnostic Problems
   Dr. A. Chamberlain and Dr. A. R. Abel

Luncheon

XIII.

PRESBYTERIAN HOSPITAL, NEWARK, N. J.

9:00 A. M. to 5:00 P. M.

A. Clinical Demonstrations and Exhibits. (These will be conducted continuously on Friday, each to be held in a separate room.)

1. Demonstration of Rare and Unusual Ovarian Neoplasms
   Dr. E. Brackett
2. Gastro-intestinal Carcinomata. Demonstration of Specimens Removed.
   Drs. E. W. Sprague and A. D'Alessandro
3. Management of Ambulatory Fractures of Upper and Lower Extremities. Demonstration of Apparatus and Methods of Application. Presentation of Cases.
   Dr. R. H. Hill
4. 107 Cases of Laryngectomy. Plaster Models, X-Ray Diagnosis and Moving Picture Demonstration.
   Dr. H. B. Orton
5. Demonstration of Cases in Which Brain Surgery Was Performed Including Successful Anastomosis of Cranial Nerves, Operations to Restore Hearing and Various Types of Meningitis. Discussion of Diagnostic Procedures and Treatment in These Cases.
   Drs. J. V. Bissett, E. P. Cardwell, and J. Clinton
6. Intestinal Diverticulitis Data from 40 Cases. Diagnostic Procedures Particulary by X-Ray. Treatment.
   Drs. R. A. Schaaf and A. Godfrey
7. Unusual X-Ray Plates Including Those in Two Cases of Hyperparathyroidism
   Dr. C. F. Baker
8. Fracture of Hip. Newer Methods of Treatment. Demonstration of Apparatus and Cases Treated.
   Drs. I. Fort and J. Flanagan
9. Unusual Genito-urinary Cases
   Dr. K. Wheeler
10. Regional Enteritis. Gastric Ulcer. Treated with Magnesium Trisilicate. Demonstration of Flexible Gastroscope. Use and Abuse of Cathartics.
    Drs. M. Kraemer, F. Carrigan, A. Klein, and L. Townsend
11. Interesting Electrocardiograms. Use of Fluoroscope in Diagnosis of Heart Disease. Demonstration of Cases.
    Drs. F. Weber, I. Cohen, J. Levin and P. Willey
12. Pathological Demonstration (Gross and Microscopic) of Rare and Unusual Specimens Including Neurocytomata
    Dr. S. A. Goldberg and Laboratory Staff

13 Peripheral-Vascular Clinic. Routine Methods Used in Diagnosis Including Use of Oscillometer, Thermocouple, Intracutaneous Histamine and Saline. Demonstration of Varicose Vein Injection and Saphenous Vein Ligation. Managemen of Diabetic Foot Complications. Demonstration of Pavaex Machine.
Drs. S. Hawkes, H. Hantman, G. Hewson, and W. Epstein

14. Diabetes Clinic. Practical Dietetics. Management by Original Method. Simple Method for Determination of Proper Insulin Dosage. Demonstration of Eye Complications. Foot Hygiene. Charts Demonstrating Use of Protamine Zinc Insulin in 125 Cases.
Drs. B. Saslow, J. O'Grady, W. Ward, R. Sherman, J. Fissell and J. Kaegi

15. Pneumonia Exhibit
Drs. C. Rathgeber and J. Sorett.

16 Newer Diagnostic and Therapeutic Measures in Pulmonary Tuberculosis
Dr. I. Borscher

17. Obstetrical Exhibit. Demonstration of Cranial Injuries in Newborn. Fetal Monstrosities. Demonstration of New Resusitator.
Dr. R. H. Brown

Luncheon

2:00 P. M. to 5:00 P. M.

B. Short Practical Talks (each will be limited to 15 minutes).

1. 2:00-2:15 P. M.—Diagnostic Procedures in Peripheral-Vascular Disease — Dr. H. Hantman
2. 2:20-2:35 P. M.—Diagnosis and Treatment of Diverticulitis—Dr. R. A. Schaaf
3. 2:40-2:55 P. M.—Practical Points in Use of Protamine Zinc Insulin—Dr. B. Saslow
4. 3:00-3:15 P. M.—The Proper Preparation of Patients for Genito-Urinary Operations —Dr. K. Wheeler
5. 3:20-3:35 P. M.—Practical Points in the Diagnosis and Treatment of Cases Requiring Gastric Resection—Dr. E. W. Sprague
6. 3:40-3:55 P. M.—Ovarian Neoplasms—Dr. E. Z. Hawkes
7. 4:00-4:15 P. M.—Practical Points in the Diagnosis of Mastoiditis—Dr. H. C. Barkhorn
8. 4:20-4:35 P. M.—The Importance of the Laryngeal Nerves in Surgery of the Neck—Dr. H. B. Orton
9. 4:40-4:55 P. M.—Practical Points in Rheumatic Fever—Dr. P. Willey

XIV.

ST. JAMES' HOSPITAL, NEWARK, N. J.

9:00 A. M. to 12:00 Noon

1. Evaluation of Heart Disease in Pregnancy (short talk)
Dr. Mancusi-Ungaro
2. Causes of Stillbirth: A Five-Year Survey
Dr. F. Sbarra
3. Congenital Heart Disease (talk with demonstration of cases)
Medical Service
4. Type VIII Pneumonia; Critical Survey
Dr. R. Mullin
5. Prenatal Care
Dr. John Condon
6. Treatment of the Acutely Injured
Surgical Service
7. Fractures (specific types to be chosen for study)
Dr. E. Liccese
8. Ward Rounds
Medical Service
9. Ward Rounds
Surgical Service
10. Operative Clinic
The Surgical Staff

Luncheon

XV.

ST. MARY'S HOSPITAL, ORANGE, N. J.

9:00 to 12:00 Noon

1. Surgical Treatment of Thyroid Disorders
Dr. J. J. Connolly
2. Intestinal Obstruction
Dr. J. H. Herman
3. Injection Treatment of Hemorrhoids
Dr. A. L. Sherman
4. Demonstration of Interesting Medical Cases
Dr. W. F. Grady
5. Medical Ward Rounds
Dr. F. J. Tobey
6. Differential Diagnosis of Liver Disease
Dr. W. A. Nyiri
7. Three Gynecological Operations
Dr. L. S. Herndon
8. Etiology and Treatment of Uterine Prolapse
Dr. D. R. Mishell
9. The Arnold Treatment of Toxemia
Dr. J. V. Lyons
10. Hospital Treatment of Head Injuries
Dr. J. A. Miller
11. Unusual Urologic Cases
Dr. B. Rothhouse
12. Treatment of Colles Fractures
Dr. J. J. Flanagan
13. Differential Diagnosis by X-Ray of Ulcers and Malignancies of the Gastro-Intestinal Tract
Dr. E. A. May

Luncheon

XVI.

ST. MICHAEL'S HOSPITAL, NEWARK, N. J.

9:00 A. M. to 5:00 P. M.

1. Operative Clinic—Operating Room Suite
9 A. M.
A. Demonstration of the O'Connor Clamps in Gastric Surgery
Dr. B. A. O'Connor
B. Operation for Undescended Testicle
Dr. O. Matheke
10:00 A. M.
A. Technic of Radium Insertion
Dr. E. J. Ill
B. Perineal Repair
Dr. A. Harden
11:00 A. M.
A. Surgery of Gall-Bladder
Dr. G. Blackburne
B. Surgery of Thyroid Gland
Dr. J. J. Connolly

Luncheon

2. Medicine
2:00 P. M.
Medical Rounds—Medical Wards
2:00-3:00 P. M.
Diseases of Metabolism
Dr. W. Nyiri and Associates

3:00-5:00 P. M.

A. Cardio-Vascular Renal Disease
Drs. L. G. Kirkman, E. Klein, and N. A. Antonius.

B. Pathological Presentation of Interesting Medical and Surgical Disorders. Conducted in Pathological Laboratories.
Dr. J. Rose and Assistants

C. Fracture Clinic. Ward Rounds and Demonstration of Traction Methods
Dr. I. Fort and Associates

XVII.

HOSPITAL AND HOME FOR CRIPPLED CHILDREN, NEWARK, N. J.

8:00 A. M. to 12:00 Noon
Operative Clinic (Staff)
Luncheon
2:00 P. M. to 5:00 P. M.
Dry Clinic with Presentation of Cases Illustrating Problems in Surgery of the Hip and Spine
Drs. J. E. Toye and H. H. Kessler

XVIII—CITY HOSPITAL, NEWARK, N. J.

(Program to be announced in September Journal.)

ANTI-PNEUMOCOCCIC SERA

1. DISTRIBUTING STATIONS
2. LABORATORIES FOR SPUTUM TYPING
3. CIRCULAR OF INFORMATION

The attached sheets, "List of Stations Distributing Antipneumococcic Sera, under Provisions of Chapter 24, P. L. 1938", and "List of Laboratories Approved by the Director of Health of New Jersey for Typing Pneumococci, under Provisions of Chapter 24, P. L. 1938", together with the attached circular, "Circular of Information" No. 207, are being sent to all physicians in the State, and also to all local boards of health in the State.

J. LYNN MAHAFFEY, *Director of Health.*

1. LIST OF STATIONS DISTRIBUTING ANTIPNEUMOCOCCIC SERA, UNDER PROVISIONS OF CHAPTER 24, P. L. 1938, STATE OF NEW JERSEY

All these stations which are listed carry antipneumococcic horse sera for Types 1 and 2.

Stations listed with an asterisk (*) carry in addition to Types 1 and 2, antipneumococcic horse sera for Types 5, 7, and 8; and will later have antipneumococcic rabbit sera for Types 1 and 3, when the latter become procurable.

ATLANTIC COUNTY
Atlantic City: *Atlantic City Hospital

BERGEN COUNTY
Englewood: Englewood Board of Health
Hackensack: Hackensack Board of Health
Ridgewood: *Bergen Pines Hospital
Paramus: Bergen County Hospital

BURLINGTON COUNTY
Mt. Holly: Mt. Holly Hospital

CAMDEN COUNTY
Camden: *Camden Department of Health

CUMBERLAND COUNTY
Vineland: Newcomb Hospital

ESSEX COUNTY
East Orange: East Orange Board of Health
Montclair: Montclair Board of Health
Newark: *Newark Board of Health

GLOUCESTER COUNTY
Woodbury: Underwood Hospital

HUDSON COUNTY
Jersey City: *Jersey City Board of Health
Jersey City: Hudson County Laboratory

MERCER COUNTY
Trenton: *State Department of Health

MIDDLESEX COUNTY
New Brunswick: St. Peter's Hospital
Perth Amboy: Perth Amboy Board of Health

MONMOUTH COUNTY
Asbury Park: Asbury Park Board of Health
Long Branch: Long Branch Board of Health

MORRIS COUNTY
Morristown: Morristown Board of Health

OCEAN COUNTY
Lakewood: Paul Kimbal Hospital

PASSAIC COUNTY
Passaic: Passaic Board of Health
Paterson: *Paterson Board of Health

SOMERSET COUNTY
Somerville: Somerset Hospital

SUSSEX COUNTY
Newton: Newton Hospital

UNION COUNTY
Elizabeth: Elizabeth Board of Health
Plainfield: Plainfield Board of Health
Summit: Summit Board of Health

WARREN COUNTY
Phillipsburg: Warren Hospital

2. LIST OF LABORATORIES APPROVED BY THE DIRECTOR OF HEALTH OF NEW JERSEY FOR TYPING PNEUMOCOCCI, UNDER PROVISIONS OF CHAPTER 24, P. L. 1938

Revised July 1, 1938

Supplementary lists will be published from time to time

ATLANTIC COUNTY
- Atlantic City Hospital
- Atlantic City: Wr. Hersohn's Lab., 116 S. Ill. Ave.
- Somers Point: Atlantic Shores Hospital
- Pleasantdale: Personal Laboratories, Mr. C. M. Arleth, 213 W. Washington Ave.

BERGEN COUNTY
- Englewood: Englewood Hospital
- Hackensack: Hackensack Hospital
- Ridgewood: Bergen County Hospital
  - Ridgewood Analytical Laboratory
- Teaneck: Holy Name Hospital
- Paramus: Bergen County Hospital

BURLINGTON COUNTY
- Mt. Holly: Burlington County Hospital
- Riverside: Zurbrugg Memorial Hospital

CAMDEN COUNTY
- Camden: Camden Municipal Hosp. (Department of Health)
  - Cooper Hospital
  - West Jersey Homeopathic Hospital

CAPE MAY COUNTY
- Ocean City: Friel Clinical Laboratories, 332 Asbury Ave.

CUMBERLAND COUNTY
- Bridgeton: Bridgeton Hospital
- Vineland: Newcomb Hospital
- Millville: Millville Hospital

ESSEX COUNTY
- Belleville: Essex County Isolation Hospital
- East Orange: Board of Health
  - Homeopathic Hospital of Essex County
  - Pathological Laboratories (144 Harrison St.)
- Irvington: Irvington Health Center
- Montclair: Board of Health
  - Mountainside Hospital
- Newark: Newark Department of Health
  - Newark City Hospital (Pathological Dept.)
  - Beth Israel Hospital
  - Dr. Brown's Clinical Lab. (160 Roseville Ave.)
  - Dr. Gray's Private Lab. (142 Clinton Ave.)
  - Dr. Yaguda's Private Lab. (88 Clinton Ave.)
  - St. Barnabas' Hospital
  - St. James' Hospital
  - St. Michael's Hospital
  - The Clinical Laboratory (33 Lincoln Park)
  - Presbyterian Hospital
  - Newark Memorial Hospital
  - Otto Lowry, M.D., 190 Clinton Ave.
  - Newark Eye & Ear Hospital, 77 Central Ave.
- Orange: Orange Memorial Hospital
  - St. Mary's Hospital

GLOUCESTER COUNTY
- Woodbury: Underwood Hospital

HUDSON COUNTY
- Bayonne: Bayonne Hospital
- Hoboken: St. Mary's Hospital
- Jersey City: Hudson County Laboratory
  - Christ Hospital
  - Medical Center
  - Pathological and X-Ray Lab., 105 Fairview Ave.
  - St. Francis' Hospital
- Weehawken: North Hudson Hospital

MERCER COUNTY
- Princeton: Princeton Hospital
- Trenton: State Department of Health
  - Mercer Memorial Hospital
  - St. Francis' Hospital
  - McKinley Hospital
  - Dr. Shaffer's Private Lab. (208 West State St.)

MIDDLESEX COUNTY
- New Brunswick: Middlesex Hospital
  - St. Peter's Hospital
  - Tri-County Clinical Laboratory, 22 Kirkpatrick St.
- Perth Amboy: Board of Health
  - Perth Amboy General Hospital

MONMOUTH COUNTY
- Neptune Township: Fitkin Memorial Hospital
- Long Branch: Monmouth Memorial Hospital

MORRIS COUNTY
- Dover Town: Board of Health
  - Dover General Hospital
- Morristown: Morristown Memorial Hospital
  - All Souls' Hospital

OCEAN COUNTY
- Lakewood: Paul Kimbal Hospital
- Point Pleasant: Point Pleasant Hospital
  - Hoffman Laboratory, 666 Broadway
- Toms River: Dr. Halbach's Private Lab. (Main St.)

PASSAIC COUNTY
- Passaic: Passaic General Hospital
  - Beth Israel Hospital
  - St. Mary's Hospital
- Paterson: Board of Health
  - Barnert Memorial Hospital
  - Dr. Barolsky's Private Lab. (306 Broadway)
  - St. Joseph's Hospital
  - Wilchins Private Lab. (9-11 Church St.)
  - Paterson General Hospital Laboratory
  - Hoffman Laboratory, 666 Broadway
- Preakness: Hope Dell Laboratory, Hope Dell, Oldham Road

SOMERSET COUNTY
- Somerville: Somerset Hospital

SUSSEX COUNTY
- Franklin: Franklin Hospital
- Newton: Newton Hospital

UNION COUNTY
- Elizabeth: Board of Health
  - Alexian Brothers Hospital
  - Dr. Casilli's Private Lab. (618 Newark Ave.)
  - Elizabeth General Hospital
  - Biochemical Laboratory (1137 E. Jersey St.)
- Plainfield: Board of Health
  - Muhlenberg Hospital Laboratory
- Rahway: Rahway Memorial Hospital
- Summit: Overlook Hospital

WARREN COUNTY
- Phillipsburg: Warren Hospital

3. CIRCULAR OF INFORMATION

Regulations pertaining to the Distribution of Antipneumococcic sera, adopted by the Department of Health of the State of New Jersey on April 12, 1938, under authority contained in the provisions of Chapter 24, Public Laws of 1938.

1. Serum distributed free by the State shall be available for distribution only at stations strategically located at such points about the state as the Director of Health may find practical.

2. No serum shall be released except on written application of a physician licensed to practice medicine in New Jersey.

3. Application by a physician for antipneumococcic serum shall be signed by the physician and shall give the name, age, sex, color and address of the patient, the duration of the disease, the type of pneumococci present, and the name of the laboratory at which the typing of pneumococci was done.

4. Before serum will be released for use in treating a patient, the physician shall certify in writing that the patient is financially unable to pay for the serum.

5. No serum will be released for use in treating a patient until the type of pneumococci is first established by a suitable test at a laboratory approved by the Director of Health of New Jersey for making such tests; and only serum for treating that type shall be released for use in the case.

6. Any statement as to financial inability of patients to pay for serum released shall be subject to review by the State Department of Health.

7. Serum released to a physician for treating a case shall be kept refrigerated; and any unopened package not used on the patient for whom it was released shall be returned promptly to a station from which the material is distributed.

8. After the termination of a case of pneumonia for which free serum was released, the physician shall report to the State Department of Health such facts about the case as are called for on a form furnished by the Department for the purpose.

9. Violation of the regulations by any physician may at the discretion of the Director of Health debar such physician from obtaining serum for other cases.

Antipneumococcci sera for treating pneumonia patients financially unable to pay for the material may be distributed free through the State Department of Health under certain conditions set forth in Chapter 24, Public Laws of 1938.

Serum will be available to physicians at a limited number of stations about the State.

Horse serum Type I and Type II will be available at all stations. Horse serum Type V, Type VII and Type VIII and rabbit serum Type I and Type III will be available when procurable, at a few of the stations. The number of stations must be limited because of the high cost necessary to stock them.

Any physician licensed to practice in New Jersey may secure serum from a station for treating a given case by applying in writing at the station, stating the name, age, sex and address of the patient, the duration of the disease, the type of pneumococci present, the name of the approved laboratory at which the typing was done, and certifying that the patient is financially unable to pay for the serum. Only serum corresponding in type with the statement on the application, and supported by result of the laboratory tests, will be released. Application forms are available at distributing stations, or may be obtained from the office of the State Department of Health at Trenton or from any District Health Office of the Department.

The laboratory tests must be made at a laboratory approved by the Department. A list of laboratories approved for this purpose may be obtained at any time from the office of the State Health Department at Trenton, from its District Health Offices and from distributing stations.

A report of the use of serum obtained free for treating a patient shall be made by the physician to the State Department of Health at the termination of the case. A form for such a report should be secured at the distributing station by the physician when serum for the case is obtained.

Serum obtained from a station should be refrigerated until used. In case all serum obtained for a case is not used, any unopened package should be promptly returned, by the physician, preferably to the station from which secured.

CONTACTS AND COMMENTS

TRAINING FOR COUNTY SOCIETY OFFICERS

Plans are being perfected for conducting a conference on the duties of county society officers, to be held in the Stacey-Trent Hotel, Trenton, on Sunday, September eleventh. Turn to page 506 of this Journal and read the program. Then, if you are an officer, make your plans to be present and to take part in the discussions.

There is often much lost motion in conducting the meetings of a county society. A common attitude for an officer or chairmen to take is that he is the servant of the society; and at the society meetings he asks for instructions as to the course which he is to take. A broader conception of his duty is that he is assigned as a leader in a particular activity. He already knows something of the needs of his county, and is expected to develop a program of action. The least that he can do is to draw up a written report, embodying two features:

1. His diagnosis of a need.
2. A definite plan of action to supply that need.

The mere fact of diagnosing a need and suggesting a line of treatment clarifies his own ideas and those of the members. When he has stated his own views and plans, he is prepared to ask the members to approve his report, and to specify those features which they will support and those to which they object. This need not take more than five minutes.

Then, instead of devoting the time of the meeting to a discussion of inconsequential details, the officer can approach the objector privately and discuss the problem with him, instead of boring the great mass of members. The wise officer will make more converts to his plan by private conversations with talkative individuals than by detailed discussions on the floor. An officer who has his plans arranged in logical order will usually carry his point and secure the coöperation of his fellow members.

LOCAL MEDICAL HISTORY

There is a surprising response to President Carrington's suggestion that a history of each county society be prepared and published just before the next annual meeting. The present plan is that each history shall trace the development of organized medicine in the county with particular reference to the projects which have been carried out. Since all history is nine-tenths biography, the local history will emphasize the lives of those members who have left their mark on the county society. A similar history is in process of compilation for the State Society, based on the official records. When the dry reports are read in the light of permanent achievements, they glow with life, and are of interest to every member.

A simple plan for compiling the information is in process of development, and will be announced in the near future. The plan contemplates the cooperation of the woman's auxiliaries, for valuable sources of information are elderly ladies who are descendants of former leaders, and their recollections of their medical ancestors is one of the most valuable sources of information.

SURVEY OF MEDICAL PRACTICE

The survey of medical practice by county societies is being conducted quietly and unostentatiously, with no ringing of doorbells or preconceived announcements of the expected results. The family doctor is the confidential adviser of his group of patients in their physical welfare, just as the priest or clergyman is the adviser of parishioners in things moral and spiritual. Each includes in his flock numerous examples of the extremes of temperaments. Among their adherents approximately one-third of the people seek the services of their doctor and their priest only in emergencies, and then expect immediate relief and comfort by the exercise of a brief period of penance; only to return to their former habits of life when the immediate emergency has passed.

A second one-third of the people is composed of those who demand continual personal attention from both their doctor and their priest, with no expectation of achieving abounding health either physically, morally, or spiritually. The remaining one-third is composed of those who loyally support both their doctor and their priest, and earnestly strive for physical health, and for peace of their minds and souls.

Both the family doctor and the parish priest are always ready to respond to calls for advice and assistance from the members of their flock; but each knows that the efficiency of his ministrations depends upon the voluntary response of those who seek their advice.

A survey of medical services will include not only the number of patients who conform to a ritual of taking a prescribed dose of medicine three times a day, but also an enumeration of those who are willing to change their habits of living and thinking in a sincere attempt to achieve physical health.

BOOK REVIEWS

A Textbook of Medicine, by Charles Phillips Emerson, M.D. Published by J. B. Lippincott Co., Philadelphia, London, Montreal. Copyright 1936.

The examination of this text impresses the reader with its completeness, including the consideration of diseases due to drugs and poisons, allergic conditions, and diseases of metabolism and the ductless glands. There is also extensive attention given to the diseases of the hematopoietic system. Brief consideration is given to each disease entity, and each subdivision.

The book would serve as an excellent encyclopedia of medicine for the specialist, as well as a text for medical students. It is marked by short biographies of medical men and other special paragraphs, and footnotes.

It is extensively indexed (nearly one hundred pages). The entire volume contains 1295 pages, with no illustrations, graphs, or diagrams.

Surgical Pathology of the Diseases of the Neck, By Arthur E. Hertzler, M.D. Published by J. B. Lippincott Company, Philadelphia, Montreal, London.

Surgery of the neck is discussed from a practical viewpoint, bringing into the covers of one book classification and discussion of the rare tumors and infections as well as the usual conditions which are found in this region.

The difficulties of preoperative classifications are discussed. Particular attention is given to Hodgkin's granuloma. Gross and microscopic pathology are considered effectively. Surgical approach is outlined but detailed operative procedures are not given.

This book will be of value to the general surgeon and otolaryngologist who is interested in diseases of the neck. It is one of a series of Monographs on Surgical Pathology by the author, who is Professor of Surgery at the University of Kansas.

DECEASED PHYSICIANS—NEW JERSEY

From the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Henry V. Broeser	69	June 29, 1938	Hoboken	Same	Arterio sclerosis.
Charles W. Day	89	Jan. 18, 1938	New York City	Ocean Grove	Angina pectoris.
Wilborne D. Evans	38	June 26, 1938	Riverside	Merchantville	Fracture of skull.
Conrad Favaro	35	Feb. 14, 1938	New York City	W. New York	Multiple sclerosis.
William E. Jonah	64	June 8, 1938	Atlantic City	Same	Coronary occlusion.
Joseph Lieberman	68	June 12, 1938	East Rutherford	Same	Chronic myocarditis.
Frederick M. Luther	84	May 28, 1938	Allenhurst	Same	Chronic arterio sclerosis.
George P. Pennington	53	June 29, 1938	Atlantic City	Same	Arterio sclerotic heart disease
Henry O. Reik	70	June 2, 1938	Weehawken	Same	Myocarditis.
Henry C. Smith	84	June 6, 1938	Hackensack	Hackensack	Strangulated hernia.

OBITUARIES

DR. HENRY VALENTINE BROESER

Dr. Henry V. Broeser, of Hoboken, N. J., died on June 29, 1938. He was born in Jersey City, June 7, 1869. He graduated from the New York Homeopathic College in 1900. He specialized in x-ray work and was Roentgenologist to St. Mary's Hospital, Hoboken; St. Francis' Hospital, Jersey City, and the North Hudson Hospital. He served as Health Commissioner of Hudson County since 1934.

Dr. Broeser served overseas during the World War, directing the x-ray services in active sectors. He died from pernicious anemia, probably induced by exposure to x-rays.

DR. HAROLD J. DURANT

Dr. Harold J. Durant, 485 Park Avenue, Paterson, died on July 15 of typhoid fever, with which he was stricken five weeks ago.

Dr. Durant was born in Brockton, Mass., on December 26, 1896, and was graduated from Tufts College and Medical School. He was a veteran of the World War; a member of the Passaic County Medical Society, State Medical Society, the American Medical Society, and a Fellow of the American College of Surgeons.

Surviving are his wife, the former Miss Marian A. Adams, of Paterson; two sons, Roger and Harold; a daughter, Carolyn; his mother, Mrs. Emma Durant, and a brother, Robert, of Brockton.

Services were held at the Durant home, with the Rev. Howard A. Adair, pastor of Eastside Presbyterian Church, officiating. Burial was in Memorial Park, Totowa.

DR. GEORGE POWELL PENNINGTON

Dr. George P. Pennington died in his home in Atlantic City on June 29, 1938, aged 54 years.

He was the son of Dr. Byron C. Pennington, one of the earliest physicians in Atlantic City, and the brother of Dr. John Pennington. He graduated from Jefferson Medical School in 1909, and has practiced in his home city ever since.

COUNTY SOCIETY REPORTS

BERGEN COUNTY

LeRoy W. Black, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Hackensack Hospital on Tuesday, June 14th, 1938, with the President, Dr. Chester A. King, presiding.

LODGE CONTRACT PRACTICE

The minutes of the Executive Committee meeting on May 31, which were printed in the June Bulletin, were accepted after a great deal of discussion, which centered mainly around the report of the Lodge Contract Practice Committee which had been approved and accepted by the Executive Committee at its meeting of May 31st, 1938.

It was moved, seconded, and passed that the report of this Lodge Contract Practice Committee be accepted in principle, and further study be made by this committee in conjunction with the State Society for further action.

Referring again to the minutes of the Executive Committee meeting, a request was also made that more copies of the Constitution and By-Laws be made available. In reply to this request, the President stated that such procedure will be carried out as soon as the By-Laws Committee has completed its work on this matter.

ANNUAL OUTING

Dr. Vita, the Chairman of our Entertainment Committee, discussed the annual outing for the year, and stated that previous proposals had not been well accepted by the society at large, and after some discussion the matter was finally taken to a vote with the result that it was moved, seconded, and passed that this year we dispense with any annual outing, either at Bergen Pines or anywhere else.

COMMUNICATIONS

The Secretary read a letter from Dr. William C. Woodward, Director of the Bureau of Legal Medicine and Legislation of the American Medical Association, in which Dr. Woodward thanked our society for its coöperation in urging our United States Senators and Representatives to support bills S-3919 and HR-10455 proposing to authorize an appropriation for the construction of the new building for the Army Medical Library and the Army Medical Museum.

Mr. Whitehead read a letter from a Miss Jane Wiseman, of Hudson, stating her desire to become an office assistant and presenting her qualifications.

A communication from Dr. Chester Ulmer was presented by Mr. Whitehead in which Dr. Ulmer had sent a clipping to the office of our Executive Secretary concerning our Public Health Week. This clipping was in the Weekly Roster and Medical Digest published by the Philadelphia County Medical Society and was in the form of an editorial highly complimenting our society on the special section of the Bergen Evening Record which appeared on May 7th of this year.

NEW MEMBERS

Three applications for membership were received.

PRESCRIPTION BLANKS

Dr. Knowles called the society's attention to the resolutions of the Bergen County Pharmaceutical Society regarding prescription blanks, and urged our members to support them in their efforts to remove drug-store advertising from blanks furnished to physicians.

DISCUSSION OF STATE SOCIETY SUBJECTS

Dr. Knowles also brought forth the suggestion, which was well received, for designating a certain time in the agenda of all future meetings for discussion of legislative and State Society matters.

LEGISLATION

Dr. Alexander reported upon the final settlement of Bill A-511 in the New Jersey Legislature, and explained that it was thought the bill did not get out of committee in time to be voted upon in the Senate at this session. He requested that official gratitude for work done in support of this bill be sent by letter from the Secretary to Assemblyman McClave, Assemblyman Osmers, Assemblyman Freund, and Assemblywoman Smith. Also to the Speaker of the House, Congressman Pascoe of Union County. He also requested that a letter be sent to Assemblyman Bogel explaining our regret that he was unable to vote in support of this bill. A motion was made to accept these suggestions, which was seconded and passed unanimously.

SURVEY OF MEDICAL CARE

Dr. Barlow reported upon the business brought before the State Welfare Committee at Trenton on June 5th, and outlined to the society the discussion given before the Welfare Committee from Dr. Leland of the American Medical Association concerning the proposed nation-wide survey of medical care.

ESSEX COUNTY

Paul H. Hosp., M.D., Reporter

Since no regular meetings are scheduled for the summer, the Council meets at regular intervals, and at the call of President Kraker, to look into matters of importance and act upon them if necessary.

PRESIDENT-ELECT

At our last annual meeting the office of President-Elect was established. A resolution was passed by the Council promoting Dr. Royal Schaaf to the office of President-Elect; and Dr. Harry Commando to the office of First Vice-President; and a vacancy was declared in the office of Second Vice-President.

Dr. Francis C. Weber was then elected to fill the office of Second Vice-President.

LIFE INSURANCE

Another important step which the Council feels will be of big benefit to the members of the Society is that of life insurance in group form. In order to ascertain how the membership stood on this type of insurance, it was decided to poll the entire membership by postal card. The replies from the cards showed the members to be very much in favor of this type of insurance.

The group life insurance plan is as follows:

A life insurance policy will be issued to each doctor in accordance with the following schedule:

Ages up to 60, inclusive	$5000
Ages 61 to 65, inclusive	2500
Ages 66 and over	1000

There is no physical examination required. The approximate cost is $9.00 per $1000. This may be paid one-quarter every three months.

The insuring company is the Columbian National Life Insurance Company.

There must be a reply to the affirmative of 75 per cent of our members before the policy goes into force. It therefore behooves us all to send in our application cards early.

CLINICAL CONFERENCE

The Council is coöperating 100 per cent with the committees in charge of the Clinical Sessions to be held at Newark on October 6 and 7.

MIDDLESEX COUNTY

Louis R. Panigrosso, M.D., Reporter

A regular meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchne, N. J., Wednesday, June 15th, 1938, Dr. J. V. Smith, President, presiding.

SCIENTIFIC PROGRAM

The speaker of the evening was Dr. John H. Garlock, of the Surgical Staff of Mt. Sinai Hospital. Subject: "Surgical Aspects of Carcinoma of the Colon". Discussion by Dr. Clark, Dr. Henry, Dr. William Klein. Dr. Garland closed discussion.

COMMITTEES

Committee on Contract Practice. Dr. Donlan reported that a report was ready, but he thought it would be better to give it at the next meeting. Dr. Sandella moved that the report appear in the bulletin. Motion carried.

Welfare Committee. Dr. Hayward stated the committee has reorganized, but nothing definite had been decided.

Constitution Committee. Dr. Rothschild stated that the Constitution Committee had one meeting, and thought it advisable to have the election of officers in May. It suggested that our meetings in the future take place from September to May.

Meeting adjourned 10:15 p.m.

MONMOUTH COUNTY

O. R. Holters, M.D., Reporter

The Executive Committee meeting of the *Monmouth County Medical Society* was held at the Monmouth Memorial Hospital in Long Branch on Monday evening, June 13th, 1938, at 8:30 p.m., with President C. Byron Blaisdell presiding. Those present were: Drs. Blaisdell, Moffat, Gosling, K. G. Brown, Pregnall, Albright and Featherston. Absent members of the Executive Committee were Drs. MacKenzie, Parry, Clark, Kazmann, Magee and Matthews.

A bill from the LeRoy Press for $25.29 for May Bulletins and stamped envelopes was approved and ordered paid.

VENEREAL DISEASE CLINIC

An announcement was made that the Monmouth County Jail in Freehold has opened a Venereal Disease Clinic in the jail. Dr. Blaisdell reported that this clinic had the sanction of the Venereal Disease Committee of the Monmouth County Medical Society.

FIRST AID BULLETIN

A Bulletin of the New Jersey State First Aid Council was received, and was referred to Dr. Harold Kazmann, Chairman of the Committee on Program and Scientific Work.

UNIFORM MEDICAL PRACTICE ACT

The committee discussed the activities of our Society in connection with the Uniform Medical Practice Act, which after its passage through the Assembly was buried in a Senate committee and did not come to a vote in the Upper House. The committee was assured that Senator Frank Durand from Monmouth County did all in his power to foster the passage, but was unsuccessful in his efforts to have it brought out of his committee.

A. M. A. SURVEY OF MEDICAL PRACTICE

A nation-wide study of medical care is now in progress, and the resolutions of the Board of Trustees of the American Medical Association state clearly the following objectives:

1. To determine "for each county in the United States the prevailing need for medical and preventive medical services where such may be insufficient or available".

2. To "develop for each county the preferable procedure for supplying these needs".

Forms and instructions were received from the A. M. A., and the matter will be discussed at the next meeting. Various committees will probably be formed in an effort to make the survey in our county accurate and complete.

Meeting adjourned at about 10:30 p.m.

SYPHILIS CONFERENCE

Our Society participated in the Second Annual Social Hygiene Conference, held Wednesday, June 15th, at the Berkeley-Carteret Hotel, Asbury Park.

Dr. D. M. P. Magee, Asbury Park, Chairman Venereal Disease Committee of Monmouth County Medical Society, presided over the Medical Section,

at which an unusually interesting paper was read by Dr. C. A. Pons, Asbury Park, Pathologist at Monmouth Memorial and Fitkin Hospitals, on "The Pathologist's Standpoint in the Venereal Disease Campaign".

Dr. J. C. Clark, Asbury Park, gave an analysis of the year's work in Monmouth County's clinics, showing approximately a 56 per cent increase in treated cases.

Dr. Karl M. Scott, Chief of the Bureau of Venereal Disease Control of New Jersey, spoke informally.

Dr. Blaisdell presided at the joint luncheon at which Dr. Walter Clarke, Executive Director of the American Social Hygiene Association, gave an interesting address, stressing the need of raising money locally to solve local problems, and maintain a local control and responsibility.

(Note: For approximately $25,000 a year an intensive anti-syphilis campaign could be staged in Monmouth County, which will pay dividends in decreased lunacy, and fewer dependents.)

Mr. Raymond Wyckoff, Director of the Monmouth County Board of Freeholders, presided over the Section for the General Public, in which we were represented by Dr. W. Fred Jamison, Asbury Park.

An interesting feature of this section was a panel discussion by four Junior College students on what modern youth deemed desirable in sex education.

Mr. John Montgomery presided over the Section on Health Officers and Local Boards of Health.

From our standpoint, it is extremely desirable that Mr. Wyckoff and Mr. Montgomery maintain their active interest in this field of public welfare, since with their assistance much can be done to make a thorough anti-syphilis campaign possible.

NEWS NOTES

Pre-marital blood tests and certificates begin July 1st. Study your information blank.

Junior Executive Committee will meet at the home of Dr. Stanley Wilkins, 47 East Front Street, Red Bank, on Tuesday evening, June 28th, at 9 o'clock.

Staff Conference—Fitkin Memorial Hospital, Monday evening, July 18th.

Staff Conference—Monmouth Memorial Hospital, Wednesday, July 13th.

There will be no meetings of the County Medical Society during the summer.

On August 5th, G. P. Putman Sons, New York, will publish a text book, "The Principles and Practice of Medical Nursing", by Dr. Victor Knapp, of Asbury Park. To our knowledge, this is the first publication of a book by a member of the Monmouth County Medical Society.

The Annual June Frolic and Dinner was held on Wednesday afternoon and evening, June 29th, at the Deal Golf Club. There was an unusually large attendance, particularly at the dinner, which was held in the evening. The afternoon program consisted of a golf tournament, the winner of which was Dr. Carlos Pons. There was a soft-ball contest between the Senior Team captained by Dr. R. A. MacKenzie, and a Junior Team captained by Dr. Howard Peiper. The game was umpired by Dr. O'Mara, of Spring Lake, and coached by Dr. Robert Watkins, of Belmar. The victor was the Junior Team. Handsome prizes were awarded to the successful contestants.

Following the dinner the guest speakers were Dr. Henry Kolvir, who related his experience in roping lions. Also Mr. Thomas Terris followed with a discussion entitled "Vagabond Adventurer". Both speakers illustrated their talks with moving pictures.

THE WOMAN'S AUXILIARY

During the past year the Woman's Auxiliary has demonstrated its usefulness. It has discovered the latent talent among its members, and has established itself as an essential division of The Medical Society of New Jersey.

1. The Auxiliaries in some of the counties, notably Middlesex, have demonstrated their essential usefulness as liaison agents in arranging for addresses to be delivered before lay groups by local physicians assigned as speakers by the county societies. This is a project for which the Auxiliaries are especially well fitted.

2. The Auxiliaries are asking how they may promote research in local medical history. It is planned that this service shall be developed, so that a readable history of each county society may be compiled, to be published at the end of the year as a State Society project.

3. The exhibit of Arts and Medical History at the last annual meeting was the best that has yet been arranged. The collection of historical documents and relics during the coming year will provide abundant material for a still better exhibit at the 1939 annual meeting, when proper facilities will be provided for its display.

4. Plans are under development for a system of reporting the meetings of the County Auxiliaries, in a form which will appeal to physicians as well as members of the Auxiliaries.

The Journal offers its facilities to develop the essential objectives of the Auxiliary so that its helpfulness to the Medical Societies will be recognized, and its help eagerly sought.

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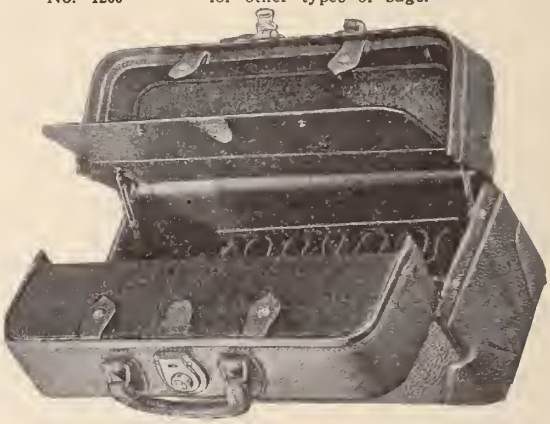

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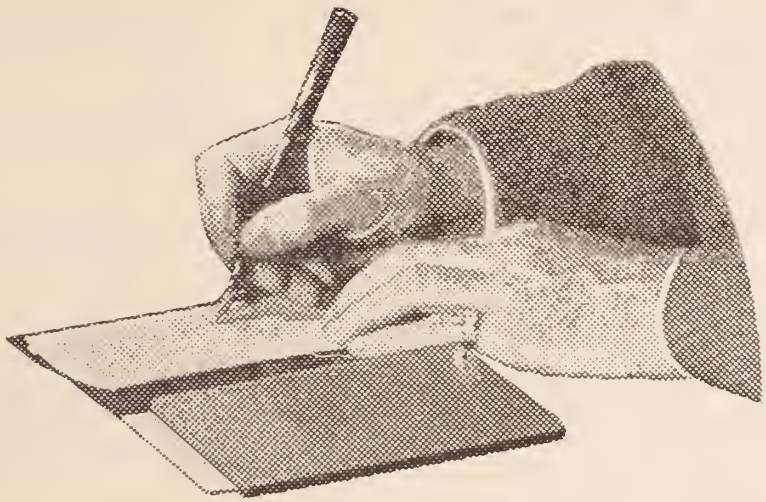

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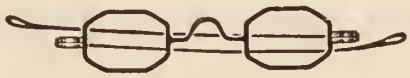

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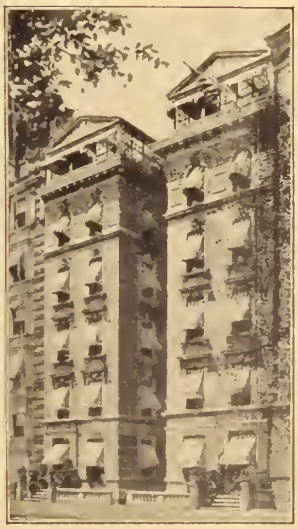

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THE N.Y. ACADEMY OF MEDICINE
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FALL CLINICAL CONFERENCE OF THE MEDICAL SOCIETY OF NEW JERSEY, IN ESSEX COUNTY
October 6 and 7, 1938

THE JOURNAL

OF THE MEDICAL SOCIETY OF NEW JERSEY

Editorial and Executive Offices of the Society
143 EAST STATE STREET, TRENTON, N. J., TEL. 9330

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TELEPHONE 9330

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THE MEDICAL SOCIETY OF NEW JERSEY

COMMITTEES,—THEIR MEMBERS AND DATES OF MEETINGS,—FOR THE YEAR BEGINNING MAY 19, 1938

WILLIAM J. CARRINGTON, Atlantic City, President and Ex-Officio Member of Each Committee —By-Laws, Chapt. VI, Sect. 1

Adult Health Supervision

Herschel Stratton Murphy, *Chairman* .....Roselle
William Henry Varney, *Vice-Chairman* .....Washington
Edwin Grafing Dewis .....Interlaken
Robert Martin Grier .....Pleasantville
Edward Caffron Klein .....Newark
Watson Budlong Morris, *Consultant* .....Springfield

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Annual Meeting

Charles Butcher Kaighn, *Chairman* .....Atlantic City
Clarence Ladelle Andrews, Chairman, Sub-Com. on Scientific Program .....Atlantic City
Asher Yaguda, Chairman, Sub-Com. on Scientific Exhibits .....Newark
Thomas McGrath Brennock .....Jersey City
John Clifford Clark .....Asbury Park
William John Carrington, *Consultant* .....Atlantic City

Meetings

Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Auxiliary Medical Service

William Wallace Maver, *Chairman* .....Jersey City
Samuel Barbash, *Vice-Chairman* .....Atlantic City
Arturo Raymond Casilli .....Elizabeth
Eugene Garfield Herbener .....Lakewood
Sigurd Walter Johnsen .....Passaic
Jerome Howard Samuel .....Newark
Walter Albert Taylor .....Trenton
Alfred Stahl, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Cancer Control

William Gettier Herrman, *Chairman* .....Asbury Park
Henry Boylan Orton, *Vice-Chairman* .....Newark
Harold Stern Davidson .....Atlantic City
Ellwood Emerson Downs .....Woodbury
John Butler Faison .....Jersey City
Otto Rudolph Holters .....Asbury Park
Joseph Henry Kler .....New Brunswick
Charles B. Woodman .....Morristown
Thomas Benjamin Lee, *Consultant* .....Camden

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Child Health

Stanley Nichols, *Chairman* .....Long Branch
Walter Blair Stewart, *Vice-Chairman* .....Atlantic City
Arthur Fowler Ackerman .....Summit
Ernest Garfield Hummel .....Camden
Irving Okin .....Passaic
Louis Charles Rosenberg .....Newark
Aldrich Clements Crowe, *Consultant* .....Ocean City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Constitution and By-Laws

James Francis Norton, *Chairman* .....Jersey City
David Kraker, *Vice-Chairman* .....Newark
Herbert William Nafey .....New Brunswick
George N. J. Sommer .....Trenton
David H. Bartine Ulmer .....Moorestown
Frederic James Quigley, *Consultant* .....Union City

Meetings

Trenton.....Aug. 7, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.

Contract Practice

Reuben Lore Sharp, *Chairman* .....Camden
L. Samuel Sica, *Vice-Chairman* .....Trenton
Frank William Ash .....Paterson
John Norman Connell .....Jersey City
John George Decker .....Hasbrouck Heights
Henry Haywood .....New Brunswick
Harvey Theodore Herold .....Newark
Edward Frederick Klein .....Perth Amboy
Jennings Howard Hornberger, *Consultant* .....Roebling

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Crippled Children

Babclay Wellington Moffat, *Chairman* .....Red Bank
Elmer Peter Weigel, *Vice-Chairman* .....Plainfield
Oswald Rudolph Carlander .....Camden
Frederick George Dilger .....Hackensack
William Greenfield .....Hackensack
Emanuel Harrison Nickman .....Atlantic City
Toufick Nicola .....Montclair
Herbert William Nafey, *Consultant* .....New Brunswick

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Finance and Budget

HARRY ROSS NORTH, *Chairman* (1939) .....Trenton
HERSCHEL PETTIT (1942) .....Ocean City
WELLS PHILLIPS EAGLETON (1943) .....Newark
ANDREW FRANCIS MCBRIDE (1941) .....Paterson
DAVID B. ALLMAN .....Atlantic City
HENRY SPENCE .....Jersey City
ELIAS JOSEPH MARSH, Ex-Officio .....Paterson

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LANCELOT ELY, *Chairman* .....Somerville
EPHRAIM ROLAND MULFORD .....Burlington
FREDERIC JAMES QUIGLEY .....Union City
No meetings, work carried on by correspondence.

Hospital Relationships

SPENCER TREADWELL SNEDECOR, *Chairman* .....Hackensack
WILLIAM H. A. WARNER, *Vice-Chairman* .....East Orange
HENRY BRISTOL DECKER .....Camden
FLORENTINE MILTON HOPPMAN .....New Brunswick
CHARLES HYMAN .....Atlantic City
ELTON WALLACE LANCE .....Rahway
GEORGE O'HANLON .....Jersey City
THOMAS KRAPFEL LEWIS, *Consultant* .....Camden

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Industrial Injuries and Occupational Diseases

J. IRVING FORT, *Chairman* .....Newark
LESLIE EDWIN MYATT, *Vice-Chairman* .....Bridgeton
CHARLES LITTWIN .....Teaneck
TRAUGOTT JOHN SCHUCK .....Hoboken
JAMES HERBERT SPENCER, JR. .....Franklin
WILLIAM FRANCIS COSTELLO, *Consultant* .....Dover
HENRY HOWARD KESSLER, *Technical Adviser*, representing Commissioner J. J. Toohey, N. J. Dept. of Labor..Newark
ROY GRIFFITH, *Technical Adviser*, representing the Manufacturers' Association of New Jersey .....Glen Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Legislation

BERTHOLD STEINBACH POLLAK, *Chairman* .....Secaucus
CHARLES HENRY MITCHELL, *Vice-Chairman* .....Trenton
WENDALL JONES BURKETT .....Pitman
HERBERT ROY VAN NESS .....Newark
WILLIAM CRANE WILENTZ .....Perth Amboy
SAMUEL ALEXANDER, *Consultant* .....Park Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
Others at call of Chairman

Maternal Welfare

ARTHUR WALTER BINGHAM, *Chairman* .....East Orange
JOHN CARLISLE BROWN, *Vice-Chairman* .....Atlantic City
SAMUEL ALLISON COSGROVE .....Jersey City
GEORGE BURTON GERMAN .....Camden
CARL HALLER ILL .....Newark
JULIUS LEVY .....Newark
ROBERT ABBE MACKENZIE .....Ashury Park
WALTER BARCLAY MOUNT .....Montclair
JAMES HARRIS UNDERWOOD .....Woodhury
JAMES WERES .....Alpha
HARRISON BETTS WILSON .....Hackensack
THOMAS BENJAMIN LEE, *Consultant* .....Camden

Meetings

Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
January, 1939, Joint Meeting with County Maternal Committees and Field Physicians; date, hour, and place to he selected hy Chairman, Dr. Bingham.

Medical Care of Indigent and Low-Wage Group

GEORGE WASHINGTON FITHIAN, *Chairman* .....Perth Amboy
DAVID WRIGHT GREEN, *Vice-Chairman* .....Salem
FRANK L. FIELD .....Far Hills
DANIEL LEO HAGGERTY .....Trenton
WARREN DAVID ROBBINS .....Cape May
BYRON GRANT SHERMAN .....Morristown
EDWARD MATHIAS ZEH HAWKES, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Medical Defense and Insurance

CHRISTOPHER CHARLES BELING, *Chairman* .....Newark
JOSEPH WALLACE HURFF, *Vice-Chairman* .....Newark
JOHN CHARLES MCCOY .....Paterson
GEORGE THOMAS TRACY .....Beverly
WILLIAM CARTER WESCOTT .....Atlantic City
WELLS PHILLIPS EAGLETON, *Consultant* .....Newark

Meetings

Atlantic City....May 19, 1938.....4 p. m.
Interim meetings at the call of Chairman
Trenton.....Apr. 16, 1939.....4 p. m.

Medical Practice

DAVID BACHARACH ALLMAN, *Chairman* .....Atlantic City
SPENCER TREADWELL SNEDECOR, *Vice-Chairman*....Hackensack
HARRY NOAH COMANDO .....Newark
GEORGE WASHINGTON FITHIAN .....Perth Amboy
JACOB IRVING FORT .....Newark
WILLIAM WALLACE MAYER .....Jersey City
REUBEN LORE SHARP .....Camden
CHESTER ISAAC ULMER .....Gibbstown
ANTHONY CHARLES ZEHNDER .....Newark
THOMAS KRAPPEL LEWIS, *Consultant* .....Camden

Meetings

Atlantic City....May 19, 1938.....4 p. m.
Trenton.....Apr. 16, 1939.....4 p. m.
For meeting of Advisory Committees see their schedules

Mental Hygiene

JAMES STUART PLANT, *Chairman* .....Newark
MARCUS ALBERT CURRY, *Vice-Chairman* .....Greystone Park
WILLIAM COLE DAVIS .....Atlantic City
BARCLAY STOKES FUHRMANN .....Flemington
ALLEN GILBERT IRELAND .....Trenton
EDWARD SHEAFE KRANS .....Plainfield
CLARENCE MORTON TRIPPE .....Ashury Park
HERBERT WILLIAM NAPEY, *Consultant* .....New Brunswick
AMBROSE DOWD, *Technical Adviser*, representing Commissioner Ellis, N. J. Department of Institutions and Agencies .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
One or two other meetings at call of Chairman

Nursing and Nursing Education

ANTHONY CHARLES ZEHNDER, *Chairman* .....Newark
GEORGE MILTON KNOWLES, *Vice-Chairman* .....Hackensack
HORACE WESLEY JACK .....Camden
VICTOR KNAPP .....Ashury Park
FRANK LESLIE PERRY .....Woodstown
HARRY SUBIN .....Atlantic City
THOMAS J. FRANCIS WALSH .....Elizabeth
WELLS PHILLIPS EAGLETON, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Pharmaceutical Problems

Chester Isaac Ulmer, *Chairman* ..... Gibbstown
Reeve Leslie Ballinger, *Vice-Chairman* ..... Arlington
Jacob John Mann ..... Perth Amboy
Merwin Lester Hummel ..... Merchantville
Charles Joseph Murn ..... Paterson
Daniel Woolsey Teller, Jr. ..... Morristown
Ralph King Hollinshed, *Consultant* ..... Westville

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Pneumonia Control

Robert Anthony Kilduffe, *Chairman* ..... Atlantic City
Thomas Michael Kain ..... Camden
Henry Paul Dengler ..... Springfield
Marshall Flower Lummis ..... Pitman
Frederick Thomas Vosburgh ..... Passaic
Ralph King Hollinshed, *Consultant* ..... Westville
William MacDonald, *Technical Adviser,* representing Dr. J. Lynn Mahaffey, Director N. J. Department of Health ..... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Post-Graduate Education

David Fuller Bentley, *Chairman* ..... Haddonfield
Stuart Zeh Hawkes, *Vice-Chairman* ..... Newark
Albert William Pigott ..... Skillman
Ernest Francis Purcell ..... Trenton
Hammell Pierce Shipps ..... Delanco
Sloan Griffin Stewart ..... Atlantic City
Clarence Wilton Way ..... Sea Isle City
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.

Public Health

Stanley Nichols, *Chairman* ..... Long Branch
Frederic William Lathrop, *Vice-Chairman* ..... Plainfield
Arthur Walter Bingham ..... East Orange
Charles Byron Blaisdell ..... Long Branch
Jacob Irving Fort ..... Newark
Ernest Garfield Hummel ..... Camden
Allen Gilbert Ireland ..... Trenton
Abraham Ezra Jaffin ..... Jersey City
Robert Anthony Kilduffe ..... Atlantic City
Isaac Warner Knight ..... Pitman
Julius Levy ..... Newark
Barclay Wellington Moffat ..... Asbury Park
Herschel Stratton Murphy ..... Roselle
Henry Boylan Orton ..... Newark
James Stuart Plant ..... Newark
Elbert Stetson Sherman ..... Newark
Theodor Teimer ..... Newark
Edward Mathias Zeh Hawkes, *Consultant* ..... Newark

Technical Advisers

Ellen Potter and Emil Frankel, representing Wm. G. Ellis, N. J. Dept. Institutions and Agencies.
Henry Howard Kessler, representing J. J. Toohey, N. J. Dept. of Labor.
William MacDonald, representing Director Mahaffey, N. J. Dept. of Health.
Howard Dare White, representing Director Elliott, N. J. Dept. of Public Instruction.

Meetings

Long Branch.... July 10, 1938..... 3 p. m.
Newark..... Sept. 7, 1938..... 3 p. m.
Newark..... Oct. 5, 1938..... 3 p. m.
Newark..... Nov. 2, 1938..... 3 p. m.
Newark..... Dec. 7, 1938..... 3 p. m.
Newark..... Jan. 4, 1939..... 3 p. m.
Newark..... Feb. 1, 1939..... 3 p. m.
Newark..... Mar. 1, 1939..... 3 p. m.
Newark..... Apr. 5, 1939..... 3 p. m.
Newark..... May 3, 1939..... 3 p. m.

Public Relations

Joseph Henry Kler, *Chairman* ..... New Brunswick
Joseph Berkeley Gordon, *Vice-Chairman* ..... Marlboro
George Barton Barlow ..... Englewood
Edgar Parmele Cardwell ..... Newark
Homer Isaac Silvers ..... Ventnor
Jacob Allen Yager ..... Paterson
Elias Joseph Marsh, *Consultant* ..... Paterson

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Publication

Henry C. Barkhorn, *Chairman* ..... Newark
Edward Joseph Ill ..... Newark
James Lawrence Evans ..... North Bergen
William John Carrington, Ex-Officio ..... Atlantic City
Alfred Stahl, Ex-Officio ..... Newark
Frank Overton, Editor ..... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Newark..... July 27, 1938..... 4:30 p. m.
Newark..... Aug. 31, 1938..... 4:30 p. m.
Newark..... Sept. 28, 1938..... 4:30 p. m.
Newark..... Oct. 26, 1938..... 4:30 p. m.
Newark..... Nov. 23, 1938..... 4:30 p. m.
Newark..... Dec. 28, 1938..... 4:30 p. m.
Newark..... Jan. 25, 1939..... 4:30 p. m.
Newark..... Feb. 22, 1939..... 4:30 p. m.
Newark..... Mar. 29, 1939..... 4:30 p. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Exhibits

Asher Yaguda, *Chairman* ..... Newark
James Gordon Boyes, *Vice-Chairman* ..... Plainfield
Nicholas Mark Alter ..... Jersey City
William Wolf Hersohn ..... Atlantic City
Luther Agustus Markley ..... Teaneck
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
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Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Program

Clarence Ladelle Andrews, *Chairman* ..... Atlantic City
Robert Speer Gamon, *Vice-Chairman* ..... Camden
Louis Charles Lange ..... Weehawken
Harrison Stanford Martland ..... Newark
Paul Bryson Reisinger ..... Trenton
William John Carrington, *Consultant* ..... Atlantic City

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
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Trenton..... Apr. 16, 1939..... 11 a. m.

Study of Sterilization

Charles Wright MacMillan, *Chairman* ..... Passaic
Samuel Emlen Stokes, *Vice-Chairman* ..... Moorestown
Walter John Farr ..... Teaneck
Theodore Russell Robie ..... East Orange
Alfred Frederick Sferra ..... Bound Brook
Samuel Alexander, *Consultant* ..... Park Ridge

Meetings

Trenton..... June 5, 1938..... 11 a. m.
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Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Traffic Accidents

ELBERT STETSON SHERMAN, *Chairman* .....Newark
MILLARD FREEMAN SEWALL, *Vice-Chairman* .....Bridgeton
THOMAS SIMON PADDOCK FITCH .....Plainfield
CHRISTIAN PETER SEGARD .....Leonia
GEORGE JOHN YOUNG .....Morristown
JESSE LYNN MAHAFFEY .....Haddonfield
WATSON BUDLONG MORRIS, *Consultant* .....Springfield
ARNOLD VEY, *Technical Adviser,* representing A. W. Magee, Commissioner of Motor Vehicles of N. J...Trenton

Meetings

Trenton.....June 5, 1938.....11 a. m.
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Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Tuberculosis

ABRAHAM EZRA JAFFIN, *Chairman* .....Jersey City
SAMUEL BUDD ENGLISH, *Vice-Chairman* .....Glen Gardner
NORMAN WYVELL BURRITT .....Summit
LEO BERTHIER DRAKE .....Franklin
CLYDE M. FISH .....Pleasantville
MARCUS WARD NEWCOMB .....Browns Mills
HAROLD SIMON HATCH .....Morristown
JOHN EDMUNDS RUNNELLS .....Scotch Plains
HARRY BURTON WALKER .....Vineland
FREDERIC JAMES QUIGLEY, *Consultant* .....Union City

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Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Venereal Disease Control

CHARLES BYRON BLAISDELL, *Chairman* .....Long Branch
MARSHALL DAVIS HOGAN .....Boonton
BAXTER ALFONSO LIVENGOOD .....Swedesboro
STANLEY MARTIN MCGEEHAN .....Atlantic City
ROBERT RAYMOND SELLERS .....Newark
STANLEY R. WOODRUFF .....Jersey City
WILLIAM FRANCIS COSTELLO, *Consultant* .....Dover
ARTHUR JAY CASSELMAN, *Technical Adviser,* representing Dr. Jesse Lynn Mahaffey, Director of N. J. Dept. of Health .....Camden

Meetings

Trenton.....June 5, 1938 .....11 a. m.
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Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Welfare

HILTON SHREVE READ, *Chairman* .....Ventnor
WILLIAM JOHN CARRINGTON, Ex-Officio .....Atlantic City
ALFRED STAHL, Ex-Officio .....Newark
DAVID BACHARACH ALLMAN .....Atlantic City
FRANK WILLIAM ASH .....Paterson
GEORGE BARTON BARLOW .....Englewood
ARTHUR WALTER BINGHAM .....East Orange
CHARLES BYRON BLAISDELL .....Long Branch
WENDALL JONES BURKETT .....Pitman
NORMAN WYVELL BURRITT .....Summit
EDGAR PARMELE CARDWELL .....Newark
HARRY NOAH COMANDO .....Newark
MARCUS ALBERT CURRY .....Greystone Park
WALTER JOHN FARR .....Teaneck
FRANK L. FIELD .....Far Hills
GEORGE WASHINGTON FITHIAN .....Perth Amboy
JACOB IRVING FORT .....Newark
BARCLAY STOKES FUHRMANN .....Flemington
JOSEPH BERKELEY GORDON .....Marlboro
DAVID WRIGHT GREEN .....Salem
DANIEL LEO HAGGERTY .....Trenton
HENRY HAYWOOD .....New Brunswick
EUGENE GARFIELD HERBENER .....Lakewood
WILLIAM GETTIER HERRMAN .....Asbury Park
ERNEST GARFIELD HUMMEL .....Camden
ALLEN GILBERT IRELAND .....Trenton
ABRAHAM EZRA JAFFIN .....Jersey City
SIGURD WALTER JOHNSEN .....Passaic
ROBERT ANTHONY KILDUFFE .....Atlantic City
JOSEPH HENRY KLER .....New Brunswick
ISAAC WARNER KNIGHT .....Pitman
FREDERIC WILLIAM LATHROP .....Plainfield
JULIUS LEVY .....Newark
CHARLES LITTWIN .....Teaneck
JOSEPH FRANCIS LONDRIGAN .....Hoboken
CHARLES WRIGHT MACMILLAN .....Passaic
JACOB JOHN MANN .....Perth Amboy
WILLIAM WALLACE MAYER .....Jersey City
CHARLES HENRY MITCHELL .....Trenton
BARCLAY WELLINGTON MOFFAT .....Red Bank
HERSCHEL STRATTON MURPHY .....Roselle
LESLIE EDWIN MYATT .....Bridgeton
STANLEY HETFIELD NICHOLS .....Long Branch
JAMES FRANCIS NORTON .....Jersey City
BERTHOLD STEINBACH POLLAK .....Secaucus
WARREN DAVID ROBBINS .....Cape May
MILLARD FREEMAN SEWALL .....Bridgeton
TRAUGOTT JOHN SCHUCK .....Hoboken
REUBEN LORE SHARP .....Camden
BYRON GRANT SHERMAN .....Morristown
HOMER ISAAC SILVERS .....Ventnor
SPENCER TREADWELL SNEDECOR .....Hackensack
JAMES HERBERT SPENCER, JR. .....Franklin
SAMUEL EMLEN STOKES .....Moorestown
THEODOR TEIMER .....Newark
CHESTER ISAAC ULMER .....Gibbstown
HERBERT ROY VAN NESS .....Newark
HARRY BURTON WALKER .....Vineland
JAMES WERES .....Alpha
WILLIAM CRANE WILENTZ .....Perth Amboy
JACOB ALLEN YAGER .....Paterson
GEORGE JOHN YOUNG .....Morristown
ANTHONY CHARLES ZEHNDER .....Newark

Meetings

Trenton.....June 5, 1938.....1 p. m.
Trenton.....Oct. 2, 1938.....1 p. m.
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Trenton.....Feb. 19, 1939.....1 p. m.
Trenton.....Apr. 16, 1939.....1 p. m.

Woman's Auxiliary

GUSTAV AUGUST BRAUN, *Chairman* .....Newark
WILLIAM KING CAMPBELL, *Vice-Chairman* .....Long Branch
LOUIS FEINSTEIN .....Atlantic City
GERALD ELLSWORTH MCDONNEL .....Mt. Holly
JOSEPH ROWLETT MORROW .....Ridgewood
ALDRICH CLEMENTS CROWE, *Consultant* .....Ocean City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Workmen's Compensation

HARRY NOAH COMANDO, *Chairman* .....Newark
JOSEPH FRANCIS LONDRIGAN, *Vice-Chairman* .....Hoboken
WILLIAM KLIPSTEIN HARRYMAN .....Hackensack
V. EARL JOHNSON .....Atlantic City
HENRY HOWARD KESSLER .....Newark
CEDRIC C. CARPENTER .....Summit
FREDERICK WILLIAM SHAFER .....Camden
DANIEL F. FEATHERSTON .....Asbury Park
ANDREW FRANCIS MCBRIDE, *Consultant* .....Paterson
STEPHEN J. LORENZ, *Technical Adviser,* representing J. J. Toohey, N. J. Dept. of Labor .....Trenton
ROY GRIFFITH, *Technical Adviser,* representing the Manufacturers' Association of N. J. .....Glen Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
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Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

GAUCH, WILLIAM, Newark, General Chairman of the Local Committee on Arrangements for the Clinical Meeting of the M. S. of N. J.
SPRAGUE, EDWARD WHARTON, representing the M. S. of N. J. on the Board of Trustees of the Hospital Service Plan of N. J.

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First Vice-President, Mrs. A. E. Jaffin .....Jersey City
Second Vice-President, Mrs. E. R. Mulford .....Burlington
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CUMBERLAND.	Dare Woodruff, Vineland	H. S. Branin, Millville ..... Tel. 84	E. S. Corson, Bridgeton
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GLOUCESTER..	William E. Crain, Woodbury	Chester I. Ulmer, Gibbstown ..... Tel. Paulsboro 18	Henry B. Diverty, Woodbury
HUDSON	Reeve L. Ballinger, Arlington....	Thos. McG. Brennock, Jersey City. Tel. Journal Square 2-0787	John N. Connell, Jersey City
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MERCER	W. R. Little, Trenton	A. D. Hutchinson, Trenton ..... Tel. 3-5542	A. D. Hutchinson, Trenton
MIDDLESEX ..	John V. Smith, Perth Amboy	Charles H. Calvin, Perth Amboy.. Tel. 4-0891	L. R. Panigrosso, Perth Amhoy
MONMOUTH ..	C. Byron Blaisdell, Long Branch..	Dan'l F. Featherston, Asbury Park Tel. 3809	O. R. Holters, Asbury Park
MORRIS	Thomas S. Thomas, Jr., Morrist'n	George J. Young, Morristown .... Tel. 4-0662	Marcus A. Curry, Greystone P'k
OCEAN	Emanuel Sickel, Lakewood	William E. Dodd, Beach Haven .. Tel. 205	J. B. Henriksen, Point Pleasant
PASSAIC	Louis G. Shapiro, Paterson	J. Allen Yager, Paterson ..... Tel. Lambert 3-6686	Irving Okin, Passaic
SALEM	H. F. Suter, Pennsgrove	James S. Dunn, Salem ..... Tel. 201	L. C. Hummel, Salem
SOMERSET	A. F. W. Sferra, Bound Brook...	L. C. Fritts, Somerville ..... Tel. 1624	A. W. Pigott, Skillman
SUSSEX	James H. Spencer, Franklin	A. H. Groeschel, Sussex ..... Tel. 240	Edward K. Hawke, Newton
UNION	Henri E. Abel, Elizabeth	Lorrimer B. Armstrong, Westfield. Tel. 0077	R. J. Walsh, Roselle
WARREN	Clyde Smith, Oxford	William F. Skinner, Washington.. Tel. 10	H. B. Bossard, Phillipsburg

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BERGEN	Lyman Burnham	229 Engle St., Englewood	3-1810
BURLINGTON	F. D. Fahrenbruch	Mount Holly	237
CAMDEN	Edmund Hessert	Collingswood	607
CAPE MAY	Clarence W. Way	Sea Isle City	55
CUMBERLAND	J. S. Knowles	Millville	52
ESSEX	Alfred Muerlin	158 S. Harrison St., East Orange	Orange 5-9026
GLOUCESTER	Chester I. Ulmer	Gibbstown	Paulsboro 18
HUDSON	Joseph P. Donnelly	1 Madison Ave., Jersey City	Delaware 3-6682
HUNTERDON	P. W. Baker	High Bridge	170-R-2
MERCER	James R. Harman	824 W. State St., Trenton	3-0436
MIDDLESEX	James Grieve	88 Market St., Perth Amboy	4-1036
MONMOUTH	William Heatley	Red Bank	80
MORRIS	George L. Nicoll	Dover.....	180
OCEAN	Harry Ivory	Point Pleasant	212
PASSAIC	Theodore K. Graham	279 Park Ave., Paterson	Sherwood 2-9422 and 1607
SALEM	William G. Hilliard	Salem	332
SOMERSET	Samuel H. Pogoloff	Manville	Somerville 1228
SUSSEX	August H. Groeschel	Sussex	240
UNION	Arthur E. Tator	57 DeForest Ave., Summit	6-0313
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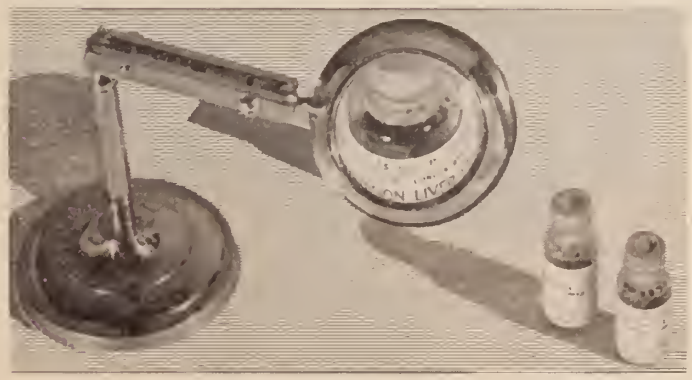

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Clinical study has indicated the therapeutic value of OILZO in treatment of burns, impetigo, fungoid infections, eczema and coryza and other nasal infections. A recent report* describes relief of acute coryza in infants in over 200 cases by nasal instillation of OILZO several times daily.

OILZO -- *GERMICIDAL, EMOLLIENT, NON-TOXIC*

*Bender, L. F. and Blanchard, K.—read before Pediatric Section, N. J. State Med. Soc., Atlantic City, N. J., May 18, 1938.

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Available in
1 ounce and 8 ounce bottles.

Council Accepted

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In Head Colds And Hay Fever

CONVENIENT AND EFFECTIVE TREATMENT

THE instillation of nose drops is most effective when the patient is reclining with head thrown back. Yet how many of your patients will take the trouble—or, indeed, have the opportunity during the day—to administer nose drops in this manner?

On the other hand, 'Benzedrine Inhaler' is volatile. Its vasoconstrictive vapor diffuses throughout the rhinological tract. Consequently no uncomfortable or awkward positions are necessary for its correct administration.

Each tube is packed with benzyl methyl carbinamine, S.K.F., 0.325 gm.; oil of lavender, 0.097 gm.; menthol, 0.032 gm. 'Benzedrine' is the registered trademark for S.K.F.'s nasal inhaler and for their brand of the substance whose descriptive name is benzyl methyl carbinamine.

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Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245 ☐ N. Y. State Jour. Med., 1935, 35-No. 11, 590 ☐

Laryngoscope, 1935, XLV, 149-154 ☐ Laryngoscope, 1937, XLVII, 58-60 ☐

SIGNED: _____ **M. D.**

(Please write name plainly)

ADDRESS _____

CITY _____ STATE _____ JER

Are the Neuritic Symptoms of Pregnancy *due to a deficiency of vitamins B₁ and G?*

SUCH common neuritic symptoms of pregnancy as pains in arms and legs, muscle weakness, and (less frequent but more serious) paralysis of the extremities may result from a shortage of antineuritic vitamins, recent investigations appear to show. Although neuronitis of pregnancy has long been considered a toxemia, no toxins have ever been identified.

Clinical observations of Strauss and McDonald lead to the conclusion that the condition is a dietary deficiency disorder similar to beriberi, caused by lack of vitamin B_1, complicated by symptoms which may be traced to shortage of vitamin G. They report recovery in their cases receiving this therapy, including dried brewers' yeast.

Hyperemesis as Cause of Avitaminosis

Wechsler observes that all cases of polyneuritis of pregnancy recorded in the literature were preceded by long periods of severe vomiting. "It would seem," he adds, "that because of actual starvation these patients suffered from avitaminosis and consequent neuritis," a view likewise held by Hirst, Luikart, and Gustafson. Plass and Mengert observe that the practice of giving high carbohydrate feedings for hyperemesis gravidarum is still more likely to cause avitaminoses B and G.

Dried brewers' yeast, as it is far richer than any other food in vitamins B_1 and G, is being used with benefit both in the prevention and treatment of polyneuritic symptoms of pregnancy. Lewy found that additions of yeast to the diet reduced electric irritability of the peripheral nerves and brought clinical improvement. Vorhaus states that he and his associates, after administering large amounts of vitamin B_1 to 250 patients having various types of neuritis, including that of pregnancy, observed in about 90% of cases "varying degrees of improvement, i.e., from partial relief of pain to complete disappearance of all symptoms."

Need for Vitamins B and G in Lactation

Evans and Burr, Hartwell, Sure and co-workers, and Macy *et al* are among numerous authorities who find that the nursing mother also needs supplements of vitamins B_1 and G, from 3 to 5 times the normal requirement. Tarr and McNeile report that the physical, mental, and emotional status of 120 pregnant and lactating women receiving Mead's Brewers Yeast and other foods high in vitamin B was superior to that of a control group of 116 women.

Since the management of polyneuritis of pregnancy is difficult at best, it would appear logical to supply those dietary substances which may safeguard against it. One of the richest and most convenient sources of the anti-neuritic factors, vitamins B1 and G, is Mead's Brewers Yeast Tablets. Consisting of nonviable yeast, they offer not less than 25 International vitamin B1 units and 42 Sherman vitamin G units per gram.

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Ten to twenty per cent solutions of Neo-Silvol are suitable for most eye infections; gonorrheal ophthalmia may call for stronger solutions—25 to 50 per cent. In inflammatory conditions of the nose, naso-pharynx, pharynx and tonsils, Neo-Silvol (10 to 25 per cent strength) may be sprayed or swabbed on the involved areas three or four times daily. Neo-Silvol solutions are easily prepared by dissolving the glistening, cream-colored granules in water.

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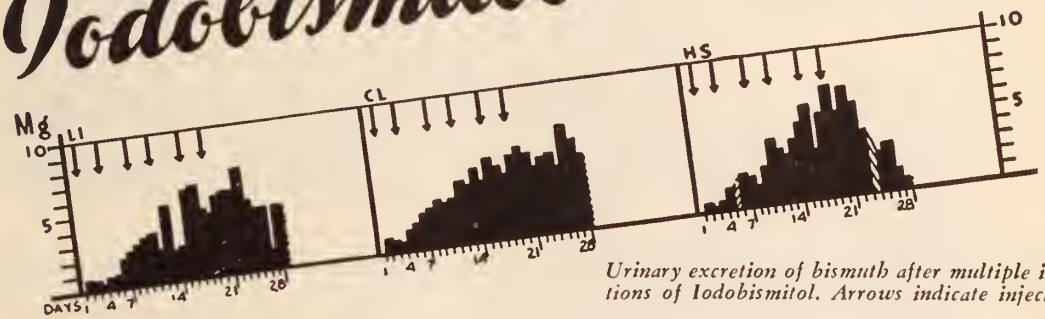

Urinary excretion of bismuth after multiple injections of Iodobismitol. Arrows indicate injections

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[1] Sollmann, T., Cole, H. N., Henderson, K., *et al.: Amer. J. Syph., Gon. & Ven. Dis.* 21:480 (Sept.), 1937.

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RECENT ADVANCES IN THE SCIENCE OF NUTRITION

I. THE ROLE OF RIBOFLAVIN IN HUMAN NUTRITION

● In 1933, a series of articles on the vitamins was published, each article written by an authority in the field of nutrition. These papers served to summarize existing knowledge concerning these essential factors. During 1938 a similar series of articles has been issued. Comparison of related papers in these two series will indicate the most important advances in the science of nutrition which have been made in the course of the past five or six years.

In the first series of articles mentioned above, only two of the better known members of the old vitamin B complex received extended discussion (1). The more recent series, however, is characterized by the inclusion of a number of papers on riboflavin which, since 1932, has assumed a new significance in human nutrition (2). As compared with other factors with which it is often associated in nature, the rise of riboflavin to importance in human nutrition is somewhat anomalous.

For example, the effects upon humans of severe dietary deprivation of vitamin B_1 and the P-P factor are well known, in fact, such effects in themselves afford proof of the indispensable nature of these factors. While riboflavin is apparently concerned in cellular oxidation processes of mammals, the specific effect on humans of riboflavin deficiency is not known. Nevertheless, from the weight of evidence accumulated during the last five years, riboflavin is generally accepted as important in human nutrition. Authoritative opinion concerning riboflavin has been succinctly expressed as follows:

> "The fact that we do not know any specific human disease due to shortage of riboflavin is entirely compatible with the view that this substance is important in human nutrition. A detailed discussion of reasons for believing that riboflavin plays a role in the life process of the human as of other species would probably seem superfluous to a majority of readers at this date, and to a still larger majority in the future. Suffice it to point out that our species has evolved in the direction not of shortening the list of things it needs but of lengthening the list of things it can use to advantage." (2c)

Chemically, riboflavin is described as 6, 7 dimethyl-9 (d-l' ribityl) iso-alloxazine; a yellow-green, heat-stable pigment enjoying wide distribution in the plant and animal kingdoms. Many foods, therefore, of both plant and animal origin supply valuable amounts of this essential factor, specifically, fruits, vegetables, particularly the leafy pigmented types, and animal products such as milk and dairy products, meats, liver, and fish. It may, perhaps, be too early to estimate the daily human requirement for riboflavin. However, one rather liberal recommendation lists 600 units* as required daily by older children and adults; the estimated riboflavin requirement for younger children is somewhat less (2c).

In view of the above facts, attainment of an adequate intake of riboflavin would appear to be best insured by a varied dietary regime which includes the so-called "protective" foods. In the formulation of such diets, commercially canned foods may be particularly valuable. The older "vitamin G" assays —which are now known to measure principally the riboflavin contents of foods—indicate that modern canning procedures are without significant effect upon riboflavin. In addition, many foods valued for their contribution of this factor are canned commercially and hence are conveniently available at all seasons on practically every American market. Therefore commercially canned foods may be freely used in arranging such protective diets and they should materially assist in providing an adequate supply of this newly recognized dietary essential, riboflavin.

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*Bourquin-Sherman.

1. 1932. J. Amer. Med. Assn. 98, 2201 and 2283
1932. Ibid. 99, 26 and 121.
2a. 1938. J. Amer. Med. Asso. 110, 1105.
b. 1938. Ibid. 110, 1188.
c. 1938 Ibid. 110, 1278.

This is the fortieth in a series of monthly articles, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research. We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.

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THE JOURNAL
OF
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Each member of the State Society is entitled to receive a copy of The Journal every month.

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EDITORIALS

The School of Administrative Medicine

Administrative medicine, or dealing with the *public*, and with community organizations, is as necessary a branch of the practice of every physician as is scientific medicine, or the art of treating sick *individuals*. Whether the doctor realizes it or not, the county society is almost the only school where he may learn the *clinical practice of administrative medicine*.

The individual physician is told over and over that he must work out his own salvation in this time of crisis when the Federal government is assuming control of medical relief,—or else he will have to take his orders from political appointees of the government. The *objectives* of the Federal officials are commendable, but their *methods* are imperfect and dictatorial. No government can *compel* a physician or a poorly equipped hospital to give the highest type of medical service, neither can it *compel* any patient to submit to the ministrations which are necessary for his attainment of abounding health.

The unit of administration of medical relief is the county society;—and the county society is almost the only school in which the individual doctor can learn proficiency in the subject.

THE NEW JERSEY METHOD

Believe it or not, The Medical Society of New Jersey and its component county societies have operated the most practical plan of wide-spread medical relief that has yet been devised. Its experience has been both unique and outstanding in three respects:

1. Its Emergency Relief Administration.

2. Its services under the National Social Security Act.

3. Its "Manual of Preventive Medicine", which was published as a supplement to The Journal of March, 1937.

Its pioneer work in these three respects is a demonstration which can be applied in any section of the United States,—for the principles under which its medical societies and their members have acted are as basic and simple as those of home economics and household management.

The "case histories" of the New Jersey societies provide an abundance of material from which a comprehensive text-book on *Administrative Medicine* could be compiled for the use of county societies and their members throughout the country.

The Family Doctor and Socialized Medicine

The term "Socialized Medicine" was seldom used in America up to five years ago, even though it had existed in some form for many years. Few of us realize that government-supported institutions for the insane, the tuberculous, and other forms of chronic sufferers, are in reality socialized forms of medical practice, and were accepted complacently until a little more than a year ago, when we were informed of a resolution introduced in the United States Senate, which provided spectacular provisions for the supervision and possible control of all forms of medical practice.

DIRECTING PUBLIC OPINION

In 1936, it was predicted by some of the politically minded, that the public was definitely receptive to health insurance, especially the Labor Groups. When the Social Security Act was first passed, they felt that the provisions contained in it did not go far enough, and that the socialization of medicine was very pertinent to the welfare of the people, because good medical care was not available to all classes. Therefore government agencies should adopt some plan whereby that care would be provided for all, irrespective of their ability to pay.

At the National Conference of Social Workers held in Seattle, Washington, on July second of this year, one point stood out as to the reaction of that group. "The social workers believe that, whether the physicians work for the State or themselves, they must make some provision by which at least 40,000,000 persons in the United States can buy medical treatment at a price lower than is now being paid."

It may be that the national survey of medical service which is now being made by the county medical societies will prove of some use in determining what attitude the government may adopt; and in the meantime what are we going to do about it? We are facing a situation which needs *action* on our part. As in many other changes in the government, the decision will be made by *public opinion,* and not by any one group; and therefore the profession must look to the public for support. We as physicians have more influence than we realize, and it is our duty to use it in our *personal contacts* with our patients and our friends, and to support our Public Relations Committees in molding the opinion of *larger groups* of people.

It is the solemn duty of each physician to inform the public that the medical profession has always been ready and willing to give its utmost for the care of those unable to pay, and that the quality of that care has been the best in the world, in spite of the accusations to the contrary. The American people, who have always enjoyed the privilege of the free choice of physician, would resent socialized medical service if they were made aware that the proposed form of care would be impossible, and that the burden of taxation, and the increase necessary to effect and carry on such an enormous health program, would be prohibitive.

EVERY DOCTOR A FIELD WORKER

Organizations whose business it is to influence public opinion have found that the most effective way to get results is through field workers; and we as individual doctors should appoint ourselves to that position, and work with a will on any program which will solve our problem with satisfaction to the profession as a whole, ever keeping in mind the welfare of the people.

Every physician in private practice is faced with a two-fold duty:—

1. To inform his patients regarding the inevitable defects of *impersonal* medical practice under socialized medicine.

2. To suggest the means by which *community agencies* may assist the family doctor in giving the *personal* care which every patient needs.

Watson B. Morris.

The Personality of The Medical Society of New Jersey

Number One

The Medical Society of New Jersey is a living organism, composed of a physical body, a reasoning mind, and a spiritual soul.

Its body consists of the thirty-five hundred physicians who compose its membership.

Its mind is the accumulated knowledge and wisdom, experience and skill, of devoted leaders ready for distribution to their less-informed brethren.

Its soul is the spirit of service which makes the physician a brother to all mankind, and impels him to hasten to the relief of the sick and the suffering in every condition of life.

The Society was born on July 23, 1766; and has passed through the stages of childhood and adolescence, up to adult manhood.

ITS BIRTHDAY CRY

Its first lusty cry on the day of its birth was for nourishment, as it demanded *a balanced financial diet* in the form of a fee list, commensurate with its estimate of its own importance. But its god-parents—the public—responded with reproving words that it "Should be seen and not heard", and should accept the sustenance and attention that is offered to it. Being a "Good" child, it accepted the estimate of its elders;—and has managed to thrive upon the pabulum that has been offered to it.

ITS ASSOCIATES

The child was precocious in its choice of its companions, and early asserted its right to associate only with those who were virtuous and gifted in the healing art. In the third year of its infancy, it implored the Legislature to set standards of ability and conduct for those who aspired to the healing art. Its demands were heeded, and in the sixth year of its life, the legislators decreed that all who would practice medicine should demonstrate their character and fitness by passing an examination before two judges of the Supreme Court of the State. This principle of demonstrated ability and character of its membership, asserted in its early youth, has ever since been the pride and glory of The Medical Society of New Jersey.

EDUCATION AND TRAINING

At the very beginning of its second year of life, the infant society recognized the necessity of providing a standard method of training students in the science and art of practicing medicine. The two oldest medical schools in the colonies,—those of the University of Pennsylvania in Philadelphia, and of Kings College in New York City,—were then undergoing their pains of birth; and the third, that of Queens College (Rutgers), came into existence in 1792 as the result of internal strife in Kings College. But these institutions had few students, and the usual form of medical training was by apprenticeship to a preceptor. On May 5, 1767, before the first anniversary of its birthday, The Medical Society of New Jersey adopted as a standard of premedical education "A competent knowledge of Latin, and some initiation in the Greek". The young Society also decreed that the term of apprenticeship should be four years; and that the fee for the course should be "One hundred pounds proclamation money * * * no more than a bare acknowledgment of board during the above term".

On completion of his studies the student was examined by the Supreme Court judges and a committee of the Medical Society, and if found worthy, he was admitted as a member of the Society with the right to practice medicine. However, the Society did not acquire the right to confer the degree of Doctor of Medicine until it was granted by the charter of 1830; but the Society still retains that legal right according to the charter of 1864, under which it still acts.

ADOLESCENCE

The Society passed through twenty-four years of infancy, and of progressive adolescence and growth in stature and wisdom. All the while it exemplified its high principles and demonstrated its good works until, in 1790, the Legislature created it a *corporate body,* with the prerogatives of an individual and the power to "Make such laws, ordinances, and constitu-

tions, for the well-ordering and governing of the said Society, or which shall have any tendency to promote the benevolent objects of the institution".

MANHOOD

For twenty-six years after it received its charter, the Society exercised its manly function of disciplining its own members, until in 1816—the fifty-first year of its life—it received from the Legislature the grant of full powers of independent manhood by an act abolishing the participation of judges of the law courts in examining and licensing candidates for the practice of medicine, and conferring the authority solely upon the Medical Society. The Medical Society performed this function for thirty-eight years until in 1854 it voluntarily relinquished its power to the medical schools.

COUNTY SOCIETIES

The law of 1816 further confirmed the manhood of The Medical Society of New Jersey by recognizing the county medical societies as its legitimate children, even to sharing its power of granting licenses to practice medicine.

Even more significant of the attainment of manly wisdom by the State Society was its adoption of the principle of the Law of 1818 that its government should be by four delegates from each County Society. This form of organization and manner of government by delegation has continued for 120 years, and has been adopted by all the other State Societies and the American Medical Association.

Power of the County Medical Society

The modern treatment of every severe case of illness requires coöperative action which, in its simplest form, is expressed by hospitals, nursing, and welfare relief. It is difficult to secure uniformity of action when the groups concerned with the treatment of the sick are three or four in number—the sick person and his family, the doctor and his nurse, the hospital and its superintendents, and the welfare agent with his political boss,—each of whom looks at the patient from his own viewpoint of individualism.

The doctor is intensely individualistic and demands that "Nothing shall come between him and his patient".

The patient is always an individualist and expects to "Get what he wants and when he wants it" regardless of its intrinsic value or its necessity.

The relief official is also an individualist who must consider the wishes of those who appoint him, and the whims of those who contribute to the support of his work.

Amid this disagreement of individualism, the County Medical Society is the natural adviser, the consultant, and the arbiter of the conflicting groups, for it represents the collective knowledge and wisdom of the local physicians. Federal officials are all wrong in supposing that the people will take care of their health and more wisely or seriously than they care for their money. The people spend half as much money for "Drug-store" treatment as they do for medical services,—and they will continue to do so if free medical treatment were offered to them. However, there is a place for public medical relief when it is conducted under the direction and supervision of the State and county medical societies, as it was in 1935 and '36 during the days of the Emergency Relief Administration.

The collective opinion of family doctors, expressed in their county medical societies, and translated into action, can prevail over the impersonal studies and prescriptions of far-off Federal officials.

ORIGINAL ARTICLES

RHEUMATIC HEART DISEASE IN CHILDREN

By Jerome G. Kaufman, M.D., Newark, N. J.

Read before the Monmouth County Medical Society on January 26, 1938, at Red Bnak, N. J.

The discussion tonight deals with the problem of rheumatic heart disease in children, many phases of which are of interest to every doctor whether he be a general practitioner, cardiologist, or specialist. It is of particular interest because this disease is replacing tuberculosis as a health problem in this locality, and because it comprises at least 90 per cent of all heart disease under the age of twenty. Most of the material presented tonight is based on eight years of experience in rheumatic heart disease, obtained in the supervision of a group of children at the Theresa Grotta School for Cardiac Children, located in Caldwell, New Jersey. This Cardiac School, which to my knowledge is the only school of its kind in the state, was founded about eight years ago to study this interesting problem. It is an approved project of the American Heart Association.

I tell you frankly that the study of this disease is a severe test of one's optimism. When I undertook this work eight years ago at its inception, I was most optimistic and enthusiastic. I come here tonight after this period of intensive study, the enthusiasm still present, but now tempered by awe and dismay. The reasons for this you will understand as the discussion of the subject proceeds.

RHEUMATIC FEVER

Rheumatc heart disease is one part of the great triad for which rheumatic fever is responsible. The first question then is, what is *rheumatic fever?* Nobody seems to know. Although there is no satisfactory definition of rheumatic fever, the disease is recognized by the pathological wake it leaves behind it.

Polyarthritis, carditis, and chorea are indicative of rheumatic fever. Coburn,[1] an ardent worker in this field, refers to the symptom complex as the *rheumatic state.* We frequently see children with certain minor manifestations of the rheumatic state, such as tonsillitis, growing pains, occasional epistaxis, etc. We are not justified in labeling all these cases rheumatic, for some of them may not be.

The *etiology* of rheumatic fever has been widely discussed for many years, and is still unknown. At the institution, we have worked along the same lines that Coburn[2] has at Pelham. We are studying the relation of upper respiratory infection, and the streptococcus hemolyticus to the production of an exacerbation of rheumatic heart disease. Since the disease cannot be produced experimentally, and since we are unable to recognize all cases of rheumatic fever, we are forced to study the etiology by following the reactivation of known cases of rheumatic heart disease. When the study was started, we were impressed with the fact that from approximately eleven to seventeen days following an upper respiratory infection, the inactive cases were reactivated. We referred to this as the *latent interval,* and in a discussion of this observation with Dr. Coburn, we were greatly interested in learning that it had been described by Haig-Brown in 1886.[3]

There are three distinct phases in the development of an acute attack of rheumatic fever.

First phase—Upper respiratory infection which lasts from three to four days;

Second phase—Absence of symptoms and signs; a latent interval which may last from a few days to a month, but usually lasts eleven to seventeen days;

Third phase—Rheumatic manifestations.

There are other exciting factors besides the upper respiratory infection. In this connection, one unusual experience is worth recording. Four days after a new case was admitted, the child became ill and was diagnosed as having a typical attack of scarlet fever, with sore throat, skin rash, and pyrexia. She was immediately

removed to an isolation hospital. There were eleven other children in the group at the time whose throats were immediately cultured. Four children showed a very scant growth of streptococcus hemolyticus; the other seven showed an abundant crop of this organism. From thirteen to sixteen days following the diagnosis of scarlet fever in this new patient, the seven children who showed the abundant growth of the streptococcus had recrudescences of their rheumatic disease, became bed patients for a long period of time, and showed typical signs and symptoms of rheumatic activity. This reactivation in the presence of scarlet fever may have been a coincidence.

Among other points confirming the relationship of the streptococcus hemolyticus to the onset of rheumatic fever may be mentioned:

1. Its prevalence in the poorer sections of the cities where there is overcrowding and a more rapid spread of upper-respiratory infection; here malnutrition may also play an important rôle. It is not as common in rural communities as in cities. In large cities, about 1.25 per cent of the school children have rheumatic heart disease. It is estimated that there are over a million cases of rheumatic heart disease in the United States.
2. The occurrence of cases of rheumatic diseases in large numbers in the winter and spring months when respiratory infection is at its height.
3. Its most frequent occurrence in the Temperate Zone, especially along the Atlantic seaboard, and its reported absence in tropical countries, such as Porto Rico, Panama, and the Southern United States, where upper respiratory infection is not common. The apparent absence of rheumatic heart disease in these countries may be due to failure to recognize this disease in these localities, although Nichol[4] states that rheumatic heart disease was one-tenth as common in southern Florida as it was in Boston for the same period.
4. The appearance of epidemics of this disease throughout the world.

These points give the impression of the very strong likelihood that rheumatic fever is an acute infection. Such theory does not claim that upper respiratory infection is the cause, or that streptococcus hemolyticus is the sole cause of rheumatic fever; but that there is a definite relationship between these and the onset of rheumatic fever after a latent period, during which time the patient is free of signs and symptoms. We are trying to determine now what happens in the blood stream during this latent period. Is the disease in the heart, joints, and nervous system an allergic phenomenon, as advocated by Swift,[5, 6, 7] Zinsser,[8, 9] and Jenkins,[10] and recently concurred in by Small[11] and Birkhaug[12] ?

Another theory recently advanced is that rheumatic fever is due to a *lack or diminution of vitamin C or cevitamic acid* in the blood of these patients. Dr. Rinehart,[13] in a brilliant piece of experimental research, found that guinea pigs which were subjected to chronic scurvy, and were then infected with hemolytic streptococci, developed a non-purulent carditis. These experiments have been thoroughly checked by different groups of investigators. They all agreed, however, that the carditis did not bear a resemblance to rheumatic carditis. Perhaps the low vitamin C content of the blood plasma is a result rather than a cause.

Some investigators contend that *heredity* plays an important rôle as a causal factor in making an individual susceptible to rheumatic fever. Wilson[14] believes that this factor is transmitted as a single autosomal recessive gene, but that it may not be the only condition essential for the development of the disease.

Rheumatic heart disease has a high family incidence, and it is not unusual to find an entire family so afflicted. In our series, a mother, father, and two children were found to be suffering from rheumatic heart disease, the father and mother having died from congestive heart failure since admission of the children to the group—a peculiar familial vascular vulnerability, perhaps bearing a kinship to the angiospasm theory of Libman when referring to familial coronary tendencies. The incidence of multiple cases in families is similar to that of tuberculosis.

PATHOLOGY

You all know that rheumatic heart disease is a pancarditis involving all the layers of the heart, and that there is a specific pathological finding (the Aschoff body) which represents the essential reaction of tissues to the rheumatic virus. The valve most frequently involved is the mitral; next, the aortic. At first, there is insufficiency due to dilatation of the ring; but with healing, the ring becomes thickened, and contracted; and the chordae tendinae

shortened, resulting in a decrease in the lumen of the valvular opening, producing some degree of stenosis. In the last analysis, there is really proliferative and exudative involvement of the valves, endocardium, conduction tissues, myocardium, and pericardium.

The clinical picture of this condition is so well known to you that we need not dwell on this phase in a paper such as this. Rheumatic fever is a systemic malady, rheumatic heart disease being its chief manifestation. The first attack is seldom seen under the age of three; and it is also infrequent after twenty-five. There is marked febrile reaction, and tachycardia. Diaphoresis is more or less constant, with its specifically acrid odor, frequently producing skin rashes or irritation.

There may or may not be joint involvement; in fact, it is not common in this country to see polyarthritis in children. However, in England polyarthritis is very common, as is the presence of *subcutaneous nodes* which we have seen only on occasion. These nodes, when they do appear, are commonly seen in the scalp, hands, feet, or along the spinal column.

On the other hand, it is of interest that carditis is more prevalent among children in this country than in England.

Epistaxis.—I should like to bring to your attention one symptom which is not stressed in most text books, namely epistaxis. We have found it present in the histories of at least 60 per cent of our children. The attacks of nosebleeds just precede or coincide with the attacks of activity, and are nontraumatic.

Pleuritis and a peculiar solidification of the lung, referred to by some pathologists as rheumatic pneumonia, is observed. There is a sudden appearance of solidification which may be migratory or involve an entire lung; with the disappearance of all signs within a few days.

Another symptom frequently encountered is *hematuria,* which is due to the complicating factor of acute nephritis. The existence of *rheumatic peritonitis* must be borne in mind; and when it is present it is often erroneously diagnosed as *acute appendicitis.* In this rare complication, however, the appendix is found to be normal.

Before going into laboratory details, permit me to sum up the clinical picture of the rheumatic state by mentioning the seven points stressed by Cheadle[15] in 1888, which were: 1, Endocarditis; 2, pleurisy; 3, tonsillitis; 4, chorea; 5, exudative erythema; 6, subcutaneous nodules; 7, arthritis.

This investigator referred to the above as the "rheumatic series", and Coburn[1] added the following four points to Cheadle's criteria, namely: 8, Epistaxis; 9, migratory pulmonary hemorrhagic solidification; 10, hematuria, and 11, growing pains.

These eleven points make up the picture of what is referred to today as the rheumatic state.

LABORATORY FINDINGS

In the laboratory, we found the *erythrocyte sedimentation rate* as the one most reliable test; and in our judgment, were we to be limited to the use of one single test, we would unhesitatingly select the sedimentation rate as our guide. This impression has been voiced by many observers.

The sedimentation index is definitely and regularly increased in rheumatic carditis, and is an excellent guide in gauging the activity of the disease. Congestive heart failure is an exception to this rule. Here, though the sedimentation rate is decreased, activity may still be present. The increased sedimentation rate in carditis is probably due to an increase in plasma fibrinogen and globulin. We are using a modification of the Westergren method, the normal being up to 10 mm. at the end of the first hour; any figure above this is considered pathological.

Another test used is the *white and differential count,* which usually shows definite leukocytosis with an increase in polymorphonuclear cells, and the presence of immature cells as based on the Schilling count. This count has not been as reliable as the sedimentation rate, for a normal blood picture is frequently seen during activity.

A recent innovation in laboratory procedure has been the test introduced by Tillett and Garner[16] in 1933. They discovered the *capacity of hemolytic streptococci to liquefy rapidly the clotted fibrin of normal human plasma.* This fibrinolytic action is due to a specific en-

zyme, a soluble product of the hemolytic streptococcus. Studies by a number of workers revealed that the serum of 75 per cent of the patients who recovered from acute streptococcus infections contain an anti-fibrinolytic substance (probably anti-body in nature) which inhibits this fibrinolysis. Similar observations were reported on the blood of patients recovered from rheumatic fever. As a rule, the anti-fibrinolytic substance appeared at the time of recovery or else somewhat later during the period of convalescence. Our laboratory bore out these observations.

Radiographic studies are made on admission of the patient, and repeated at six months' intervals. The teleoroentgenogram in mitral disease shows at first an accentuation of the left auricle. This is followed by a straightening of the left auriculo-pulmonic curve, due to enlargement of the conus and pulmonary artery. The auricle enlarges in its posterior aspect and to the right, so that there is an encroachment on the esophagus, which may be narrowed and constricted, particularly well observed in the oblique view where the retrocardiac space is diminished. The left auricle may finally be seen as part of the right border of the heart. The right auricle may also be enlarged, especially in stenosis. The left ventricle may or may not be enlarged, depending upon the type and degree of lesion. Because of the straightening of the left auriculo-pulmonic curve, the aortic knob appears receded, and the descending aorta may be obscured.

This picture must be differentiated from the radiograph of the patient with a phthisical status, low diaphragms, resulting in a low dropped heart, long and narrow, which rotates and gives the appearance of a mitral type heart, sometimes even showing a straightening of the left auriculo-pulmonic curve.

In the combined lesion, namely mitral and aortic disease, the left ventricle becomes enlarged; the apex tends to point downwards, the long axis of the ventricle becoming oblique. There is also enlargement to the right. This picture sometimes simulates the aortic silhouette.

The electrocardiogram is also useful. In the stage of active myocarditis, the PR interval is often found delayed beyond the upper normal limit; that is, above 0.2 seconds. This is due to a delay in conduction of the stimuli from the s-a to the a-v node. At times, a higher degree of block may be found. These irregularities usually disappear when the heart becomes inactive, but may persist permanently. During the inactive stage, the findings usually consist of right axial deviation and occasionally broad, high split, or bifid P-waves. The exact cause of this type of P-wave is unknown. May I add in this connection that the so-called mitral stenosis ECG is not classic.

In younger children, *auricular fibrillation* is almost unknown. There were only three cases in our group. Premature beats are seen and in digitalized patients we find the usual effects of this drug, such as: diphasic or inverted T and ST intervals, slurring and prolongation of QRS complexes, etc. In adults, auricular fibrillation is a very common finding, occurring in about two-thirds of all cases, rheumatic heart disease being the most common cause of fibrillation.

TREATMENT

I do not intend to discuss the medical treatment of this condition during the acute phase, since that is, more or less, definite and well understood. I shall, however, devote some time to the *convalescent* management, such as is employed at the Cardiac School in Caldwell.

Children admitted to the group are those classified, functionally, as Class I and II, which excludes cases that are in complete failure. We would prefer patients with a history of a single rheumatic attack prior to admission. These are usually admitted from hospitals where they have been bed patients for protracted periods of six months or even longer, with its concomitant expense to the family or to the community.

The staff consists of pediatricians, a cardiologist, a dentist, and various specialists whose consultation services are utilized from time to time. Graduate nurses keep accurate daily records of the temperature, pulse, and respiration taken at three intervals during the day. Temperature and pulse readings above 100 are recorded in red ink, enabling us to see any abnormality in an entire week's record at a glance.

In addition, a special monthly chart is kept which records the gain or loss of weight. All complaints are listed on the sheet and indicated daily by a cross against them. A full-time laboratory technician performs the tests and keeps accurate records of all data.

The Newark Board of Education furnishes a teacher and maintains a classroom adequately equipped.

The Follow-up.—The patients' homes are visited periodically by a social worker who tries to prepare the home for receiving the child upon discharge, in order that the progress that was made at the institution may not be dissipated in a home that is not suitable for the child's welfare. The social worker follows all discharged cases, sees that they are attending school, and that they report to the follow-up clinic regularly.

It is our opinion that the *social approach* to the disease is of utmost importance, since environmental factors play a fundamental rôle. The social worker is also guided by a *psychiatric* report, and each child is thoroughly studied from the psychologist's standpoint as well. It is our hope that we can overcome certain behavioristic problems which these children may acquire. It is not unusual to admit a child who has been badly spoiled, who has not walked a step in years because the family carried the child;—and to overcome some of these habits, to say the least, is not easy.

Management.—When a child is admitted to the institution, she is put to bed for one week, during which period the history of the case is recorded and a thorough physical examination made. If, at the end of the first week, the child's temperature and pulse have remained below 100, the patient is permitted to be up during the day, with the exception of a three-hour rest period in the afternoon. Occasionally a child is kept in bed for one full day a week. It is noteworthy how rapidly children gain weight on this regime, the average gain being about fourteen pounds in the first year.

All children, even those ready for discharge, must rest two hours daily. Anticipating your question concerning the length of time children are kept in bed and the criteria for this, may I say that this is perhaps the most difficult decision with which we are faced, and at no time can be answered dogmatically. As these children get better, they show, after a long time, a diminution in pulse rate. This has taken weeks in some cases, months in others; in fact, a three-year old child who came to us, following her first attack of rheumatic heart disease with pericardial effusion, spent her entire fourth year of life in bed. We take as our guide the temperature and pulse rate, the erythrocyte sedimentation rate, the white and differential count, an occasional ECG check-up, along with the much-neglected clinical impression.

We sometimes give a child a test consisting of getting up for two meals and perhaps remaining up for one hour during the day, increasing the up period gradually if the child continues to improve, decreasing it otherwise. We have frequently been agreeably surprised to see a child improve whose getting up was heatedly debated among the staff for a long time, and who was finally permitted to do so. Some of these children show marked improvement immediately, and remain up-patients until discharge.

There can be no hard and fast rule to determine the length of time that a child should remain in bed. Each case is like a huge jig-saw puzzle, and one person cannot be expected to put the pieces together readily or correctly on all occasions.

Patients permitted to be up with only a two or three-hour rest period are given full privileges gradually and then have no physical restriction. They skate, run, play games, and climb trees. Children who are able to be up and around do not seem to suffer from this extra activity. They check themselves when they are tired, and this freedom seems to add to their happiness. We have seen no harm from this program, although we have shocked parents and doctors alike, especially those who have been taught that a cardiac is a restricted, inhibited individual.

An Acute Cold.—If a child develops a cold, she is isolated immediately and kept in bed for at least three weeks. This should be done for every rheumatic child, and cannot be emphasized too strongly, because we have observed that rheumatic children are sent to school

forty-eight hours after the subsidence of an upper respiratory infection. This is certainly dangerous to the rheumatic child, since he is overtaxing his heart at the time when reactivity may be starting.

The question of *tonsillectomy* has been given a great deal of thought; and we agree with Kaiser [17] and other authors that the children who have their tonsils removed have a slightly better record thereafter and have fewer subsequent attacks. Of course, only diseased tonsils are the ones removed.

An adequate balanced diet is afforded each child.

Drugs.—As for drugs, salicylates are used when indicated, especially for their antipyretic and analgesic effects. Digitalis is administered in decompensated cases only. We find that such children tolerate digitalis well and require fairly large doses for digitalis effect. The powdered leaf preparation is used exclusively. During the winter months, it has been our custom to give the children cod-liver oil, and we are now considering vitamin C preparation.

We have had very little success with iron in the treatment of anemia. Our best results have been accomplished with large doses of a simple iron preparation, such as iron and ammonium citrate, forty-five to sixty grains a day. Enteric coated ammonium chlorid tablets have been used in cases of edema, with excellent results.

The average length of stay at the Theresa Grotta School for Cardiac Children has been approximately fourteen months. During the past eight years, only thirteen former patients have had to be readmitted because of reactivation. It has been our custom to have many of the children return for a two-week vacation period in the summertime. All of the children are closely supervised in the follow-up clinic.

RESULTS

The results of treatment in rheumatic heart disease are difficult to estimate. Homer Swift states, "The evaluation of therapeutic measures in rheumatic heart disease is one of the most difficult problems in medicine, because in most instances, there is a tendency for recovery temporarily."

Recently there has been emphasis given to two types of treatment:

First, the intravenous desensitization or immunization with suitable antigenic substances, the results of which, up to now, have not been good.

Second, radiation therapy applied directly to the heart in the active cases, which has been reported upon favorably by Levy and Golden.[18]

PROGNOSIS

It is in consideration of the prognosis of this condition that we become cognizant of its seriousness and of its toll. The devil takes no holiday in rheumatic heart disease, but rides on untramelled and unchecked. There is but little defensive mechanism built up within the patient, because one attack seems to predispose the individual to further attacks.

The morbidity and mortality seem to increase with the number of recrudescences. A child very rarely dies during the first attack, the mortality being about three to four per cent. De Graff and Lingg [19] reported on a series of 1633 cases observed between the years of 1921 to 1931. During this ten-year period, 644 cases have died; 39.4 per cent. Twenty-three per cent were unaccounted for, and if these were deducted from the original number, the known mortality is just above 50 per cent. They also reported that the mean duration of life after the onset of rheumatic heart disease is fifteen years,—the mean duration after the onset of heart failure being only three years.

At Caldwell, we have admitted seventy-seven children, of which number eleven have died in the past eight years. It is too soon to evaluate these figures, but I am rather certain that when the fifteen-year period is reached, the mortality will approach somewhat the 60 to 70 per cent reported by various observers. Of the cases that died in our group, two followed shortly after the onset of fibrillation; one died from subacute bacterial endocarditis (streptococcus viridans) at the age of sixteen. The remaining ones died from congestive failure or intercurrent infection. Since the average age of onset of rheumatic heart disease lies between seven and eleven years of age, and since the mean average length of life is fifteen years after onset, you can readily understand that this disease destroys young adults in the most active

years of their lives, and is, therefore, of great economic loss to the community.

CONCLUSION

During our intimate experience with rheumatic heart disease for the past eight years at the Theresa Grotta School for Cardiac Children, we have observed that children can be benefited by a strict adherence to a regime which has been carefully planned. This includes not only the limited use of drugs, but what is of greater importance, strict rest discipline. The work at the school would be utterly worthless if no provision were made for the follow-up into the home immediately preceding discharge, and thereafter.

In order that the benefits acquired shall not be lost, it is our hope that this experience may be duplicated elsewhere in greater numbers, and that better understanding of this important medical and health problem shall result.

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CORONARY VASCULAR DISEASE

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Angina pectoris does not often present a difficult diagnostic problem; but, when difficulties do arise, they are real ones, and a mistaken judgment on the part of the physician will lead to tragic consequences.

It is a symptom complex which might be excited by a wide range of causes, emotional as well as physical, which produce their effect upon the circulatory system through reflex action on the spinal nerves and on the vagus and sympathetic nerves.

"It has become increasingly evident that angina pectoris occurs in persons with or without arteriosclerosis of the coronary arteries and als in those with or without aortitis of the first portion of the aorta. These apparently incompatible conditions are still the basis of unsettled discussions on the causation of angina pectoris. Cardiac infarctions often produce intense pain and prolonged suffering from angina, even producing the status anginosis, and yet, not infrequently, these infarcts occur and cause a slow or sudden and unexpected death unaccompanied by pain. Diseases of the cardiac muscle are accompanied by pain so rarely that no theory yet advanced has explained satisfactorily a causal relationship between myocardial disease and cardiac pain." [1]

However, the disease as we see it clinically is basically dependent upon pathological changes, sometimes of a mineral nature, in the aorta or in the coronary arteries. The attacks are precipitated by physiologic processes acting upon these diseased organs through the vegetative nervous system, with a major rôle being played by the depressor nerve center in the wall of the aorta.

PATHOLOGY

Today the belief of the majority is that the underlying pathologic lesion is a *narrowing of the coronary arteries,* generally arteriosclerosis. When, with this lesion, a demand is made, as by effort, for an increase in the blood supply to the myocardium, it cannot be met in a normal way, relative ischemia results, and pain is its manifestation, truly *an intermittent claudication of the heart,* an anoxemia of the myocardium. In normal, healthy, athletic youth the heart responds instantly with unlimited power to all bodily demands; but as the hardiness of youth passes, bodily vigor declines, and senescence occurs. The heart loses its power for instant call, its muscular tissues and its vascular systems are permanently damaged, and it has lost both its power to act and the ability to regain its functional vigor. It is at this period of senescence in the fifties and sixties that angina usually occurs.

Angina does not wait for the rigid calcified deposits of senility. It may well occur earlier, for syphilitic injuries sometimes culminate in middle life. Palpably thickened peripheral arteries are often found on examination, but their absence does not justify the exclusion of angina pectoris. The coronaries may be sclerotic out of all proportion to the changes in the other vessels. Hypertension, as a symptom, is not generally found in men but more frequently in women suffering from this condition.

Angina pectoris is the name given to a group of symptoms provoked by an increase of the heart's work, or by a reduction of its blood supply, that in typical cases permit of easy recognition. To describe a typical case,—the patient is usually an adult male, who on effort, such as walking, has a sense of tightness or pressure in the *sternal* region which may become an agonizing pain, radiating to the neck, shoulder, or arm, especially the left arm. It may be felt as a pain or numbness even to the wrist or fingers, or as a painful clutch in the throat and up between the lower jaw and ear. His suffering and his consciousness of the gravity of the condition compel him to stop. He stands or sits, seldom lying down. In a few seconds or minutes, perhaps with the eructation of some gas, the attack is over, and he is again able to walk, though slowly of his own volition, being afraid to precipitate another spasm.

These attacks are especially likely to occur after a *heavy meal;* or if the attempt is made to walk up an incline or against a head wind, or going from a warm into a cold room. Excitement (even pleasant excitement) or a fit of anger may bring them on. They tend to become more frequent and severe and to be provoked by milder causes as time goes on until the sufferer is greatly restricted in his activities. Sudden death may occur in any attack.

DIFFERENTIAL DIAGNOSIS

In describing angina pectoris clinically we must differentiate between *angina,* and *coronary thrombosis.*

Angina is a syndrome of symptoms rather than of signs, and the outstanding symptoms are:

1. *Pain:* It is usually—

a. (Location) Substernal about the level of the third rib or out to the left about four inches, with radiation to one or both arms and into the side of the neck. It may, however, be located in the epigastrium, the precordium, the interscapular region, the teeth, or the ears.

b. (Severity) May be described variously as mild, burning, agonizing, excrutiating, crushing, or suffocating.

c. (Duration) Usually short. The long-lasting pains are generally due to a lesion of greater pathology, i. e., coronary thrombosis.

2. *Fear* is one of the typical features of angina attacks. It is not a constant symptom, but is generally present.

3. *Arrest* (general muscular immobility): The patient has a tendency to stop when the attacks take him; and if in bed, he becomes peculiarly still and often seizes with his hand the place on his body where the pain is most severe.

Shortness of breath is not a symptom of angina; it is a result of myocardial failure. In fact, the absence is a noticeable symptom.

There are no classical physical signs which might help us in a diagnosis of angina pectoris; but during the attacks the important physical signs that may be considered are:

1. Pallor—The face is often pale and sweaty, or the sweat may roll down the patient's face. Occasionally the face may be flushed and the vessels of the neck bulge and throb.

2. Immobile features.

3. General muscular inactivity.

4. A pulse that does not become accelerated, nor does it change in rhythm. It might not be amiss to mention that the late Harlow Brooks has often spoken of attacks of angina he has observed in cases of auricular fibrillation in which, during the attack, the heart ceased to fibrillate and returned to normal sinus rhythm.

5. Heart sounds usually are not changed during the attack. Auscultation and percussion during the paroxysm of angina often are painful to the patient, due to hyperasthesia of the skin in the precordial area.

6. *The blood pressure* during and between the attacks of angina is variable. The blood pressure and pain do not seem to be in causal relation. The pain is not produced by the pressure, nor the pressure produced by the pain. More frequently one finds the pressure slightly higher during attacks.

7. At times, accompanying the attack or just following it, there is a constant desire to urinate; but this is more of a nervous reaction than it is due to the anginal spasm. It is more frequently found when there are changes in cardiac rhythm with an attack.

Angina pectoris must be differentiated from:

1. Coronary thrombosis.

2. Neurotic states with anginal symptoms. In these neuroses the patient, perhaps a neurotic woman, has a chest pain,—now in one place, now in another,—provoked often by psychic causes. She is apt to be restless, tossing in bed, and complaining. Dyspnea and tachycardia are present. The attack may last from several minutes to many hours. One attack does not closely resemble another.

3. Acute abdominal diseases:

a. Ruptured gastric ulcers or duodenal ulcers;

b. Cholocystitis, with or without chololithiasis;

c. Mesenteric thrombi.

CORONARY THROMBOSIS

Coronary occlusion is the terminal condition of *coronary sclerosis*. It is remarkable that, up to the moment of occlusion in a large percentage of patients, the sclerosis gives no symptoms which would indicate to them any injury to the heart. As long as there is no valvular murmur, and there has been no precordial pain, the symptoms have not been referred to the heart. Dyspnea, if coming in attacks, has been thought to be "asthma"; any pain in the shoulder or arm disconnected from the chest to be "rheumatism"; and any substernal discomfort, or sensation of gas or pain or discomfort in the epigastrium to be "indigestion".

Coronary thrombosis should be taken into consideration with any attack that has the character of the excruciating anginal pain, or an intense vise-like pain, or a sense of oppression or fullness, or a constricting tightness; and occurs while the patient is absolutely at rest or asleep, i. e., comes on without preceding effort (nocturnal dyspnea). Also if the pain is not arrested by the usual standard, nitroglycerin solution, and if it is accompanied by:

1. Tachycardia or irregular pulse.

2. Profuse sweating and ashen-gray face.

3. Nausea and vomiting—the patient complaining of his inability to rid himself by belching or vomiting of the sense of a lump in the epigastrium, which he claims will end his attack.

4. If the patient looks sallow and wasted, and even presents the appearance of a shock to the circulation with a hardly palpable pulse, the signs of a lesion of the myocardium (infarct) may be looked for in the next 24-48 hours. These signs are:

a. The *blood pressure* often holds up, and does not fall soon after the onset of the occlusion; but in the majority of cases there is a striking drop in the blood pressure (e. g., from 230/120 to 150/85). The pulse pressure falls from the normal 35-50 to 10-30. The return of the pulse pressure towards normal is one of the earliest signs of improvement if the patient does well, but the low pulse pressure is apt to persist in those who do not recover.

b. Rise of temperature (sometimes only a fraction of a degree). The mouth temperature

may be 97 or 98, when the rectal temperature will be 100 to 102.

c. Pulmonary edema,—i. e., râles at the base of one or both lungs,—develops; but frequently the râles are to be found at the base of the right lung.

d. Pericardial friction (often lasting only a few hours).

e. Leukocytosis—As early as one and a half hours after an attack an increase of 12-30,000, with possibly increased polys, and lasts about a week.

f. Accelerated rate of sedimentation of the erythrocytes.

SPHYGRANAGRAPHIC FINDINGS

The diagnosis of coronary thrombosis with infarction of the heart muscle can be verified by the typical E. K.: the descending limb of the main deflection (R) does not return immediately to the base line. The curve either continues to run horizontally or *rises again to a dome-shaped peak.* On the following days the limb again descends gradually, before it reaches the zero line, however a sharply pointed negative secondary deflection (T) develops. In that the R-T interval assumes more and more an upward convex form while the acute secondary deflection becomes deeper and deeper, and the so-called *coronary T,* which persists for so long, is formed. Of great help also are the chest leads or fourth lead which with an absence of a Q wave and upward deflection of T wave are almost typical findings in cases of coronary thrombosis with muscle changes.

It is even possible at times to draw conclusions as to the side of the infarction from the E. K. If the typical change is found in the first lead (right arm and right leg), the infarction is usually at the *apex* of the heart and the adjoining part of the *anterior* wall of the *left ventricle,* due to a thrombosis of the descending branch of the left coronary artery, or the formation of an aneurysm in the region of the apex. This is the lesion found in about 75 per cent of all cases of coronary thrombosis. If the change is in the third lead (left arm and left leg), it is usually in the *upper part of the posterior wall of the left ventricle* (thrombosis of the branches of the right coronary artery). Bradycardia and radiating pain in the chest from the front backwards or between the shoulder blades also speak for a thrombus of a branch of the right coronary, prognostically a much more favorable location. Strangely enough, even when the right main branch is occluded, the right ventricle is often only slightly involved.

The E. K. is especially important if the pain is localized, not in the chest, but in the epigastrium, with nausea and vomiting, slight jaundice, rigidity and tenderness in the epigastrium, fever and leukocytosis.

PROGNOSIS

If the patient survives the first few days and the cardiac insufficiency is not too extreme, the prognosis is not too unfavorable. The majority of middle-aged people usually get over infarction of the heart after a prolonged period of illness, and some of them even become fully capable of work again in spite of the scar in the myocardium. The older the patient, the more favorable the outlook for a process of repair in the myocardium because, as shown by Gross,[2] human hearts vary greatly in the abundance of the coronary anastamoses. In some hearts the coronaries act like end arteries, while in others there is abundant collateral anastamosis. These anastamoses develop their function increasingly as age progresses, and although in the average young adult heart the intricate system of anastamoses are in active function, they are unprepared to act suddenly as complete compensatory agents. A sudden occlusion of an artery will produce an infarct, but the anastamosis will prevent this infarct from occupying the entire area of the blood supply of the occluded vessel. If the occlusion is gradual, however, and anastamosis is abundant, the dilatation of these anastamoses can be sufficient to preserve a considerable portion of all the musculature. In an older individual's heart, when occlusion occurs, the anastamoses are more patent and better prepared to protect the affected area and often can supply sufficient circulation to spare completely the myocardium.

TO DIFFERENTIATE BETWEEN ANGINA PECTORIS AND CORONARY THROMBOSIS

The patient with coronary thrombosis has the same pain as the patient with angina pec-

toris; but in coronary thrombosis the pain is much more apt to be of long duration, and is in midline of chest or across the chest, and it is not relieved by nitrites nor by a single hypodermic of morphine.

The patient with angina is inclined to be motionless. The patient with coronary thrombosis is apt to be agitated, excited, and short of breath.

The lack of dyspnea as a symptom is a noticeable feature in anginal attacks; but attacks of dyspnea, with or without pain, is characteristic of attacks in coronary sclerosis.

The blood pressure is inclined to rise in angina; and to fall in the attack of coronary thrombosis.

The pulse usually does not change in angina; it may change in rate and rhythm in coronary thrombosis.

The fever and leukocytosis that result from coronary occlusion are not likely to appear immediately following the attack, and so are not of great differential value at the time of the catastrophy. The same may be said of the precordial friction rub that is sometimes heard over the precordium following a coronary thrombosis.

The sedimentation rate is accelerated in cases of coronary thrombosis. (Incidentally it is a reliable indication that myomalacia is still present, and the patient should not be allowed out of bed.)

E. K. changes are so common in coronary thrombosis as to be considered typical of the condition. On the other hand, there is no change in the E. K. typical of angina pectoris, and one must depend on signs, symptoms, and sound judgment for his mainstays in making the diagnosis.

TREATMENT

Treatment is by no means a thankless task; there is often prolongation of life, and generally there is amelioration of suffering.

In *angina pectoris* the following measures are prescribed during an attack:

1. Some form of nitrites (amyl nitrite, sodium nitrite, or nitroglycerine).
2. Cessation of effort.

Striking results may be obtained by the elimination of the irritant factors and foci of infection. As every attack upsets the mental balance, and leaves behind it the fear of a repetition of the pain, so in the course of time slighter and slighter irritation incites an attack. The treatment consists of:

1. Psycotherapy,—after all it is the mode of living more than drugs that counts.
2. Strict rest in bed; over-strenuous activity and speed mania must be curtailed.
3. The administration of small doses of a morphine derivative (2-3 times daily 0.001 gm. dilaudid for from 2-8 days) possibly combined with a theobromine preparation. Potassium iodide is a reliable aid.
4. "Walking exercises" for exactly prescribed periods according to the following schedule:

a. When the patient has been free from attacks for two days, the morphine is discontinued, and a careful attempt made to let the patient get up.

b. On the first day he should get up morning and afternoon for five minutes at a time.

c. On the second day for ten minutes each time; and every following day for five to ten minutes longer.

d. On the sixth, seventh, and eighth days the patient should walk quite slowly in the open air (caution in cold weather) beginning with five minutes A. M. and P. M., and increasing daily five to ten minutes each time.

e. Should the slightest attack occur, the time for being up must be immediately reduced by half, and then increased gradually. By the end of three weeks the patient can often spend the whole day out of bed, and one to two hours in the open air without discomfort.

f. Later the patient may walk as he can. If he *can* walk a mile at a moderate pace without a paroxysm he *may* do so. If he cannot, it is not permissible (a question only of amount of reserve). And so as to his other activities. He must keep within his limits. The condensed advice, according to J. B. Herrick, is "Go slow—take it easy."

Prophylactically, the following measures are advised:

1. Calcium thiocyanate, with diuretin 3-4 tablets in the course of the afternoon or eve-

ning; theocine, theobromine, or theophylline compounds.

2. Well-balanced diet in moderate quantities, with rest after meals.

3. No liquids containing carbonic acid gas.

4. Raised position of the upper part of the body at night.

5. Anything likely to raise the diaphragm should be avoided.

6. Residence in the country at moderate altitudes.

7. Walks on level ground.

8. Alcohol permitted in moderation,—in fact, it is a good food for the myocardium.

In regard to the use of *tobacco,* it is the opinion of many authorities that vasoconstriction is a frequent accompaniment of a smoke, and this suggests that in the course of time organic arterial changes might result. But tobacco has not been shown to be a cause or even a contributing factor in general arteriosclerosis or high blood pressure, and in these conditions need not be forbidden.

In coronary sclerosis and angina pectoris evidence of an etiologic relationship is also lacking, unless a high proportion of cutaneous reactions to nicotine-free tobacco extract should prove significant. In certain of the patients with angina pectoris, it may bring on the paroxysms; in others it checks these. The rule might be that in any degree of coronary artery disease the use of tobacco should be forbidden; but an exception may be made for those patients whose accustomed smoke, through its soothing influence, proves by experience to be beneficial. But when tobacco is allowed, one should specify moderation.

Digitalis in Angina.—Endeavors should be directed to removing any possible decompensation by small doses of digitalis combined with caffeine when necessary. However, it is best not to use digitalis if avoidable.

Atropine, on account of its inhibitory influence on the vagus, used to be recommended in cases of angina. In animal experimentation a dilatation of the coronary vessels has been demonstrated, after the administration of atropine, such as is not produced by any other drug. But giving it to cases of angina involves certain dangers because in most people it produces an acceleration of the pulse and an increased oxygen requirement of the heart. In cases where there is organic stenosis of the coronary vessels due to arteriosclerosis or syphilis, this increased requirement of oxygen may produce a fresh and even more severe attack, symptoms resembling coronary thrombosis and even sudden death. It is therefore permissible to continue to give moderate doses of atropine to patients with angina pectoris in whom no marked narrowing of the coronary vessels is suspected, but it should only be used with the utmost caution where arteriosclerosis or syphilis is present.

In *coronary thrombosis* the unbearable pain of the acute attack is most effectually combatted by morphine repeated as often, and as much, as is necessary. The most important stimulant for the first few hours is caffeine sodium salicylate 0.25 gms. (H) every one and one-half hours.

Absolute rest, in an oxygen tent when possible, in the further course of treatment, is more important than any medicament, as our aim is to establish or reëstablish collateral coronary circulation which may be entirely sufficient to maintain the action of the heart. The patient must be in bed 4-8 weeks, and observe the greatest care for at least two months after that. It will be six months before he can be permitted to resume his occupation.

The diet prescribed should be that for anyone who is seriously ill. Defacation without effort should be assured. The patient's mental and physical passivity should be secured by small doses of luminal.

As long as the blood pressure remains at the lowest values, absolute rest is demanded. Only when it begins definitely to improve may the reins be gradually loosened. The organism endeavors to reduce the blood pressure and the contractions of the heart to a minimum in order, as far as possible, to diminish the danger of rupture or the detachment of emboli from thrombotic adhesions to the infarct and not to disturb the healing of the cardiac wound. Therefore, any stimulation of the heart should be avoided. It is only in the first few hours that stimulants cannot be dispensed with if there is imminent danger to life.

Intense treatment with digitalis should be avoided, except in case of rapid fibrillation or severe congestive failure. Very small doses of digitalis (one-half tablet B. I. D) with calcium intramuscularly (5 c.c. of 10 per cent solution B. I. D.) sometimes tend to improve the tone of the heart.

It is furthermore desirable in every case, especially if the anginose trouble recurs, to produce dilatation of the coronary arteries so as to increase the blood supply to the border zones of the infarction, and thus to promote the healing process. For this purpose 0.36 gms. euphyllin should be given by rectum every other day, morning and afternoon; and in the intervening days one tablet of theominal, 3-4 times daily, unless the blood pressure stays very low.

Nitroglycerin should be given prophylactically if coronary spasms are excited by the acts of mastication and swallowing.

Ten to fourteen days after the attack, intravenous glucose injections may be started, 10-20 c.c. of a 25 per cent solution for about 7-10 injections.

With ventricular tachycardia of 160-200 per minute which does not disappear of its own accord in a few hours, a quinidine treatment (0.5 gms. twice at one and one-half hour intervals) is indicated, on account of vital danger resulting from the transition of the tachycardia into flutter or fibrillation, which may be ventricular.

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TESTS FOR DRUNKENNESS IN RELATION TO MOTOR ACCIDENTS

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The New Jersey State Department of Motor Vehicles, in coöperation with a committee of The Medical Society of New Jersey, Dr. Elbert S. Sherman, Newark, Chairman, is developing means for the prevention of traffic accidents. One of the most important phases of the prevention is that of the relation of alcoholic drink to the ability of the operator to drive carefully and with keen judgment.

When a physician is called to give testimony regarding a driver's drunkenness, or sobriety, he is likely to express an opinion based on the knowledge of the average citizen, rather than on the scientific principles of medicine and laboratory technic,—because very few articles on the subject appear in the current medical journals, and the subject is seldom discussed in a scientific manner by medical societies. Yet two principles have been established for over a decade:

1. The mental state of a person who has swallowed an alcoholic liquor is in direct proportion to the amount of alcohol that is circulating in his blood.

2. The amount of circulating alcohol may be determined with a high degree of accuracy by tests of either the blood, the expired breath, or the urine.

One of the simplest and clearest explanations of the tests is the article by Dr. Carter, which is reproduced in abstract with the approval of Dr. E. S. Sherman, Chairman of the Committee on Traffic Accidents, in the following article (editorial note):

"Long before gross signs of intoxication have shown themselves, signs which would, so to speak, obtrude themselves upon the notice of any careful observer, there have been present a lessening of accurate perception, judgment, and quick response which have already made such a person unsafe to be in charge of a motor vehicle, or in other words, to be suffering from some degree of intoxication of the central nervous system.

"In such a case the person is drunk within the meaning of the Criminal Justice Act. Of course it is easy to tell when a person is obviously and grossly drunk. The difficult cases we have to adjudicate upon are the border-line cases, where many of the tests submitted are satisfactorily performed, or certain symptoms are wanting, yet in spite of which, the medical examiner feels that, at the time of his examination, he would not feel disposed to risk his own personal safety in being driven by the person charged.

"Are there any especial considerations which might help in such a case?

"I think there are. For instance: Note the time which has elapsed between the person's arrest and your examination, bearing in mind that nothing tends to sober a man so much (unless he be too far gone to appreciate his surroundings), than suddenly being taken in charge by the police and locked up in a cell. It is surprising to what a degree he will pull himself together, and make the best of his appearance before the doctor. I often, after this interval of time, find myself compelled to close my report by saying: 'This man is not now drunk, but I am of opinion that he is recovering from the effects of alcohol, and was at the time of his arrest unfit to be in charge of a motor car, by reason of the alcohol he had consumed.' This enables the police to proceed with the charge, and leaves you to justify your opinion under cross-examination afterwards. If possible, get him to walk up a flight of stairs and come down again, also give him a simple diagram to copy, taken from a child's square ruled exercise book, and ask the person to sign his name afterwards.

"Then the memory should be carefully tested. Ask the accused to give a simple statement of his movements and actions, prior to his apprehension, and give approximate times when certain events happened.

"Finally, inquire into, and watch the conduct of the man when he does not know that he is under observation. If you find, for instance, that he has laid down on the bed in his cell and gone to sleep, you have a strong case against him, because it is not the thing a sober man would do under most circumstances, except during the night, yet sometimes it happens.

"The medical examiner's chief difficulties are connected with the milder forms of intoxication, when the scales are not heavily weighted in favor of definite drunkenness. Is there any assistance we can obtain, founded upon scientific data, which can enable us to come to a conclusion, and with the minimum fraction of possible error?

"Professor Mellanby, of Sheffield University, who is so well known to you all, especially in connection with his research work upon vitamines, was two or three years ago devoting some time to the estimation of sugar in the blood, and also of alcohol in the blood and urine.

"This latter work, carried out largely under his instruction by Dr. Southgate, led to remarkable result. A definite quantity of alcohol was administered to a number of men, fasting in a morning. Ninety-six c.c. of absolute alcohol were given to each in the form of 40 per cent content whisky. This represents 235 c.c., or 8.3 whiskies, and was mixed with equal parts of soda water. The whole was consumed in fifteen minutes. Alcohol was found in the blood soon afterwards, and in increasing amount up to one and one-half hours after the drink had been taken. From then it began to decline at the rate of about 12 mgrms. per hour, until all trace had usually disappeared in about twelve and one-half hours after consumption.

"The blood content was found to be about 148.7 mgrms. of alcohol in 100 c.c. at the point of maximum concentration.

"The next question to consider was how did the alcoholic concentration in the blood compare with that in the urine. Again, definite results were obtained. It was found that there was a higher percentage in the urine, showing that the renal epithelium has a selective action for alcohol, and a low kidney threshold. Results proved that one part of alcohol in the blood gave 1.35 in the urine secreted at any given time. Therefore, the drinking of 235 c.c. of absolute alcohol gave 148.7 mgrms. in the blood and 200 in the urine.

"A further and somewhat surprising fact

also became evident, viz., that the alcoholic secretion into the urine was a constant factor, and was independent of its concentration.

"I am assuming the absence of kidney disease and diabetes in the foregoing statements. I do not know how the presence of nephritis would influence the results. But the urine should always be examined for albumen prior to analysis, and also for sugar to determine the presence of acetone bodies. I have not so far found the presence of either albumen or sugar in any of my cases. Alcohol acts as a diuretic, and you will usually find that the specific gravity of the urine falls as the alcoholic content rises. Thus with a content of 360 mgrm. of alcohol, there is usually a sp. gr. of about 1003. Then as one falls the other rises, until the alcohol has gone and the urine gives a sp. gr. of 1015 to 1020. This is an interesting confirmation of our deductions.

"It is only fair that matters should be taken into consideration which might modify the results obtained, and Mellanby and Southgate considered them.

"1. It was found, for instance, that the presence of food in the stomach delayed the absorption of alcohol, and especially if that food had been bread and milk. (A point to bear in mind, in treating alcoholism.) Under such circumstances the upward curve of alcoholic content did not attain so high a level.

"2. *Rate of Drinking.* If this be slow, the summit on the chart will be correspondingly depressed, because as much alcohol is not being absorbed in a given time.

"3. *The Weight of the Body.* Although some variation must be allowed under the heading, the amount, as shown by experiment, is comparatively small. The tests results were given on the basis of eleven-stone weight of the consumer.

"4. *Dilution of the Liquor Consumed.* The more dilute the beverage, obviously the amount of absorbed alcohol present in the blood at any specified time will be correspondingly small. This is well illustrated in the case of beer; and for that reason separate investigations were made with it and the results noted. A good beer was used for the purpose, with a five per cent alcoholic content. In order to insure that the same amount of alcohol was imbibed as in the case of whisky (i. e., 96 c.c. of absolute alcohol), 1920 c.c. or about three and one-half pints were given.

"5. The rate of drinking was slower than in the former case. Greater time occupied in consuming any given amount of alcohol means, of course, less blood content afterwards at any material time. Under both these circumstances it was found that in the case of beer, the maximum urinary content, instead of rising to 200, reached only 160.

"Now came the crux of the results of these experiments. We have said that drunkenness is intoxication of the central nervous system. Is there then a direct relationship between the blood and urine alcohol content, and a state of intoxication? The answer is definitely in the affirmative. Drs. Mellanby and Southgate found that 200 mgrm. of alcohol in the urine was associated with mild intoxication, and that such a person was therefore unfit to drive a motor vehicle. Three hundred and sixty mgrm. suggested definite drunkenness. Since that time I have kept careful records of all cases occurring in the City of Sheffield, of people arrested for being drunk in charge. A written statement was submitted by the police officer, detailing the symptoms presented at the time of apprehension. This has been followed by my examination, and the interval of time between the two, duly noted. And I have established the accuracy of our conclusion in very many cases, as borne out by these tests.

"It is the amount of alcohol present in the blood, and subsequently shown in the urine, which accounts for the presence or absence of drunkenness, and not how much he has consumed to produce that effect. When the blood alcohol content reaches a certain figure, signs of intoxication will develop and become manifest and not till then. Once this point is appreciated, misapprehensions and doubts will disappear, and the value of the urine analysis appear in its true light.

"It would be well now to consider the curves shown on a chart, a little carefully, and contrast those produced by glucose, for instance, with alcohol. After imbibing a certain quantity of either of these substances, their presence is

quickly demonstrable in the blood. There is a sharp rise on the chart, and in both cases the maximum reading is obtained in about one-quarter to one and a half hours. In the case of glucose, elimination is rapid, and the chart curve line falls to zero in about two hours. But with alcohol it is different. There is a gradual but slow decline, so that, from the summit of the curve of maximum blood content, all trace has usually disappeared in from twelve to thirteen hours. The rate of diminution in the blood content is approximately 12 mgrm. per hour, and 16½ in the urine. If, therefore, two samples of urine are obtained (and I always try to obtain two: the second after an interval of about an hour), two facts become evident. First, we can see whether the tide is rising, so to speak. If so, remembering that the maximum content is present one and a half hours after consumption, and noting the time of arrest, we can form an estimate, on a chart, as to when high mark will be reached, and what the reading in mgrm. will be; and therefore, also, we can form some conception of when the bulk of the liquor was consumed, and how much.

"Second, if the tide be falling, then noting when the samples were voided, and drawing a line through both readings and continuing it backwards we can estimate the summit figure, knowing when all chance of obtaining more drink was stopped by arrest.

"These estimations are of course relative, but still very valuable, and we can form a reasonable estimation of the conditions of a person at the material time of any particular misbehavior. It follows from what has been said that the second sample is the most valuable, because the bladder is nearly sure to have been completely emptied on the first passing of urine into a capacious vessel. But we do not know how long the first sample may have been accumulating after secretion, and over what period of time drinking has continued prior to apprehension. Still, on that point, which has led to criticism, I do not think any serious difficulties arise.

"Alcohol acts as a diuretic, and we know that urine is voided frequently in these cases. And if for reasons of criticism, we assume that urine has been accumulating in the bladder for some hours, the analysis is all in the accused's favor, because after one and a half hours the blood and urine content from any given amount consumed is diminishing rapidly. And so it is throughout: all our conclusions from these particular tests favor the accused. They only show what was actually present in the blood at a specified time.

"From the first, loss of alcohol has been taking place by natural processes of oxidation and elimination. What we find is the residue; and it enables us to say that, at least, that amount has been consumed within a reasonable estimate of time. There may have been more imbibed, but not less. I always tell an accused person for what purpose I desire the urine, and explain also, that if, as he properly alleges, he has not had much to drink, our examination will prove his innocence of the charge. As a matter of fact, full admission is never made of the amount that has been consumed, and I well remember the case of the indignant gentleman who protested that he had never taken alcohol in his life; yet I found, from analysis the equivalent of ten small whiskies to his credit. In the case of a toper, where there is a reservoir, so to speak, in the alimentary canal, we find that instead of the curve having a sharp apex, the summit is blunted, and becomes a plateau: and this point is of some assistance."

Dr. Carter then describes the chemical tests for alcohol in the urine.

Lastly, the author discusses the legal aspects of obtaining samples of urine for examination, and says:

"So far as I am aware the chief criticism of these tests for court purposes has centered upon the question—Have we a right to request an accused person to furnish a sample of urine for our purpose? My answer has always been in the affirmative. It is part of the examination which the Police Surgeon has been called upon to make, and I hold that we have as much right to examine the urine as the conjunctiva or the pulse. Why should we be at liberty to make any other form of examination; or apply any test, and be refused the urine? Sometimes

counsel question the doctor very closely, saying for instance, did you examine this or that organ, the mental state, or test the reflexes and look for signs of disease?

"If the answer be no, then comes the indignant query, why? Did I not consider that every sign or symptom which might tell against or for the accused ought to be studied? But the urine? No, apparently that is sacrosanct! However, at the Edinburgh Congress of the B. M. A. when this point was raised, Lord Russell, who presided, pronounced unhesitatingly in my favor.

"Last autumn I was concerned in a case where a man ran his car onto the pavement and killed a woman who was standing outside her door, pinning her against the wall.

"He was charged with manslaughter, and also with being drunk. This last was denied. So a test case arose for the Assizes, to which the Magistrates committed the man, and well-known counsel were briefed on both sides. I was submitted to a long, critical and very fair and courteous examination. The Judge took notes of my evidence, followed, adopted, and carefully studied the charts showing the result.

"In summing up, he said to the jury that it was a customary thing, when a patient consulted a doctor, for the urine to be examined. He said we all go through it. We do not know exactly what is done with it, nor the importance of the procedure. But we realize that some sort of analysis is being made to assist the doctor in making his diagnosis.

"And he added: 'It was perfectly fair to use this test for the purposes of my investigations.' In this case the alcoholic content was high, about 370 mgrm. The man was found guilty on both charges, and sentenced to imprisonment with hard labor.

"This case places the tests upon a firmer basis than heretofore; and I hope and believe that examination of the urine for alcohol, as a guide to the amount of liquor which has been consumed in any particular case will become general, and form a part of routine examination. It is only fair, I think, to inform the accused that you propose to analyze the urine for the presence of alcohol when asking for a specimen. It clears the ground; and if he refuses the request, that refusal is quoted against him when before the magistrates.

"Also, do not forget, in case the accused has not really partaken of much intoxicating liquor, the procedure at once establishes his innocence, and proves that some other agency has been at work in producing his symptoms and accounting for his conduct."

A DISCUSSION OF SOME OF THE GREAT ADVANCES IN GASTROENTEROLOGY

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Read before the Atlantic County Medical Society on February 12, 1937.

About thirty years ago, while discussing the future of gastroenterology with a prominent New York City internist, I was amazed to hear him say that everything relating to this important subject was known; and that, in his judgment, very little, if anything, would ever be added to this division of internal medicine. Often, in retrospect, I think of that conversation and realize how narrow was the vision of that man. The strides in gastroenterology, even during the past twenty years, have been so vast that even those of us who have been identified with the work for years are surprised.

Some of the outstanding advances which are the foundation of gastroenterology are: Fractional gastric analysis, the Lyon-Meltzer method of non-surgical gall tract drainage, the visualization of the gall-bladder by the Graham method, the icterus index, the Van den Bergh reaction, gastroscopy, etc. I could cite many more but feel sure I have said enough to prove some of the advances in gastro-intestinal procedure.

It is my purpose this evening to emphasize only a few of the outstanding advances and then let you draw your own conclusions as to this great subject. Medical schools are now realizing the importance of giving to the student a general course in the diagnosis and treatment of diseases of the digestive system, since, often, the practice of a young physician consumes much time in the treatment of chronic cases. It is my judgment, that, if medical students were given a more comprehensive course in this subject, many cults would not be occupied with the type of work that legitimately belongs to the recognized medical profession. At Hahnemann Medical College and Hospital, the foundations of gastroenterology are laid in the freshman and sophomore years, generally from the standpoint of laboratory methods. In the third year, the student is drilled especially in the symptomatology of those suffering with digestive errors. He is made to understand the significance of belching of gas, aerophagia, regurgitation of food, rumination, anorexia, hiccough, vomiting, constipation, diarrhoea and the various types of pain found in the gastro-intestinal diseases. The student is taught, not alone, that aerophagia, for instance, is a symptom often of neurogenic origin but he is made to understand the mechanics by which the various symptoms operate. During the fourth year, the various diseases of the stomach, small and large intestine, gall tract, liver, pancreas, etc., are discussed and in the sub-clinics and wards, cases are presented in order to give the student practical demonstrations and the chance for examining patients himself.

FRACTIONAL GASTRIC ANALYSIS

When Rehfuss contributed this procedure, a distinct advance was made, which no doubt, shall remain for all time. Studying the patient by the fractional method gives the internist an opportunity of noting that which takes place during the interdigestive and digestive phases of digestion. When the patient reports to the clinician in the morning, after a twelve-hour fast, the tube is passed into the fasting stomach and all the contents withdrawn, while the patient is sitting in an upright position, and then also in the recumbent posture. Accurate measurement is made of the amount of gastric residuum, which determination frequently will give considerable information. Normally between 20 and 50 cc. of gastric juice can be withdrawn. When 75 cc. are present, the patient has hypersecretion. If 100 cc. or more, there is distinct hyper-secretion for which a cause must be sought. One can tell from the fasting content whether some food residue is present, and if organisms such as the Boas-Oppler bacilli, sarcinae, etc., are existent.

The presence or absence of occult blood and the chemistry of the fasting stomach are of great importance. After the fasting content has been extracted, a fixed load of 50 grams of bread and 250 cc. of water are given the patient and a sample removed from the stomach every one-half hour until food no longer is extracted. Normally, one should not be able to find any food after two hours, or at least two and one-half hours. Should any of the test breakfast be found at two hours and a half, a fraction is taken every fifteen minutes until no more of the meal is found.

At two hours and forty-five minutes or three hours, the stomach must be considered in motor error and the cause sought. By means of a fractional meal one can get a clear conception of the entire digestive cycle, showing that which occurs during the digestion of a test breakfast.

I will now show the various curves so that, at a glance, one can interpret the curve and obtain from it a picture of the general chemistry of the stomach. You will find in slide No. one "the normal curve", which has a gradual ascent of the free hydrochloric acid and total acidity for about sixty minutes; after which there is a gradual decline until two hours or two and one-half hours have passed and the stomach is empty again. Contrast this with slide No. two, which is known as the "extra gastric curve". Here there is a gradual ascent for two, two and one-half and perhaps three hours, but not a gradual descent as in the "normal curve". This curve usually indicates pathology outside the stomach, such as colitis, chronic appendicitis, duodenal ulcer, etc. You

will note in slide No. three a gradual ascent and descent of the curve, very much like a stepladder. This curve is one that deserves more than passing consideration since it is frequently noted preceding a gastric hemorrhage. View slide No. four, in which there is practically no rise in the free hydrochloric acid curve nor that of the total acidity, each curve paralleling the other. Most often in this type of curve the free hydrochloric acid is absent completely and the total acid is about 10°. Clinically, this signifies an atrophic gastritis unless by other means, such as histamine, etc., one can prove it not a true achylia. Where occult blood is not present in the gastric filtrate, either in the fasting or during the digestive phase and where there is low free hydrochloric acid and total acidity, it is well to do a Wolff-Junghans reaction on each fraction, since low acidity plus a positive Wolff reaction is suggestive of carcinoma of the stomach when the history, x-ray findings, etc., point toward malignancy. For many years I have followed the method of Cohnheim in checking all cases of low gastric acidity by estimating the amount of rennet, especially when the free hydrochloric acid is low or completely absent. This quantitative procedure, which is very simply done, gives tremendous assistance in separating a true achylia from the false type. One may have complete absence of free hydrochloric acid and a low total acidity while rennet and pepsin are still present. The simple qualitative estimation of rennet will indicate clearly whether atrophy of the glandular structure of the stomach exists or not.

GALL TRACT DRAINAGE

Another great advance in gastroenterology has been the Lyon-Meltzer method of non-surgical gall tract drainage. To me, it has been the most outstanding advance from the standpoint of gall tract disease in the past hundred years. Many times, surgeons and internists have said to me, that with the history and gall-bladder visualization, they need no further aid in making the diagnosis. While gall-bladder visualization is of paramount importance, it certainly cannot give the internist information as to the presence or absence of microörganisms, crystals, mucous, pus, blood, etc. Gall tract drainage for diagnosis is an altogether different procedure than a drainage for therapeutic purposes. A diagnostic drainage requires a knowledge of the various cells and crystals seen in the various fractions, and the eye must be trained to distinguish the various transitions of color as the bile passes through the tube. Great care must be taken with the technic to insure sterility when the bile is to be cultured. Trained technicians do this work for me daily; a nurse or patient is not qualified to do so. Many errors in diagnosis are made by the inexperienced technician and physicians who are not skilled in gastro-intestinal cytology and crystallography. Bile must be examined soon after it is extracted, otherwise its true pathology may be missed.

Eighty per cent of the patients in my clinic and at my office with gall tract diseases have had from one to four operations. Usually there had been done a cholecystotomy and later a cholecystectomy. Since the patient had not improved, in many instances, the common duct was opened and drained for several weeks. Even then, many patients were not benefited and had continued symptoms. In the greater number of cases, by a carefully taken history, Roentgen examination and especially non-surgical gall tract drainage, residual pathology was found. Many times this consisted of a chronic infective duodenitis, duct infection, sub-acute and chronic hepatitis, chronic pancreatitis, stones in the common duct or foci of infection in the tonsils, teeth, colon, prostate, etc.

When conditions such as these are found after one or more operations, the internist and surgeon must ask—"What is wrong?" If foci of infection can be excluded and dietetics are of no value, may I ask what is to be done for the patient, unless we invoke the use of gall tract drainage? In my experience, when properly done and used in conjunction with vaccines, dietetics and the eradication of foci of infection, drainage will assist many cases. In almost 80 per cent of cases referred to me, where surgery was well indicated, gallstones removed or the gall-bladder resected, some duodenal or duct pathology was noted. In the

vast majority of these cases, gall tract drainage, etc., was of inestimable value. A gall tract drainage must not be considered antagonistic to surgery but should always be considered an ally to the operator.

Let me cite a typical case, the kind I meet very frequently and, no doubt, many internists and surgeons see the same type often in their daily practice.

Recently there came to me the wife of a physician who has suffered with cholelithiasis for many years. The gall-bladder was removed and many stones found within the viscus. At the end of two weeks, there developed a very severe jaundice with an icterus index of eighty and an immediate direct Van den Bergh reaction. There soon followed chills, fever, sweat and a very marked acholia. The surgeon was first tempted to operate and drain the common duct surgically. Because of the patient's condition, this was deemed inadvisable and not done.

A gall tract drainage revealed mucous, pus and blood in every fraction obtained. In conjunction with the symptoms noted, there were many crystals of calcium bilirubinate and on culture, a bacillus coli communicus was found in conjunction with a non-hemolytc streptococcus. After duodenobiliary drainage was done six times, the index fell to twenty but the acholia still remained and there was persistent discomfort in the upper right quadrant. The patient was again operated and the common duct more carefully palpated, when a small stone was found near the ampulla. This was removed and the patient gradually improved but still had an occasional chill, followed by fever, sweat and acholia.

Under these circumstances, may I ask, "What more could the surgeon do?" Frequent gall tract drainage revealed a persistent B coli, and a non-hemolytic streptococcus. In conjunction with this there was a very marked duodenitis with persistent mucous, pus and blood. The blood cholesterol was 290 mg. per 100 cc. On a low cholesterol diet, frequent duodenal drainages, vaccines, etc., this patient has made a complete recovery. This one case is a typical example of those found frequently in gastro-intestinal practice.

CHOLESTEROL AND CHOLESTEROL BEARING FOODS

During the past few years much emphasis has been placed upon the dietetic treatment of gall tract diseases, especially from the standpoint of cholesterol and cholesterol bearing foods. As is the case in many instances, physicians often take a subject like this too literally. There is no question but that if one wants to treat diseases of the gall-bladder scientifically, attention must be given to the amount of the cholesterol intake. Normally, this substance is generated by the organism so that the blood concentration averages between 140-190 mg. per 100 cc. of blood.

During menstruation and the later months of pregnancy and often for months after the puerperium, cholesterol may be high in concentration. In some of the infectious diseases, particularly typhoid fever, we find a high concentration of cholesterol. When this is present in excessive concentration in the blood, it is obvious that the intake of cholesterol bearing foods, such as fats and cream, egg yolk, etc., must be eliminated to adjust the concentration to that manufactured in the blood. It is known that cholesterol in the egg yolk has a marked stimulating effect upon the sphincter of Oddi and gall-bladder and that often this viscus can be emptied by giving a few eggs and a small amount of cream.

Many internists who have seen some of my diets have asked often why I permit cholesterol-bearing foods when there is a gall tract involvement. Every patient that comes to my office is subjected to the study of their blood chemistry and in gall tract diseases, particular attention is given to the estimation of cholesterol, when the patient is in the fasting state, and in females when they are not menstruating. When the concentration of cholesterol is low and the gall-bladder is sluggish in action, I invariably take advantage of these findings and give the patient a high cholesterol diet, especially milk and cream, in order to stimulate the gall-bladder to action. I have time and again seen an atonic gall-bladder, from which there had been recovered six, eight, and ten ounces of static bile, return gradually to normal, when due consideration had been given to the cholesterol in the blood and food. These patients are checked weekly, and if for any reason the cholesterol concentration is increased materially, a low cholesterol diet is substituted.

I have case records where patients were advised to have their gall-bladders removed because of enlargement. Many of these, by treatment, have from week to week shown a lessened amount of bile in the gall-bladder by non-surgical gall tract drainage. After a few

months of treatment, a great number, on being checked by the Graham method, revealed a gall-bladder normal in shape, size and contour.

At this point, I should like to make a statement in answer to a question that is very frequently asked of me: "Does non-surgical gall tract drainage attempt to remove or dissolve gall stones?" Let me say emphatically that cholelithiasis is a surgical disease and that surgery alone is the only remedy when gall stones exist. In a cholecystotomy or cholecystectomy, medical treatment of the gall tract by the adjustment of diet, removal of residual pathology, such as infection and duodenitis, gall tract drainage, is in order and will give the surgeon infinitely better results than the cholecystectomy alone. If the surgeon would remember this, I believe there would be more biological cures and not alone surgical recoveries.

THE MECHANISM OF COMMON GASTRO-INTESTINAL SYMPTOMS

The time existed when it was sufficient to say that belching of gas, regurgitation of food, rumination, pyrosis, anorexia, nausea, vomiting, etc., were caused by such diseases as chronic appendicitis, gall tract disease, gastric and duodenal ulcers, colitis, etc. The modern physician, however, is anxious to know the mechanics by which these symptoms operate. Many physicians are familiar with the work of Hess and Kelling, who many years ago introduced through a gastric fistula into the duodenum of a dog a small toy balloon. To the balloon was attached a string which when it emerged from the fistula crossed a small pulley. On the proximal end of the string was a small receptacle into which could be placed small weights. It was noted that in the upper duodenum, it required about 228 grams to check the balloon's progress down the alimentary tract. It was found, also, that the farther the balloon progressed from the pylorus the less weight was required to balance it. In other words, the farther the balloon went from the pylorus, the less was the alimentary gradient.

Alvarez, in his work "Mechanics of the Alimentary Tract", goes at length into describing the various gradients of the alimentary tract. May I briefly summarize the question and say that a noted engineer recently gave me, perhaps, one of the best definitions of a gradient I have ever heard. He stated that it was simply "a measure of force between two points". In other words, if on the top of a hill there was a reservoir of water with a pipe leading from it to a reservoir at a lower level, there would be distinctly more pressure in the pipe as it descended from the top of the hill than there would be when the pipe approached the lower reservoir. Alvarez likened the alimentary canal to the engineer's gradient; and following Hess and Kelling has done admirable work in making us understand the mechanics of symptoms.

It should be remembered that the peristaltic waves in the alimentary canal are mainly ab-oral. Starting in the stomach, they progress downward, always in one direction with the exception of the ascending, transverse and descending colon where there is normal anti-peristalsis. With this anti-peristalsis, however, the tendency of the peristaltic wave is always downward, normally. Let us assume, for example: that the normal gradient at the ileo cecal junction would be one hundred, and through the agency of a chronic appendicitis, the infiltration of leukocytes and other products of inflammation, the gradient was raised to two hundred or more—then when the normal peristaltic wave passed downward from the stomach through the small intestines and reached the ileocecal junction, the elevated gradient would act as a barrier and the waves would be reversed, transporting food, by peristalsis in the wrong direction. This reversed transport, according to Alvarez, causes the symptoms above enumerated. While some clinicians do not agree with Alvarez, that a disturbed gradient is a causative factor, producing gastro-intestinal symptoms, the hypothesis certainly is very sensible and clarifies well a mooted question.

GASTROSCOPIC INVESTIGATION

Since Shindler introduced the flexible gastroscope much progress has been made in diagnosis where the Roentgen ray was of no assistance. I have always liked the statement of Shindler, when he stated that the gastroscope was not competitive but coöperative. No man

of experience would think that he could dispense with x-ray studies and use only the gastroscope. This instrument has its place and when used in conjunction with x-ray studies adds much to the accuracy of the diagnosis. In my clinic, every case of chronic gastritis, gastric ulcer, or gastric neoplasm, is studied with the gastroscope. One can nicely follow the course of a gastric ulcer or the progress of a gastritis by frequently introducing the instrument. In mucosal ulcers where the serial plates are not conclusive—the gastroscopic findings, most often, will give the desired information. Recently one of my associates diagnosed an early gastric carcinoma with the instrument where the Roentgen ray gave negative findings. Marginal ulcers after gastroenterostomy are easily seen and their progress noted. We have, for some time passed, checked our Roentgen findings with the gastroscope and intra-gastric photography, thereby getting infinitely better results than by using one procedure only.

GASTRIC DECOMPRESSION

Wagenstein was one of the first to discuss the question of continuous gastric and duodenal suction in acute dilatation of the stomach and acute paralytic ileus. Before the introduction of this method, one had to be content in passing the duodenal tube and then have a nurse withdraw the contents of the stomach frequently and lavage the organ. With the introduction of gastric decompression, it was found that the stomach could be kept empty almost during the entire twenty-four hours, so recovery from acute dilatation of the stomach, etc., was more common. Unfortunately, many devices were introduced to accomplish continuous suction. I am showing the one that, in my experience, is extremely simple in construction and used daily by me in my clinic. You will notice it consists of a cylinder holding 2000 cc. of water: at the bottom of which is attached a rubber tube, supplied with a metal screw regulator, in order to permit dropping of the water from the cylinder at any desired rate of speed. This rubber tubing fits into an ordinary 20 cc. Luer syringe from which the plunger has been removed. You will note is has a rubber stopper and two perforations for glass tubing. One of these is connected directly to the rubber tube leading from the cylinder. The other piece of glass tubing is bent at a right angle so it can be connected to a duodenal tube, passing directly into the stomach. The tip of the syringe is connected with another piece of rubber tubing which is permitted to descend into a gallon bottle in which is placed 200 cc. of water. The dropping of the water into the Luer syringe creates a negative pressure, thereby withdrawing the fluid from the stomach. By this method, one can mathematically state how much fluid will pass from the duodenum into the stomach. Again, if one administers known amounts of fluid by mouth during the decompression and adds the amounts to that recovered in the waste bottle, one knows exactly how much, if any, is rejected or passes through the pylorus into the duodenum. In other words, the so-called pyloric balance is known and is an excellent index in knowing when fluids or foods can be administered after a paralytic ileus has subsided.

Let me give you a simple example: If the cylinder holds 2000 cc. of ordinary tap water, and is permitted to drop into the Luer syringe at the rate of 40 to 60 drops a minute, it will usually take between five to six hours before the cylinder containing the 2000 cc. is emptied. If the 2000 cc. coming from the cylinder be added to the 200 cc. in the waste bottle, we should have a total of 2200 cc. If, at the end of five hours, 2000 cc. have escaped from the cylinder, we should have, for instance, 3000 cc. in the waste bottle, it is evident that the stomach has rejected 800 cc. of fluid. In other words, we have 800 cc. coming from the duodenum which may be duodenal or pancreatic juice, succus entericus, bile, etc.

If we again fill the receptacle with 2000 cc. of tap water and place 200 cc. in the waste bottle and at the end of the next five or six hours have only 2500 cc., it must be plain that 300 cc. are being rejected by the duodenum into the stomach. Should we continue this procedure, and later find after placing 2000 cc. in the receptacle and 200 cc. in the waste bottle, at the end of five hours we have 2200 cc., it is evident that the pylorus is again receptive

and that fluids can be administered by mouth. By the above procedure, one can give fluids by the mouth, during the ileus, provided the exact amounts are known and added to the amount in the waste bottle to get the correct amount for calculation. Since the use of gastric decompression, I have obtained better results with the apparatus mentioned than at any time while treating acute dilatation of stomach or ileus.

THE ESTIMATION OF INTRAGASTRIC AND ALIMENTARY TEMPERATURES

While doing post-graduate work in Berlin many years ago, a very interesting phenomenon came to my attention. I noted that usually on the first four days of the week, all patients in the wards and private rooms seemed to have an accentuation of their gastro-intestinal symptoms. On Friday, Saturday, and even Sunday morning, they were materially better. Often, when cold substances, such as ice cream, water ices, etc., were removed from the patients' diets, the gastro-intestinal upsets were no longer in evidence. In order to know the reason why simple food, such as ice cream and water ices, should disturb the gastro-intestinal poise, a colleague and I began experimenting in taking intra-gastric temperatures by means of a stomach and later a duodenal tube. We tried various kinds of small glass thermometers fitted into the distal end of the tubes, usually with little success. About six years ago I had occasion to visit a bakery, and while on the sixth floor, I saw a young man sitting before several instruments, all of which were making graphs. Inquiry elicited the fact that the young man was taking the temperature of the ovens seven floors below in the basement. It occurred to me, that if a resistance thermometer could give the accurate temperature as was shown by those in the bakery, it should not be difficult to construct an instrument that would give us the temperature of the alimentary tract from the mouth to the anus. In cooperation with Dr. Joseph S. Hepburn. Leeds and Northrup devised for us a very practical instrument which is accurate to one-fifth of a degree. We devoted twenty-six months of intensive study of intra-gastric temperatures, and were rewarded by facts which, to us, have been of great interest. We have been able, for instance, to secure accurately the temperature of the stomach and then by introducing a tumblerful of ice water to see the temperature fall twenty or more degrees Fahrenheit. Invariably it required thirty minutes before the normal temperature of the stomach was reëstablished. During this time peristalsis was delayed and the emptying time of the stomach advanced usually one-half hour. We secured similar findings by the administration of ice cream, water ice and cold drinks. Many tests were made with hot coffee, hot tea, etc. We were particularly anxious to see if the intragastric or intraälimentary temperature could be reduced by the application of an ice bag, having in mind the control of a gastric hemorrhage or the treatment of acute appendicitis by means of ice packs. (See report in this Journal, Oct., 1937, p. 617.)

I recall well asking a very prominent Philadelphia surgeon many years ago how much he thought the temperature in and around the appendix was reduced by the application of an ice bag when he was attempting to "freeze out" an acute appendicitis. He told me he believed the drop in temperature was about 10 to 15° F., thereby inhibiting the growth of organisms. Our experiments showed that barely one degree drop in temperature is obtained by the use of an ice bag. When one applies a hot water bottle or an electric pad, many persons seem to secure comfort when disturbed with so-called "cramps". If the relief afforded by the heat is supposed to be obtained by elevating the intraäbdominal temperature, we must forego that assumption. Our experiments show that only to a very slight degree, perhaps one degree Fahrenheit, is the temperature in the abdominal cavity increased by electric pads, hot water bottles, etc.

Let me conclude by saying that our studies have shown us that many of the deductions of physiologists, in the past, regarding the application of ice packs, hot-water bags, electric pads, diathermy, etc., are erroneous and that our investigations seem to suggest that hot or cold applications to the abdomen are not effective if one concludes the result is afforded by an increase in intraäbdominal temperature.

Northeast Corner 20th and Chestnut Streets
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THE X-RAY DIAGNOSIS OF GASTRIC CANCER

By A. J. Delario, M.D., Paterson, N. J.

Read at a round-table discussion of cancer of the stomach during the Cancer Week of the Passaic County Medical Society, October 12, 1937.

Gastric carcinoma appears in several characteristic anatomical forms. The location and the gross form of the tumor determines the differences in the symptoms, in the course of the disease, and in the x-ray findings.

DELAY OF SYMPTOMS

It must be remembered that the cell growth itself does not produce symptoms. It is only when the normal function of the organ in which the growth occurs is disturbed that symptoms appear.

In the stomach, it is only when the secretory and motor functions are interferred with that *symptoms of indigestion* occur. Thus it becomes apparent that a small growth may exist in the stomach for months or years before secretory or motor disturbances appear. Pfahler had just such a case. In a gastro-intestinal x-ray examination of a doctor friend of his, who complained of diarrhea, a small gastric filling defect was found. A number of other roentgenologists thought this filling defect was cancerous, but hesitated to say so in view of the patient's good health. Further examination was refused, and no operation was performed. Seven years later symptoms occurred, and this filling defect had become larger. The patient was operated on and a gastric carcinoma was found. Pfahler has a routine x-ray examamination of his own stomach twice a year, and advises others to do likewise when they reach the age of forty.

FORMS OF GASTRIC CANCER

The gross anatomical forms of gastric cancer, according to Ewing, are as follows.

1. Bulky adenocarcinoma.
2. Gelatinous carcinoma.
3. Carcinoma following peptic ulcer.
4. Diffuse medullary carcinoma, or carcinoma simplex.
5. Diffuse scirrhous carcinoma.
6. Sclerosing fibrocarcinoma, or linitis plastica.

Of 1221 cases reviewed by Welch, 791, or 64.8 per cent, were medullary; 399, or 32.7 per cent, were scirrhous; and thirty-one, or 2.5 per cent were colloid. In Ewing's material, the adenocarcinoma was the most frequent variety.

The bulky tumors grow to a large size without prominent gastric symptoms, or the invasion of lymph nodes. When ulceration takes place, the clinical picture is changed, and there is an addition of hemorrhage, pain, vomiting, and cachexia.

X-RAY APPEARANCE

Since the *bulky adenocarcinoma* is the most frequent type of gastric carcinoma, naturally this type is the most frequent one found by x-ray examination. The barium fills the stomach normally, except the part in which the tumor is growing. The size of the filling defect is the size of the mass projecting into the lumen, but this does not indicate the total size of the growth. As a rule, there is malignant infiltration of the walls above and below the defect, and peristalsis jumps, or is not seen, in this infiltrated area. The radiologist looks for this absence of peristalsis, and reports this, as well as the extent of the lesion, with a view to its possible removal.

It is extremely important that the radiologist report the extent of this peristaltic jump, because the surgeon cannot determine by palpation, or even visual examination, at the time of the operation, how far the normal stomach is infiltrated by this microscopic invasion.

Verbrugghen, in a study of fifty cases of resected gastric cancers, states that in the majority of cancers there is a microscopic lateral extension of cells in the submucosa, and serosa, because of their rich blood and lymphatic channels, and loose areolar tissues, and that this extension depends upon the type and grade of cancer found. In Grades I and II, there are no lateral extensions. In seventeen carcinomas of the Grade III type, the lateral extension was 7.47 mm.; in fifteen carcinomas of the Grade

IV type, it was 15.4 mm. He advises that a distance of at least four cm. of healthy gastric wall be allowed from the edge of the ulcer toward the cardia, in order that the resection may include the whole of the primary focus. He also found that whenever the serosa was involved, microscopically, or macroscopically, nodal metastases were also found.

In carcinoma of this fungoid, or bulky adenocarcinoma type, there is always a lack of, or a decrease in the amount of hydrochloric acid, which tends to keep the pylorus open; hence the rate of emptying is rapid. If the tumor is in the pars pylorica, the mass may party project into the pylorus, and thus cause delay in emptying.

Practically all the growths of the cardiac end of the stomach cause irregularity in outline of the lower end of the esophagus. Through this ragged outline, the barium trickles in thin threads into the stomach. There is a slight delay at the lower end of the esophagus, and sometimes this may be the only sign of the growth, and this sign may be missed when the barium emulsion is too thinly made.

It is extremely difficult to make a diagnosis of cancer of the cardiac end of the stomach. Most radiologists make their mistakes in lesions of this region. A patient presenting gastric symptoms, progressive ill-health, and loss in weight, and showing gross blood in the stomach analysis, probably has a cancer of the cardia, even though the radiologist reports a normal stomach.

The Gelatinous Carcinoma: Mucous changes are a frequent microscopic feature in all forms of gastric cancer, but when this change becomes very pronounced, it greatly alters the gross appearance, and the course of the tumor. Adhesions to the neighboring organs are frequent with this type of growth; invasion of the lymph nodes is usually late; and colloid visceral metastases are rare.

The structure of a gelatinous carcinoma of the stomach is very similar to that of a simple adenocarcinoma, with the addition of extensive formation of thin mucus. Naturally the x-ray findings in the gelatinous type of carcinoma will be practically the same as those found in the bulky adenocarcinoma.

Cancers Following Peptic Ulcer: This is a subject which is far from settled. At the Mayo Clinic it is reported that 68 per cent of benign gastric ulcers have evidences of malignant degeneration. Ewing claims that no more than two or three per cent of them undergo malignant degeneration.

All the cases that we have sent to operation, under the diagnosis of malignant change in a benign ulcer, proved to be benign ulcers. We have never seen a benign gastric ulcer transform into a malignant one, and we have never seen a benign gastric ulcer fail to heal by medical measures.

BENIGN ULCERS AND CANCEROUS LESIONS

Ulcerations do occur in gastric cancer, however, and the following is a differential diagnosis between benign ulcers and malignant ulcers.

Benign ulcers usually occur in younger individuals, have a long history of pain and indigestion, and the pain is typical peptic ulcer type, coming on one or two hours after meals, and relieved by food.

A benign ulcer is more apt to occur along the lesser curvature of the stomach, and is usually less than 2.5 cm. in diameter. Its shape is round and smooth. Its x-ray filling defect shows a typical niche, and the rugae converging to it are large and regular.

A benign ulcer is tender on palpation, and is usually accompanied by an increase in the hydrochloric acid content in the stomach analysis. There is an increase in gastric tone, gastric peristalsis, and pylorospasm, which, together with the increased gastric acidity, produces a five or six-hour gastric retention. The course of a benign ulcer shows improvement in three weeks under medical treatment, and the blood in both stomach analysis and stool examination usually disappears in this time.

A malignant ulcer occurs in older individuals, has a short history of indigestion, and pain which is not the typical pain of peptic ulcer.

A malignant ulcer usually occurs along the greater curvature of the stomach, is larger than 2.5 cm. in diameter, and is irregular in shape.

The x-ray filling defect of a malignant ulcer is usually meniscus in shape, and the rugae

converging to it are smaller in size, more irregular, and granular in appearance.

A malignant ulcer is not very tender on palpation, and is accompanied usually by a decrease in the hydrochloric acid content of the stomach. Gastric tone and peristalsis are not affected as they are in peptic ulcer.

The course of a malignant ulcer does not show improvement under medical treatment; and the blood in both stomach analysis and stool examination is not likely to disappear under treatment.

The carcinoma simplex, or diffuse medullary carcinoma: This carcinoma may arise from any portion of the mucosa, but is usually located near the pylorus, and maintains an infiltrating tendency from the first. The original tumor may be difficult to locate, and a large segment of the wall may show diffused thickening of all the coats with little or only superficial erosion of the mucosa. Early invasion of the lymph nodes and widespread metastases occur.

The diffuse scirrhous carcinoma may be quite similar to the diffuse medullary type carcinoma, and differs from it only in its slower course, in its greater amount of connective tissue, in its absence of ulceration, and in the prominence of pyloric stenosis. The lymph nodes are regularly involved, as well as the liver; quite often the metastases grow to a larger size than the original tumor.

X-ray findings in both the diffuse medullary and the diffuse scirrhous carcinomas will be about the same. The pyloric end of the stomach shows a gradual diminution in its lumen as it approaches the pylorus; no peristalses will traverse this area; the wall is not pliable; its mobility is diminished; and as the lesser omentum is involved, the stomach is somewhat contracted to the left side, and cannot be moved freely from side to side. Usually six-hour gastric residue occurs.

The Sclerosing Pyloric and Diffuse Fibrocarcinoma: Linitis Plastica—This tumor causes diffuse thickening of all the coats of the stomach. The organ is often contracted to a rigid tube. The epithelial cells in a scirrhous cancer of the stomach may be reduced to a minimum, or may largely disappear. By x-ray examination, the whole organ appears as a rigid tube contracted upward and to the left. There are no peristaltic movements whatever.

These are the usual pathological anatomical forms of gastric cancer, and the x-ray findings.

In about ten per cent of the cases of gastric cancer, the radiologist, the surgeon and even the pathologist, examining the tissue under the microscope, may be wrong. In this group of cases they may be wrong just as often in calling a benign condition malignant, as in calling a malignant condition benign.

CANCER OF THE PYLORIC AND CARDIAC AREAS

The radiologist most often makes his mistakes in cancers of the cardiac end of the stomach, where it is extremely difficult to visualize the new growth in its early stages. Any patient showing progressive ill health, loss in weight, indigestion, gross blood in the stomach contents, probably has a cardiac new growth, even though it cannot be visualized by x-ray. This patient requires a laparotomy to determine the diagnosis. Quite often a tumor of this kind turns out to be a lympho-sarcoma which can be treated by x-ray even though the surgical removal of cardiac cancers is impossible.

Sometimes, right at the pylorus, a smooth, new growth about the size of a walnut may occur, which because of its slow course, lack of ulceration, and its tendency to obstruct the stomach, causes a dilatation of the stomach quite similar to that found in a chronic pyloric ulcer, or a parapyloric ulcer, and is so diagnosed by the roentgenologist.

Occasionally, hypertrophy of the pyloric muscle or mucosa may occur in an adult, which will produce pyloric obstruction and give the roentgenogram seen in a parapyloric ulcer or pyloric new growth. It is difficult by any clinical investigation, laboratory test, or the course of the disease under treatment, to differentiate these various types. In these cases, therefore, a laparotomy should be done to verify the diagnosis; and even if a benign lesion is found, a gastroenterostomy can be done to relieve the obstruction.

There is a group of benign gastric ulcers, which, because of the great edema, adhesions, and associated spasm, gives a roentgenogram

typical of cancer. The radiologist reports a filling defect; the surgeon operates and feels a mass which he believes is a new growth, and he resects it. The pathologist, however, will fail to find any cancer, and reports a benign gastric ulcer. Of course these cases must be operated on and resected. It is not safe to wait until repeated x-ray examinations and clinical investigations determine the real nature of the mass; and at any rate, surgical intervention is good treatment for this type of ulcer. It is in some of these cases that the pathologist will err, and also in those cases in which he must determine whether a simple ulcer is undergoing malignant degeneration.

In summary, let me again repeat that early cancers of the stomach without symptoms can be found only by routine annual x-ray examinations. These examinations should be especially advised for patients over forty years of age.

Some insurance companies now advocate a complete x-ray examination of the stomach before persons of this age are accepted for insurance.

When symptoms occur in a patient over forty years of age, he should be examined at once; for the cancer, if it exists, may be just beginning to produce motor and secretory disturbances of the stomach by invading the muscular coat and the nerve plexus.

Finally, when there is doubt in the interpretation of an x-ray, as to whether or not cancer exists, a skilled surgeon should not hesitate to operate.

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OZONE IN OIL

A PRELIMINARY STUDY OF ITS THERAPEUTIC VALUE*

By LEONARD F. BENDER, M.D., Philadelphia, Pa., and
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Read before the Section on Pediatrics of the Annual Meeting of The Medical Society of New Jersey, May 18, 1938.

Ozone, a polymeric form of oxygen, is readily decomposed, liberating nascent oxygen. Nascent oxygen is a powerful oxidizing deodorant and antiseptic agent. Its action is similar to the bleaching action of chlorine compounds which function by setting free, nascent oxygen. Whenever ozone can be persistently detected in the atmosphere, one can be reasonably assured of the absence of organic matter in the air. It has been used for sterilizing water—Schoenbein and others have demonstrated the fact that ozonized air acts as a deodorizer and anti-fermentative.

CHEMICAL NATURE

When olive oil is treated with ozone, we get a chemical compound and not simply a solution of ozone in the oil. For this reason we have a stable compound quite different from hydrogen peroxide. In the case of hydrogen peroxide, the oxygen is given off all at once when applied to the tissues and its action is only temporary.

Because of the ethylinic linkage in olive oil, the ozone combines to form organic peroxides. Under the influence of body temperature and its alkaline fluids, the compound breaks down into aldehydes, ketones, and peroxides, again liberating the ozone. This liberation is slow, and the nascent oxygen thus formed is available over extended periods. It is therefore valuable as a bactericidal and bacteriostatic agent at the place of application.

Harris and his co-workers hold that the germicidal property of ozonized oil is due to its volatile peroxides. The results of the

*The Ozonide of Olive Oil (OILZO) was supplied by The Holbrook Pharmacal Company, 55 West 42nd Street, New York, N. Y.

studies by Harada as published in the Bulletin of the Japanese Chemical Society demonstrated its pronounced fungicidal properties. Its bactericidal action has been reported by Stevens.

EFFECTS

The compound which we used in our clinical work is one containing a large amount of ozone (within the maximum limits of fluidity) in combination with the constituents of olive oil. When it is applied to the skin or other tissue the moisture present begins to liberate the ozone, which acts at once to sterilize the tissue in the immediate vicinity and assists in the healing process. Because of its fungicidal properties its action in fungoid conditions is expected.

The emollient effect of olive oil is well known. Combined with ozone its sterility is assured. The dual action of the oil and ozone presents an advantage in the treatment of many types of mild infections. The oil is absorbed through the skin and carries with it the ozone, which, besides its bactericidal and fungicidal properties, has a stimulating action on the metabolism as it provides available oxygen at a point where it is depleted from the blood.

The presence of aldehydes causes a mild analgesic action. Observation has demonstrated that pain due to minor burns is quickly relieved under the influence of ozonide of olive oil. Attacks of infection of the nasopharynx reflects on the general health of the child, and paves the way for bacterial invasion of the tonsils and their protective influence. Structural changes may occur, with ensuing glandular fibrosis and the formation of crypts in which organisms may incubate. The glands, becoming hypertrophic, obstruct respiration, causing mouth breathing. Even the Eustachian tubes may be involved and predispose the incidence of otitis or even deafness.

The effect of functional disorder, septic absorption and hypertrophy, form a syndrome, the treatment of which is important. Many cases of adenoid hypertrophy may be traced to infancy where there had been attacks of sniffling with subsequent recurrences of "cold in the head". The obstruction of the nasal passage with mucoid accumulation causes mouth breathing and deficiency of air entry into the lungs. This may be often responsible for flattened apices and the development of associated kyphosis.

THERAPEUTICS

We know that the condition of constantly running nose in a child demands pronounced attention if its health and development are to be accorded deserved consideration. During the past few months we have used an ozonide of olive oil as a routine measure in over two hundred cases of acute coryza by instilling five or ten drops in each nostril several times a day by means of an ordinary medicine dropper. In all cases they are freed from mucus plugs, the nasal airway is cleared, and respiratory distress relieved. In the case of nurslings the routine use of the "Dee" nasal suction pump about fifteen minutes after the instillation of a few drops has been of decided benefit. This prevents any interruption in the babies' ability to obtain air during the nursing period. Under such conditions the infant does not gulp its food and suffer from excessive air in the stomach.

Several cases of impetigo have responded to the ozonide, with and without ultra-violet rays. Two cases of chronic fungoid infection of the feet cleared up within three weeks. In several cases of eczema the skin condition was greatly improved after consistent use of the ozonide of olive oil in conjunction with diet regulation.

CONCLUSIONS

1. All children having sniffles and breathing through the mouth demand decided attention. Removal of mucoid accumulation restores free nasal air intake.

2. Neglected treatment of an early nasopharyngeal infection may result in chronic conditions later in life.

3. Ozonide of olive oil is suggested as a safe means for antiseptic fungicidal and bactericidal action. It is emollient and non-toxic.

1301 Dyre Street, Philadelphia Pa.
25 South Munn Avenue, East Orange, N. J.

MATERNAL MORTALITY STATISTICS 1937

MATERNAL WELFARE ARTICLE NUMBER TWENTY-NINE

By ARTHUR W. BINGHAM, M.D., East Orange, N. J.

Chairman, Committee on Maternal Welfare of The Medical Society of New Jersey; and
Chief Advisory Obstetrician, Bureau of Maternal and Child Health,
State Department of Health.

A study of mortality rates shows us how we are progressing in our effort to reduce maternal mortality in New Jersey. While the maternal mortality rate for 1937 is lower than any previous year, there is plenty of room for improvement.

In New Jersey every maternal death is investigated in order to get more accurate statistics. The fact that many death certificates are carelessly filled out makes it difficult to classify them. Especially is this true when they are filled out by interns in hospitals. This is why a request has been made to the hospitals taking obstetrical cases to have maternal death certificates made out by the attending physician instead of the intern.

Many hospitals have responded favorably to this request, but there are still a number of death certificates signed by internes with errors to be corrected.

An effort has been made to obtain an annual report from each hospital taking obstetrical cases. Most of such hospitals have responded. On examining these reports, deaths were found reported which had not come to our attention. One reason for this is that the intern had neglected to state that the patient was pregnant. Another reason is that some of the deaths were classified differently by the hospitals and by the State Department of Health. By investigating every maternal death and by checking the hospital reports, a fairly accurate figure is reached. By this method of procedure the death rate for 1937 is 3.4 per thousand live births, or 34 for ten thousand. There were 54,607 live births in the State in 1937.

The rural counties show a higher mortality rate in toxemia and other accidents of childbirth than the urban counties. The urban counties show a higher rate in septicemia and hemorrhage. The rate for septic abortion is practically the same in the rural and urban counties.

The death rate among the colored patients is higher than among the white, largely due to septic abortion and toxemia; and, New Jersey has a higher percentage of colored births than any other northern state.

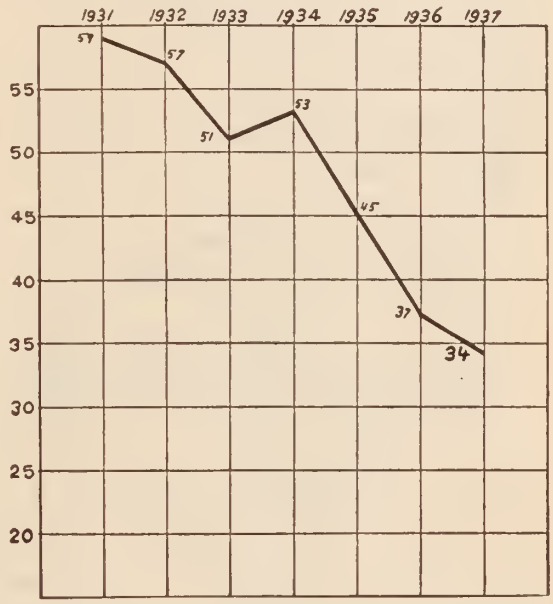


EXHIBIT 1

Graph showing the number of maternal deaths for each 10,000 live births, during each year, 1931-37.

EXHIBIT I

The graph of exhibit 1 shows the maternal death rate for each ten thousand live births for each year since 1931, when the Committee on Maternal Welfare was appointed. It shows a gradual decrease in the rate, except in 1934 when it rose a little. This decrease is a credit to the attending physicians, and to their coworkers in nursing and welfare work. However, by educating the patients regarding the importance of pre-natal care, and by a fuller realization of their responsibility on the part of the physicians, even better results are anticipated.

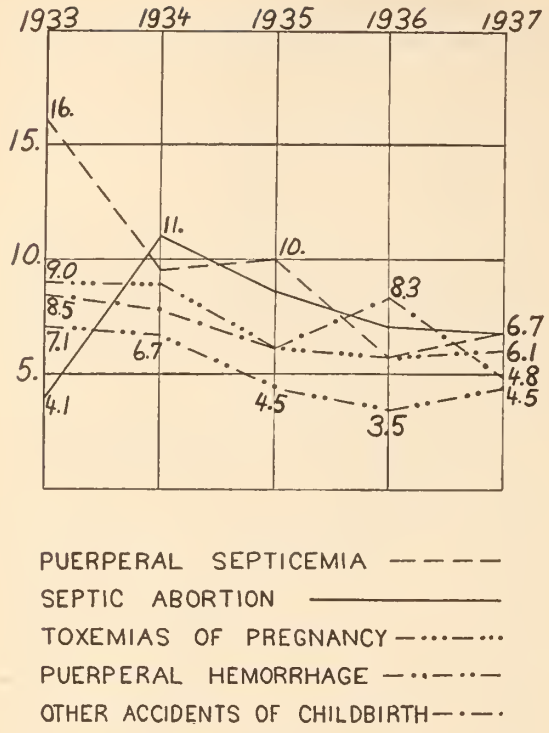


EXHIBIT 2.

Graphs of maternal mortality rates in New Jersey for each 10,000 live births, according to the main causes of deaths, during the past five years, 1933-37.

EXHIBIT II—MATERNAL MORTALITY RATES BY PRINCIPAL CLASSIFICATIONS

The graph of exhibit 2 shows the maternal mortality rates for each 10,000 live births according to the main causes of death. It is started in 1933 because that is the first year in which cases of septic abortion were separated from puerperal sepsis. It will be noted that deaths from puerperal sepsis decreased from 16 to 6.7 per 10,000 live births. Toxemia deaths decreased from 9.0 to 6.1. Other accidents of childbirth decreased from 8.5, to 4.8. Puerperal hemorrhage deaths decreased from 6.8, to 4.5. Septic abortions deaths increased from 4.7 in 1933, to 11, in 1934; and then decreased to 6.7 in 1937.

Septicemia should be reduced by more attention to aseptic technic.

Mild toxemias are often treated too lightly.

Hemorrhage should be treated more actively and placenta previa cases discovered early.

There are too many abortions. Patients should be told of their dangers.

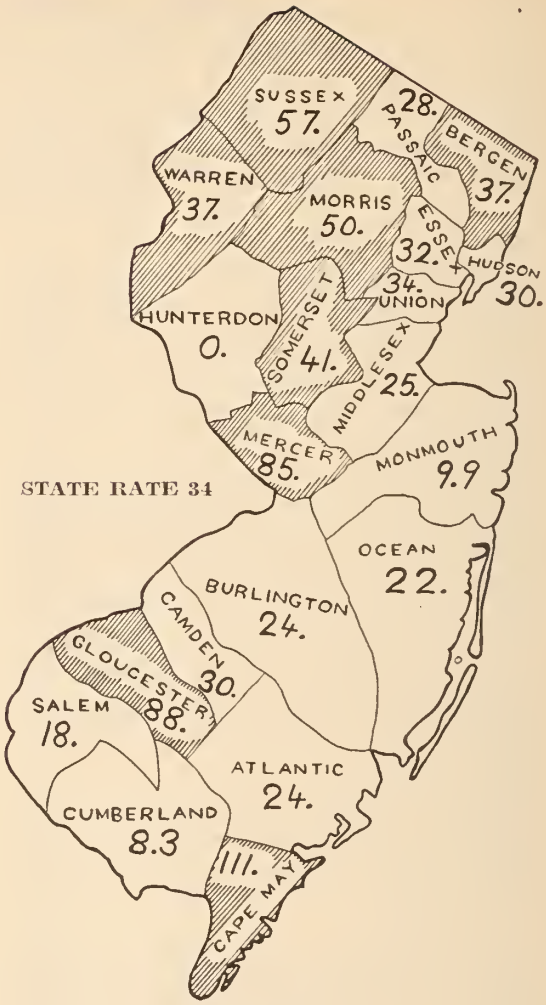


EXHIBIT 3

Map of New Jersey showing maternal mortality rates per 10,000 live births by counties for 1937. Shading indicates that the county rate is higher than that of the state, which is 34.

EXHIBIT III

The counties with rates lower than the state rate had 80 per cent of the live births, giving a rate of 29 per 10,000 live births, while the counties with rates higher than the state rate had 20 per cent of the births, making a rate of 59 per 10,000 live births. This makes the state rate for 1937 34 per 10,000. The state rate for 1936 was 37 per 10,000.

Those counties which are in the shaded group should make a survey and find out the reason for it. Have they proper nursing service? Are their hospitals up to date, with maternity patients isolated from others? Are their physicians properly equipped?

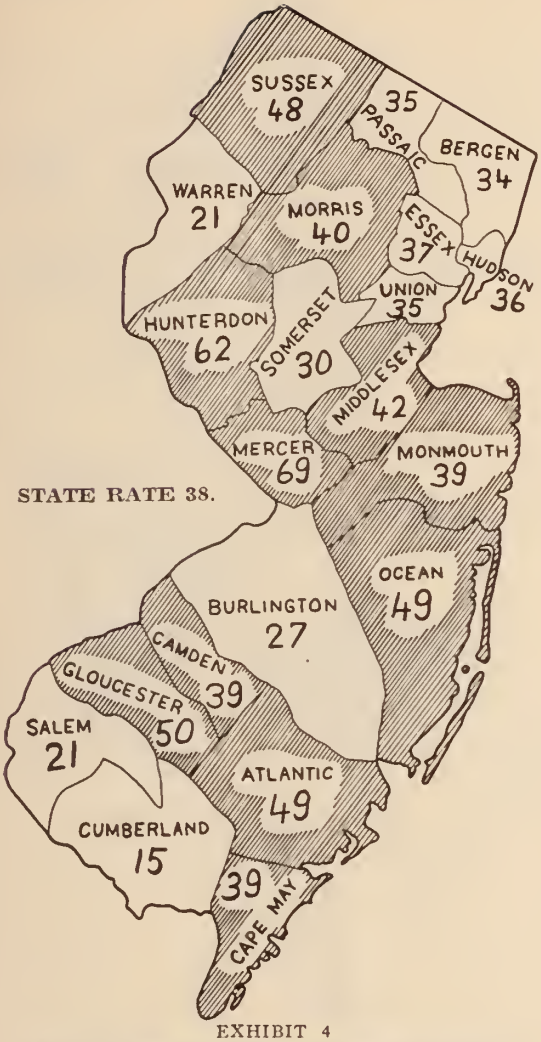


EXHIBIT 4

Average maternal mortality rates by counties for the three-year period (1935-36-37). State rate—38.

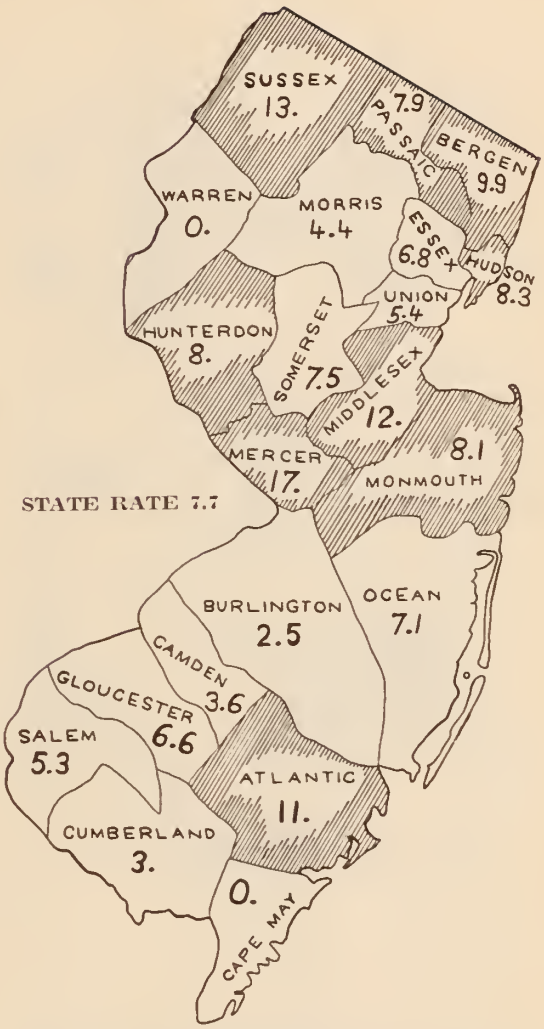


EXHIBIT 5

Average maternal mortality rates by counties for three years (1935-36-37) due to puerperal septicemia.

EXHIBIT IV

This is a fairer method of giving the rates, as some of the counties have few births in a year. All the following maps are on a three-year basis.

The counties with rates lower than the state rate had 68 per cent of the births and a rate of 34 per 10,000 live births. The counties with rates higher than the state rate had 31 per cent of the births and a rate of 47 per 10,000 live births

The average rate for the state for the three-year period (1935-36-37) was 38 per 10,000. The average rate for the state for the three-year period (1934-35-36) was 45 per 10,000 live births.

EXHIBIT V—PUERPERAL SEPTICEMIA

The counties with rates lower than the state rate had 49 per cent of the births with a rate of 5.4 per 10,000. The counties with rates higher than state rate had 50 per cent of the births with a rate of 10 per 10,000 live births.

The average state rate due to puerperal septicemia for the three-year period (1935-36-37) was 7.7 per 10,000 live births. The average state rate for the three-year period (1934-35-36) due to puerperal septicemia was 8.7 per 10,000 live births. As puerperal septicemia is largely preventable, the rate should be lower. Even the normal case should be treated with the most careful aseptic technic.

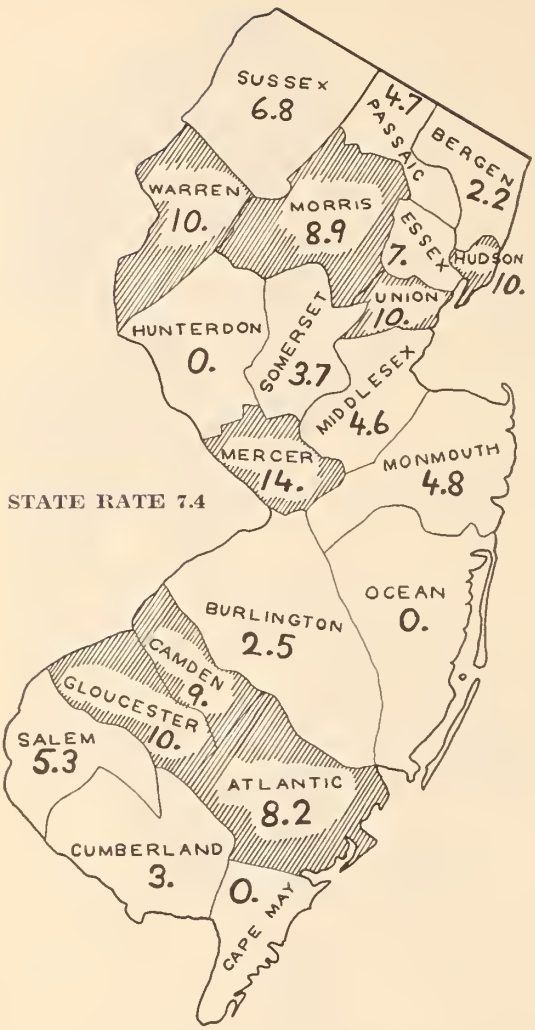


EXHIBIT 6

Average maternal mortality rates by counties for the three-year period (1935-36-37) due to septic abortion.

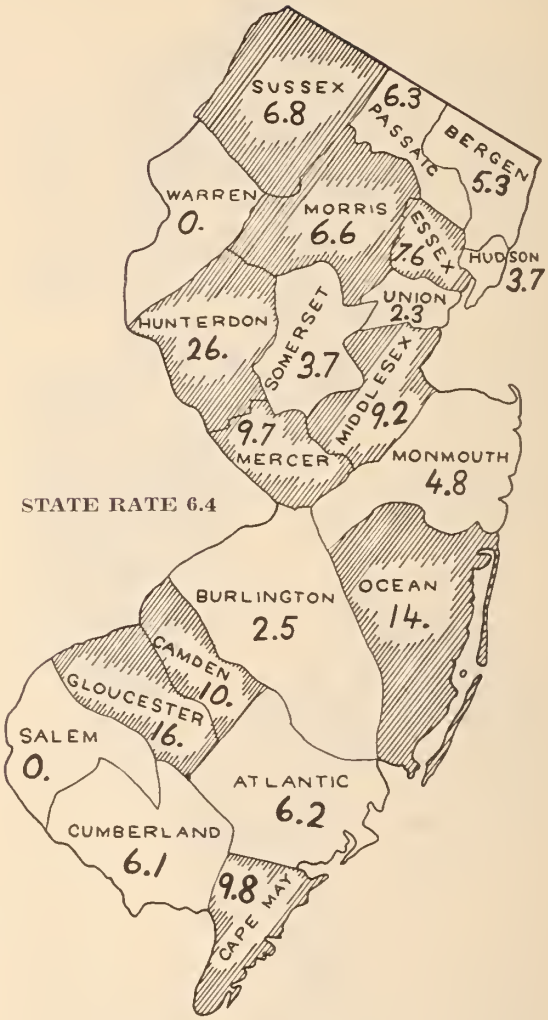


EXHIBIT 7

Average maternal mortality rates by counties for the three-year period (1935-36-37) due to other accidents of childbirth.

EXHIBIT VI—SEPTIC ABORTION

The counties with rates lower than the state rate had 55 per cent of the live births with a rate of 4.9 per 10,000 live births. The counties with rates higher than the state rate had 44 per cent of the live births and a rate of 10 per 10,000 live births.

The average state rate for the three-year period (1935-36-37) due to septic abortion was 7.4 per 10,000 live births. The average state rate for the three-year period (1934-35-36) was 8.8 per 10,000 live births.

EXHIBIT VII—OTHER ACCIDENTS OF CHILDBIRTH

The counties with rates lower than the state rate had 54 per cent of the total live births with a rate of 4.1 per 10,000 live births. The counties with rates higher than the state rate had 45 per cent of the live births with a rate of 9.2 per 10,000 live births.

The average state rate for this three-year period due to other accidents fo childbirth was 6.4 per 10,000 live births. The average state rate for the three-year period (1934-35-36) was 7.4 per 10,000 live births.

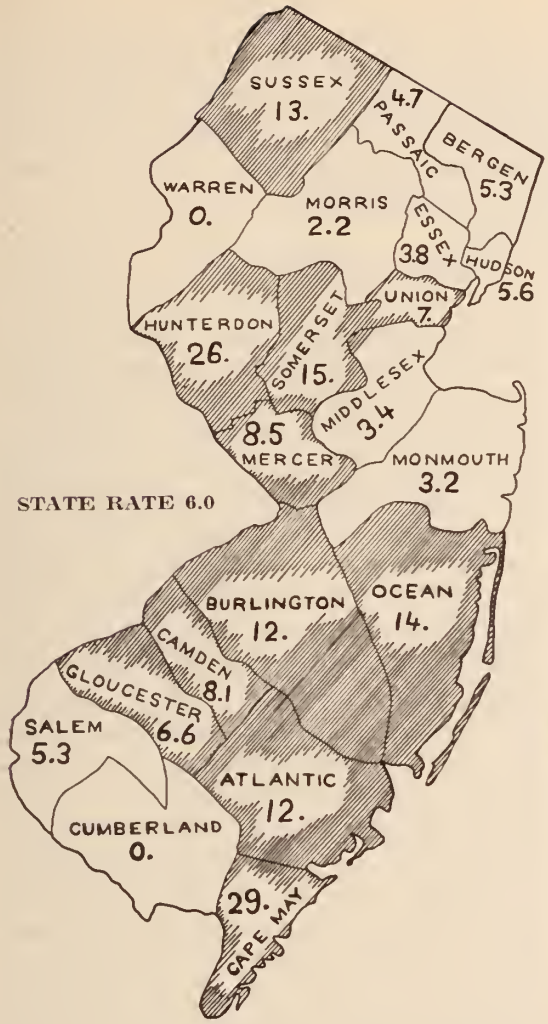


EXHIBIT 8

Average maternal mortality rates by counties for the three-year period (1935-36-37) due to toxemias of pregnancy.

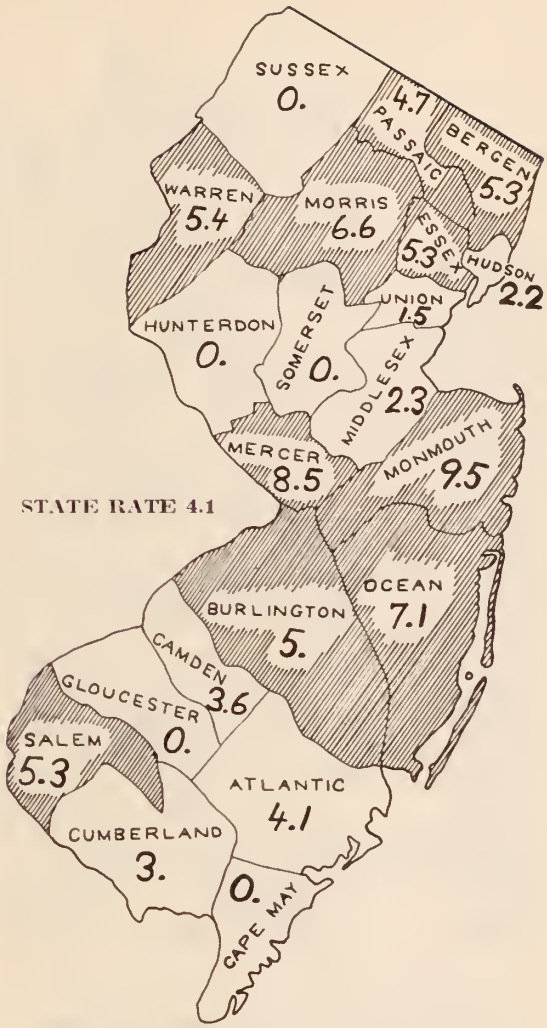


EXHIBIT 9

Average maternal mortality rates by counties for the three-year period (1935-36-37) due to puerperal hemorrhage.

EXHIBIT VIII—TOXEMIAS OF PREGNANCY

The counties with rates lower than the state rate had 68 per cent of the live births with a rate of 4.2 per 10,000 live births. The counties with rates higher than the state rate had 31 per cent of the live births with a rate of 10 per 10,000 live births.

The average state rate for this period due to toxemias of pregnancy was 6 per 10,000 live births. The average state rate for the three-year period (1934-35-36) was 6.9 per 10,000 live births.

EXHIBIT IX—PUERPERAL HEMORRHAGE

The counties with rates lower than the state rate had 46 per cent of the births with a rate of 2 per 10,000 live births. The counties with rates higher than the state rate had 53 per cent of the live births and a rate of 6 per 10,000 live births.

The average state rate for this period due to puerperal hemorrhage was 4.1 per 10,000 live births. The average state rate for the three-year period (1934-35-36) was 4.9 per 10,000 live births.

	PUERPERAL SEPTICEMIA	SEPTIC ABORTIONS	TOXEMIAS OF PREGNANCY	HEMORRHAGE	OTHER ACCIDENTS OF CHILDBIRTH	WHITE	SHADED
ATLANTIC	▨	▨	▨			2	3
BERGEN	▨			▨		3	2
BURLINGTON			▨	▨		3	2
CAMDEN		▨	▨		▨	2	3
CAPE MAY			▨		▨	3	2
CUMBERLAND						5	0
ESSEX				▨	▨	3	2
GLOUCESTER		▨	▨		▨	2	3
HUDSON	▨	▨				3	2
HUNTERDON	▨		▨		▨	2	3
MERCER	▨	▨	▨	▨	▨	0	5
MIDDLESEX	▨				▨	3	2
MONMOUTH	▨			▨		3	2
MORRIS		▨		▨	▨	2	3
OCEAN			▨	▨	▨	2	3
PASSAIC	▨			▨		3	2
SALEM				▨		4	1
SOMERSET			▨			4	1
SUSSEX	▨		▨		▨	2	3
UNION		▨	▨			3	2
WARREN		▨		▨		3	2

EXHIBIT X—SUMMARY BY COUNTIES

Average record for the past three year (1935-36-37) for each county as to whether lower or higher than the state rate regarding the five main causes of maternal deaths. White indicates a rate lower than that of the state and shading indicates a rate higher than the state rate. The records show a variation from five white (Cumberland County) to five shaded (Mercer County).

CONCLUSION

The Committee on Maternal Welfare of The Medical Society of New Jersey publishes these statistics in the State Medical Journal in the hope that each physician taking maternity cases will study them carefully in order to learn what improvement should be made in his county.

A study of mortality rates in the different counties from year to year shows some counties consistently better than others. The Maternal Welfare Committee of each county should see how its county stands and take steps to bring about an improvement. In studying these graphs and maps, members of the different counties must not be too satisfied if their county happens to have a good record. Next year the picture may be different. One death here and there can easily change the rate. The results shown in a graph as in Exhibit X, are relative, and some squares must always be shaded. They cannot all be white. See that your county is not more often shaded than white. The low maternal mortality rate in New Jersey is largely due to the excellent coöperation of the physicians, nurses, and hospitals, without which very little could have been accomplished. There are still many preventable deaths each year which can be reduced by making fewer mistakes in diagnosis and treatment, by having more and earlier consultations, by educating our patients to carry out their prenatal care, and by providing better hospital facilities. Let us not be satisfied with a good record, but let us make a better record each year so that New Jersey will be the banner State for maternity. It can be done.

A Lesson from a Death Certificate

Number One

Patient—Grav. 2. Normal delivery and puerperium. On the eighth day the patient assumed the knee-chest position in the presence of a nurse. Within two minutes she developed symptoms of shock with dyspnoea and died in five minutes.

Cause of Death—Embolism.

There are other similar cases reported. Why prescribe these exercises so early and take the risk?

THE PRESIDENT'S PAGE

NUMBER FOUR
NATIONAL HEALTH CONFERENCE

By William J. Carrington, M.D., Atlantic City, N. J.

The National Health Conference held in Washington, D. C., on July 18, 1938, was the most significant and far-reaching medical event in American history, although it was neither conceived nor conducted by medical men. The Medical Society of New Jersey is in sympathetic accord with the broad objectives and humanitarian purposes which guided that conference. We believe that we are our brother's keeper. We agree that preventive health services in the United States are inadequate; that more hospital beds are needed, particularly in rural areas; that the *distribution* of medical care has not kept pace with the progress of medical science so that all people who want medical care do not always receive all that science has to offer; and finally, that the economic burdens of illness fall heaviest on the poor who are least able to bear them. With these broad principles we fully agree.

As a sequel to the National Health Conference, the next Congress will be asked to appropriate $850,000,000 with which to begin proposed reforms. This sum is to cover the first year only and will be distributed to local areas that can match federal funds dollar for dollar.

The wisdom of this we question.

Areas most in need are least able to raise their quotas. An expenditure of $850,000,000 a year is only the beginning. This will be increased to $2,600,000,000 a year if all phases of the plan are adopted.

PHASES OF THE FEDERAL PLAN

The Medical Society of New Jersey urges deliberate, thoughtful consideration of the five phases of the Federal plan, which are, in brief, as follows:

I. Expansion of public health in maternal and child health, tuberculosis, venereal diseases, malaria, pneumonia, cancer, and mental and industrial hygiene. The annual cost will be $200,000,000, one-half of which is to be furnished by Federal government.

II. Expansion of hospital facilities by providing 360,000 extra beds in general, tuberculosis, and mental hospitals, and by the establishment of five hundred health and diagnostic centers in inaccessible areas, at a cost of $146,500,000 spread over a ten-year period. One-half of this cost is to be met by Federal funds. Here again the difficulty lies in the fact that inaccessible areas can not raise the other half.

III. Medical care of the medically needy by Federal grants for the care of the members of the indigent and low-wage groups, at a minimum annual cost of $400,000,000, half of which is to be furnished by the Federal government.

IV. Federal aid to States in the development of programs of their own choice for self-supporting persons who are burdened by unexpected illnesses; the funds to be secured from general or specific taxes, and insurance contributions from the beneficiaries.

V. Insurance against wage loss during sickness along the lines of unemployment compensation.

FINANCIAL COSTS

The total cost per year of local, state, and Federal government will be $850,000,000 for proposals I, II and III. Proposals IV and V are not included because they require additional taxes and insurance. It is estimated that the cost of insurance will involve four to four and one-half per cent of the income of the entire population, so that the total estimated cost of the five proposals is $2,600,000,000 a year.

While the humanics are commendable, the mechanics are vague and incomplete, and some of the specific recommendations are actually dangerous.

It is, of course, readily apparent that problems as vast as those under consideration, with ramifications and implications the end of which no man can clearly foresee, are not to be solved efficiently nor with safety to the body politic merely by illimitable appropriations. Sickness and its control, as well as the prevention or amelioration of its aftermath, require more than the mere access to money. Unless such monies are wisely expended by and under the direction of those whose function it properly is to utilize and direct appropriate measures, the program fails.

COST OF ADMINISTRATION

Much has been said—and not always either well or wisely said—of the cost of sickness; indeed this motif furnishes much of the driving force behind the program. But an adoption of the plans of the National Health Conference in toto must inevitably increase the cost of sickness by the necessity of an army of administrators, and the equally inevitable red tape inseparable from such administration. In fact, in countries where socialized medicine has been adopted, the cost of administration has equaled the cost of medical care. This cannot be explained on the assumption that the program is new, and that new administrations must feel their way and learn by experience, which is always costly. Costly experience has shown the world over that bureaucracy tends to expand and to perpetuate itself; never the reverse.

QUALITY OF MEDICAL CARE

That the quality of medical care will be lowered, is equally inevitable. One need cite only the "Lodge doctor" as illustrative of the deleterious effect of the removal of the competitive stimulus and the stultifying influence of a political atmosphere. Under the present system more than one-half of the doctors of New Jersey have taken post-graduate work within the past five years. During this time not a single "Lodge doctor" has taken a post-graduate course.

Federalized medicine is inseparable from an ultimate *politicalized* medicine, which then becomes the instrument of politicians, and the health of the people a political weapon in the hands of whatever political party happens to be in power. Inefficient medical care will be the inescapable concomitant of medical regimentation.

There are those who profess to believe that federalized medicine and regimented medicine need not be synonymous; that the one need not necessarily imply, nor lead to, the other; and that both can be divorced from political control. With this view we are reluctantly compelled to disagree. It is, we believe, inconceivable that a program conceived on so vast a scale, and to be financed by such extraordinary expenditure, can ever be divorced from its political possibilities and implications. We do not believe that it can be established without bureaucracy or carried on without medical regimentation; nor are we confident that either the one or the other, or both, are in the best interests of those for whom the program is advocated.

For it cannot be successfully denied that if, like all other men, politicians are human, they are also all too often inhuman in the avidity with which they tend to subordinate all else to political expediency and to the perpetuation of political power and control.

BASIS OF ESTIMATING NEEDS

The sum of $850,000,000 is based on the assumption that one-third of the population of the United States is now without adequate medical care. We are not assured of the correctness of this assumption which is based on the fragmentary study in 1937 by the United States Public Health Service of only 800,000 families scattered here and there throughout the country.

For the past eight months the various county medical societies of the United States have been conducting a survey of the present supply of doctors, dentists, druggists, nurses, hospitals, and all other institutions, departments and agencies, private and public, which are concerned with the health of our people. These surveys are not yet completed. No one knows what they will reveal.

However, in New Jersey a study of the preliminary reports of ten counties show that less than five per cent of those who want adequate medical care are unable to obtain it; and that the difficulty lies in the fact, not that it is not available, but that *they do not know where to obtain it.* In July of this year, the various newspapers and radio stations of New Jersey carried an appeal urging everyone who knew of a case that for any reason could not receive adequate care to notify the office of the Medical Society in Trenton. Repeated appeals have resulted in the receipt of 120 letters, all of which have been referred to the county societies where they belong. The population of New Jersey is four million.

It is possible, of course, that not all the four million population of New Jersey were reached by these appeals, and equally possible that not all who read or heard them responded. But that so few responded casts justifiable doubt upon the assumption that one-third of our people are unable to secure adequate medical care; and suggests also that the proportion indicated by this response implies a less acute situation than that hitherto assumed.

EFFECT OF TAXATION UPON BUSINESS

The Medical Society of New Jersey urges a careful consideration of the effect on business of the addition of an annual astronomical item of $2,600,000,000 to the already tremendous tax load. We are not economists;—and neither economists nor business men, including manu-

facturers, employers, and representatives of the taxpayers, were present at the National Health Conference, or had any more voice than those present at the conference by invitation. We believe that, before levying such a stupendous tax, the question should be answered, "Will not the huge tax levy destroy business which is the only source of tax funds?" If so, what then is to become of the helpless?

PLAN OF THE MEDICAL SOCIETY OF NEW JERSEY

While The Medical Society of New Jersey counsels caution, we are not obstructionists who believe that the present system is perfect. But America must not mistake change for progress. Long before the National Health Conference was conceived, The Medical Society of New Jersey had developed a positive constructive plan which we believe is sound, economical, and free from the dangers of the plan to be proposed to Congress. This plan briefly is as follows:

1. We propose to lower the cost of illness by the application of sound economic principles in the distribution of medical care by protecting the public against the incompetent and the mercenary within the profession, against ignorant cult practitioners, and against the vendors of fraudulent patent medicines for which many millions of dollars are foolishly and wastefully expended.

2. We propose to lessen the unpredictable burden of medical and surgical catastrophies by developing measures for deferred payments and hospital insurance.

3. We propose to protect the people, rich and poor alike, from costly, impersonal, inefficient, politicalized medicine by preserving for liberty-loving Americans the inherent right to engage physicians of their own choice. This system has stimulated the greatest medical progress ever known to mankind. To destroy it, rather than to correct its imperfections, would be an irrational public disservice.

4. We propose to preserve this American system with its free choice of physicians for the low-wage group by adjusting medical fees to income, thus preventing pauperizing of patients in clinics, and preserving for them self-respect, self-reliance, and independence.

5. We propose to secure state aid for the care of the indigent, and at the same time to preserve for them the free choice of physicians. In the past, the cost of their medical care has been added to the medical and hospital bills of pay patients. The rapid increase in the number of indigents makes the continuance of this inequitable practice impossible. The care of the indigent is the duty, not of pay patients alone, but of all the people. Without State subsidy for the indigent, it is impossible to maintain good care for the low-wage group at a lowered cost. With State subsidy for the indigent, supervised and directed by the medical profession itself instead of politicians, it is possible not only to render efficient service to the low-wage group, but to preserve for the indigent the personal and sympathetic care of physicians of their own free choice.

This plan of medical relief is not an untried theory, but an economical plan that was proved workable in New Jersey by the original Emergency Relief Administration during the years of 1934 and 1935. Under this plan, the poor applied to the local relief office where orders were issued for food, fuel, rent, and medical care. A list of local doctors was posted. From this list the poor made their own free choice. The list was kept free from irregular, incompetent, and mercenary doctors by the State and county medical societies which were put, as it were, on their honor. The list included, not doctors who basked in the sunshine of political preferment, but all doctors who were willing to keep adequate records, and to serve at reduced fees. And they were remunerated by relief funds at the rate of one dollar for each office visit, and two dollars for each house call.

EXPERIENCE WITH THE SOCIAL SECURITY ACT

The first step in the proposed government reform of the practice of medicine is to *expand public health services* in maternal and child health, tuberculosis, venereal diseases, malaria, pneumonia, cancer, and mental and industrial hygiene. If Congress appropriates the money, there will be no difficulty in expanding public health services. However, mere expansion of public health is not the goal. The goal is to lessen maternal mortality; to improve child health; to decrease the incidence and ravages of tuberculosis, venereal disease, malaria, pneumonia, and cancer; and to improve mental and industrial hygiene. Experience in New Jersey has proved that the goal can be reached without the expenditure of huge sums in expanding public health. As an illustration, let us consider maternal welfare.

When the Social Security Act became a law, the Federal government wanted to send full-time field physicians in maternal welfare into New Jersey, but reluctantly, with its tongue in its cheek, turned over the Social Security funds to the State Department of Health. Instead of importing full-time field physicians, each county medical society was permitted to recommend, the State medical so-

ciety was permitted to approve, and the State Health Department finally selected, one field physician from each of the twenty-one counties. The total bill of all these part-time field physicians last year was less than thirteen thousand dollars! Our own field physicians have the confidence of the doctors and the laity at home. The field physicians visited every physician in the State who is doing maternity work. They promoted post-graduate study, distributed literature, and checked up personally on every maternal death. The Social Security funds also paid for consultations in maternity cases at the rate of five dollars each, and ten dollars for operative delivery. In addition, these funds remunerated trained nurses five dollars for assistance during delivery. These monies were expended only on members of the low-wage or indigent group upon the recommendation of the attending physician.

What has been the result? Three years ago the maternal death rate in New Jersey was more than five per thousand. It dropped each year, so that now it has reached the remarkable figure of 3.2,—one of the lowest maternal mortality rates in the United States, indeed, in the whole world. This could never have been accomplished by any Public Health Service alone. It needed the wholehearted coöperation of the doctors, nurses, and welfare agencies as well. It would have been possible for the long arm of the Federal government to have reached into New Jersey and with the expenditure of huge sums of money, and built a large and expensive maternal welfare department of public health. But, no matter how much money is squandered, without the cheerful and willing coöperation of the doctors and nurses themselves, such remarkable results would never have been secured.

The same principle applies to child health, tuberculosis, venereal disease, malaria, pneumonia, cancer, and mental and industrial hygiene. The Medical Society of New Jersey and the Public Health Department have, or are setting up, the same sort of machinery to combat every one of the diseases, except one, for which the Federal government would ask public health expansion. That exception is malaria, and malaria is not much of a problem in New Jersey.

Let us keep our heads in the clouds, and our feet on the ground.

OBJECTIVES OF THE COMMITTEE ON PNEUMONIA CONTROL

By Robert A. Kilduffe, M.D., Chairman, Atlantic City

With the coming of Fall the program for the control of pneumonia in New Jersey will get under way.

It is readily apparent that the ultimate success of a project of this importance and magnitude depends upon sustained and coördinated effort. It is the purpose of the Pneumonia Committee, therefore, to plan not merely for the present, but for the future; and in such wise that those who will take over the program at the close of the administration will find, at least, a groundwork upon which the plans for the future may profitably be constructed.

So far, approximately sixty typing stations have been approved by the Director of Health of the State of New Jersey, and twenty-five distributing stations have been supplied with serum. Of their location and the provisions under which serum distribution will be made, the profession has been advised (Jour., Aug., p. 513). This, however, represents only a beginning. For the program to be in every way successful, much more must be done; and for it to be well done, the full coöperation of physicians at large is urgent and essential.

QUESTIONS TO BE ANSWERED

The serum treatment of pneumonia is still, to some extent, in a more or less experimental stage. Among the questions yet to be answered are these:

The difference, if any, in the type distribution of the disease.

The relative value of horse versus rabbit serum.

The predominant types for which serum should be available.

The character, incidence and degree of reactions; and the methods whereby they may be minimized or avoided.

The preferable methods of serum administration.

What constitutes adequate dosage.

The actual influence of serum treatment on the disease.

These questions, and others as well which may evolve when the program begins, cannot be answered off-hand nor without careful and correlated study; and indeed, in its first year, the program may well be one of fact-finding and of education.

The public must be educated not to expect too much, and not to consider pneumonia as a disease now conquered and under complete control. Above all, they must not be misinformed, and led to over-optimism.

EDUCATING PHYSICIANS

The profession must educate itself how to use the available facilities in the most profitable and informative way.

To this end the Pneumonia Committee feels it obligatory and essential to have an educational campaign as a part of its work,—a campaign to educate the public, and a campaign to inform the profession. The purpose of the latter will be, not to teach the doctor how to treat pneumonia, but rather,—by means of discussions before county societies and before hospital staff meetings and, perhaps, by printed matter,—to make known the varied purposes of the campaign, the ways and means by which they may be accomplished, and the facilities available for serum treatment, together with such information as has accrued from the practical experience of others in this field.

In the beginning we must feel our way, as it were, with definite, clear-cut objectives in view. That there will be difficulties, perhaps even some disappointments, is only to be expected. But the more concerted the effort, and the more generous the coöperation, the fewer the difficulties and disappointments will become. To bespeak this coöperation and to urge its consistent continuance for the committees to come, is the earnest plea of the Pneumonia Committee for 1938.

OBJECTIVES OF THE COMMITTEE ON SCIENTIFIC EXHIBITS

By Asher Yaguda, M.D., Chairman, Newark, N .J.

The Committee on Scientific Exhibits, having profited by the experience of the last few years, will attempt to top all previous records this year both in the quality of the exhibits, and in the variety of subjects covered.

While no definite action has yet been taken, it will be the aim of the committee this year, as in the previous years, to put on one or two groups of exhibits covering definite subjects. One of the subjects in mind for this year is

Diseases of the Blood and Blood-forming Organs. Your chairman will attend medical meetings where scientific exhibits are showing, and will attempt to select the best of the exhibits at these meetings for display at Atlantic City for next year. The exhibit of the American Medical Association at San Francisco was visited last year and that of the Post-Graduate Fortnight at the New York Academy of Medicine will be studied in October.

As in previous years, the committee intends to put on for the doctors attending the Annual Meeting a fresh pathology exhibit, and a motion picture theatre for scientific films.

Application blanks for space exhibit facilities will be in the mail within a short time after the announcement of the date of the Annual Meeting. The committee earnestly requests all members of the State Medical Society who wish to apply for space for an exhibit to file their applications before the closing date which will be announced in the applications. Much confusion has been caused in the past by last-minute rearrangements to accommodate New Jersey applicants who have sent their applications in after the closing date.

Awards will be made as in previous years. Three of the awards will be for exhibits of the results of *original research*. This class of awards will be open to all exhibitors.

Three additional awards will be made for meritorious excellence in the *presentation* of material. These awards will be open only to New Jersey exhibitors.

OBJECTIVES OF THE COMMITTEE ON CONTRACT PRACTICE

By Reuben L. Sharp, M.D., Chairman, Camden, N. J.

In planning the work of the Committee on Contract Practice for this current year, the committee has accepted as fundamentally true the following propositions:

First: That certain forms of contract practice are essentially a part of our present economic system.

Second: That this practice, per se, is not unethical.

Third: That it should be our task to regulate and make this practice conform to our ethics, rather than to ignore its existence.

This year we would like to accomplish a general survey of the field of contract practice (in conjunction with the A. M. A. survey), and more particularly this year as it relates to industrial work. We would also like to formulate some broad, general plan to govern such contracts, which may be modified to meet the needs of each component County Society.

To attain this we must have the coöperation of the County Society committees. Each member of the State Advisory Committee on Contract Practice has been assigned one county or more, in which he will contact the members of the corresponding committee of the component society, and together with them will gather such data as is available and any recommendation which will be developed.

We will endeavor not to interfere with the A. M. A. survey, nor to add to its burdens; but rather, as our President has suggested, to glean from this survey such material as will enable us to formulate our plans for the State.

We request particularly that the Contract Practice Committee of each County Society, with the help of the members of the State Advisory Committee, give attention to form 8 of the A. M. A. survey (that relating to plant arrangements for employees, arrangements for the general public, and those for special groups).

We request also the help of all members of the Society in discovering and recording the information available.

THE PROGRAM OF THE COMMITTEE ON HOSPITAL RELATIONSHIPS

An adequate approach to the most pressing problem in hospital relationships—closer contact with and education of hospital trustees—is the major objective of our committee for this year. Likewise, it is one of the principal objectives of the New Jersey State Hospital Association, and we have their full coöperation in carrying this out.

This committee will urge every county society and every hospital staff in the state to make an effort during the coming year to establish closer and more harmonious relations

with their managing board. The most effective means of accomplishing this end is through meetings. It is not our purpose to dictate what kind of meetings shall be held or what subjects shall be discussed, but we offer these suggestions as to possible meetings:

1. Group meetings of several counties to include members of hospital boards, superintendents and medical boards.

2. County-wide meeting of the hospital groups in one county to include the board members, superintendents and selected groups of doctors from each hospital. Dinner meetings may be advisable. It does not seem wise to pack the meetings with too large a proportion of doctors.

3. Hospital meetings. Why not invite the board of governors to one of the regular monthly staff meetings or perhaps a special staff meeting.

These suggestions as to meetings will open the way for fruitful discussions. We desire that in every county and in every hospital there shall be at least two meetings during the year for the hospital governors and the physicians. Your committee suggests the following list of topics that are worthy of discussion at these meetings (other topics of local interest can easily be substituted):

1. Report of the hospital survey of New Jersey made by the State Medical Society.
2. Hospital insurance—its current problems.
3. Control of surgery in hospital practice.
4. The problem of the clinic.
   a. The general purpose of the clinic.
   b. Financial investigation in the clinic.
   c. A control of the growing clinic burden.
5. Medical-Dental Service Bureau and its use to the hospital and doctor.
6. New types of therapy, such as pneumonia serum.

Your committee will try to provide speakers on any of these subjects when requested.

Your committee has under consideration a number of minor topics upon which it is working, and will report from time to time. Our first consideration and effort will be devoted to a free discussion of the current problems that affect us as well as the hospitals.

SPENCER T. SNEDECOR, M.D., *Chairman*,
Committee on Hospital Relationships.

TRAINING CONFERENCE FOR COUNTY SOCIETY OFFICERS

The following program has been announced for the Training Conference for officers of the County Societies:

DATE—Sunday afternoon, September 11th, 1938.
PLACE—Stacy-Trent Hotel, Trenton, N. J.

A. Luncheon: Guests of The Medical Society of New Jersey—12:30 Stacy-Trent. Menu: Club sandwich, ice cream and mixed cakes; milk, tea or coffee.

B. Combined conference of Presidents, Vice-Presidents, Secretaries and Reporters
   Presiding: William John Carrington
   1. The Year's Calendar—William J. Carrington (15 minutes)
   2. The Welfare Committee—Hilton Shreve Read (5 minutes)
      Legislation—Berthold Steinbach Pollak (5 minutes)
      Medical Practice—David Bacharach Allman (10 minutes)
      Public Relations—Joseph Kler (10 minutes)
      Public Health—Stanley Nichols (10 minutes)
   3. County Society Committees: What committees to appoint? How to secure efficient county committees. How to mesh with State committees.—Spencer T. Snedecor (10 minutes)
   4. County Society Membership—E. Zeh Hawkes (5 minutes)
   5. Survey of Medical Needs and Supply—LeRoy A. Wilkes (10 minutes)

C. Conference for President and Vice-President
   Presiding: William John Carrington
   1. The Art of Presiding—Thomas K. Lewis (10 minutes)
   2. Speakers: A List of Available Men—Watson B. Morris
   3. Questions and Answers.

D. Conference for County Society Secretaries, Historians, and Reporters
   Presiding: Alfred Stahl
   1. County Society Bulletin—J. Allen Yager
   2. Attendance at County Society Meeting—Large, Small
   3. Preparation of Copy for Journal of The Medical Society of New Jersey—Frank Overton
   4. Correspondence
   5. County Society Histories
   6. Questions and Answers

STATE SOCIETY ACTIVITIES

PUBLIC HEALTH COMMITTEE

A meeting of the Public Health Committee was held on Sunday, July 10th, 1938, at Long Branch, New Jersey, at 3:00 p. m. Dr. Nichols, Chairman, presided. Those present were: Drs. Nichols, Knight, Hawkes, Murphy, Morris, Carrington, Sherman, Moffat, Kilduffe, Read, Ireland, Levy, Lathrop, Blaisdell, Jaffin, Plant, Teimer, MacKenzie, Gill, Mr. MacDonald, Mr. Benson, and Dr. Wilkes, Secretary.

PUBLIC HEALTH PROGRAM OF NEW JERSEY

Dr. Nichols reviewed briefly the progress of the committee during the past seven years. He related a compliment paid New Jersey by a representative of the Children's Bureau at the meeting of the Academy of Pediatrics in Del Monte, California, in June. The representative stated that New Jersey is a state that is unique in meeting the needs of public health; and except for minor improvements, Washington is very well satisfied with the work being done in this state.

OBJECTIVES

In a discussion of the objectives for this year, Dr. Nichols stated that experience has shown that:

1. Regardless of what happens nationally, preventive medicine must be a part of the practice of each physician.

2. The physician in meeting these public health needs, particularly those of the low-wage group, must act as a county society member, and serve this group with joint action, preferably through the county society.

3. The field of health supervision is a vast field to be developed, and must receive great concentration for the future.

VENEREAL DISEASE CLINICS

Dr. Carrington presented a letter from the Secretary of the Morris County Medical Society regarding venereal disease clinics in the county. Mr. MacDonald presented the facts of the case as known by the State Department of Health. Dr. Blaisdell related his experience on the matter. It was decided that a study be made of the needs of the county.

STUDY OF CARDIO-VASCULAR DISEASES

Dr. Teimer stated that the Essex County Medical Society has appointed a committee to study cardio-vascular diseases, diabetes, etc. In the beginning it will be more of a fact-finding committee to get the mortality and morbidity results. It will work along the lines of the Maternal Welfare Committee.

CHILD HEALTH COMMITTEE

Dr. Nichols reported briefly on the program of the Child Health Committee. Blanks have been prepared for the school-age child, and it is the hope of the committee that, as this is studied and developed, the State Department of Public Instructions will request parents to have children given annual examinations.

CRIPPLED CHILDREN COMMITTEE

The Chairman, Dr. Moffat, reported that Commissioner Buch, with whom this committee works in an advisory capacity, was asked by the Federal authorities to provide a consulting orthopedic surgeon and medical director. This position has nothing to do with surgical technic and is purely administrative. Dr. Moffat has been appointed to this position. The committee will get in touch with the hospitals to see if they will coöperate in post-graduate education, and allow the general practitioner to attend clinics.

Dr. Nichols stated that the payment of doctors for work done on the indigent crippled children through funds furnished by the commission is an economic problem, and should be discussed by Dr. Moffat and his committee with Dr. Allman's Committee on Medical Practice.

TRAFFIC ACCIDENTS COMMITTEE

Dr. Sherman reported for his Committee on Traffic Accidents. Commissioner Magee of the Motor Vehicle Department has requested the help of the State Medical Society on the problem of drunken drivers. He would like to have the committee help him to formulate some standard procedure in blank form embodying a questionnaire to be answered by the examining physician. Dr. Sherman referred to the

proceedings of the past A. M. A. convention in which the Iowa State Society requested the aid of the A. M. A. in this problem. He stated that Governor Moore has also appointed a Committee on Traffic Accidents and one special committee on medical research of which Dr. Sherman has been appointed Chairman with the request that he appoint his own committee members. Dr. Sherman has appointed his own medical society committee. The Executive Offices have been gathering material from all parts of the United States and England on tests for drunken drivers which will be reviewed by the committee, and a report submitted to the Welfare Committee. (See article on page 537.)

TUBERCULOSIS COMMITTEE

Dr. Jaffin, reporting for the Committee on Tuberculosis, suggested that each county society advocate the extension of the case-finding method, and suggested that the Adult Health Supervision Committee advocate x-ray routinely in all periodic health examinations:

a. As a part of private periodic health examinations.

b. By urging x-ray surveys on all adult groups, especially as encountered in the various industries, custodial institutions, police and fire departments, school personnel, transportation employees, food handlers, waiters, domestics, W. P. A. workers, recipients of public relief, and all groups in the lower economic levels. These x-rays should be provided at nominal cost, or free.

MATERNAL WELFARE COMMITTEE

Dr. MacKenzie reported for the Maternal Welfare Committee in the absence of Dr. Bingham, stating that the committee would follow its procedure of last year of investigating maternal deaths. The investigations provide data that are extremely interesting, and show the need for post-graduate education.

FIELD PHYSICIANS

Dr. Nichols announced that the terms of five field physicians had ended, and the county societies would be notified so that new recommendations could be made to the State Board of Health for appointment.

MENTAL HYGIENE COMMITTEE

Dr. Plant reported for the Committee on Mental Hygiene. He stated that the problem is one of education. The committee will ask the State Society to consider putting mental hygiene on the state program at the annual meeting.

PNEUMONIA CONTROL COMMITTEE

Dr. Kilduffe reported for the Committee on Pneumonia Control. He stated that since serum treatment of pneumonia is still in the experimental stage, the function of his committee will be the correlation of appropriate records to attempt to find out whether there is any differences in type distribution and the results obtained by serum therapy. The necessity of education of the profession in the manipulation of this method is realized. It is the feeling of the committee that a great deal of care should be taken in the matter of educating the public, because we do not want to create a situation which might lead to not informing the public but misinforming the public. A great deal of finesse must be used in the educational field because we are treading on delicate ground. We could contact the hospital staffs and explain to them what facilities are available, and how they may be secured; and in the course of discussion bring out the points of value of the program. There are still a number of cases handled by the physician in the home, and these could be considered through the county society.

Mr. MacDonald stated that the State Department of Health is distributing pneumonia serum, and the method of distribution is comparable with that of vaccine and toxoid. There are twenty-five distributing points and there are sixty or more typing laboratories. Mimeographed lists of both will be sent to physicians during July. (Jour., Aug., p. 513.)

In coöperation with the U. S. P. H. S., the State Department is anxious to pick out three or four cities to find out more accurately the numerous types of pneumonia present. The manufacturers of serum are unanswered as to the type of serum to prepare for any given district. A technician especially trained will be at the state laboratory in Trenton beginning August first. The messenger service will be used with coöperation with as many laboratories as can be reached, whereby laboratories will save specimens for typing at the central laboratory which will be types of one technician. We hope in that way to find out through one technician the prevailing types of pneumonia in New Jersey and also in which parts of the state certain types prevail; and also, to check the accuracy of typing in laboratories now doing work; and also get some information as to length of time which specimens can be kept and still get accurate typing done.

LeRoy A. Wilkes, M.D.,
Secretary.

THE REBOUND OF PROSECUTING THE A. M. A. AS A TRUST

The Pittsburgh Post-Gazette of August 3, 1938, has released the reprint of an article by its Washington correspondent, David Lawrence, in which the logical effects of the government's threatened prosecution of the A. M. A. as a "Trust" are discussed as follows:

Union labor has just been dealt the severest blow yet administered to it by the so-called "liberal" administration of President Roosevelt. Every argument advanced by the Department of Justice in its proposed criminal prosecution of the American Medical Society members can be applied with equal logic to the American Federation of Labor and the CIO.

Should the courts, in other words, uphold the legal action just begun against the doctors, then the "closed shop" contract can be forced out of existence even when undertaken by the mutual consent of employers and labor unions, and any boycott hereafter or expulsion of members for failing to participate in a boycott can be eliminated.

The doctors have a society which is as much entitled to protection under the Wagner Labor Relations Act as any other association of service workers.

The National Labor Relations Board just recently in the case of maritime unions on the Pacific Coast, ruled that workers in an entire region may constitute a bargaining unit even if they work for different employers. The medical societies would seem to stand on all fours with such regional associations.

Perhaps all the American Medical Society needs to do, therefore, to checkmate the latest adventure of the Department of Justice into the realm of "anti-trust" prosecutions is to ask the courts for a restraining order on the ground that, even if the acts complained of were true, they are protected under the Wagner Labor Relations Act.

To understand how closely the present suit parallels conditions in industry or among white collar workers who perform professional services as clerks in various business enterprises and who, therefore, sell their services just the same as do doctors or lawyers, one needs only to take the Department of Justice announcement and substitute for the word "doctors" the language of present-day labor controversies. Here is how the official statement would read verbatim, new text being put in parenthesis:

"The exclusion from Washington hospitals (factories and plans and business offices) of the group health association staff doctors (employer-dominated unions of employees) has been accomplished either in combination with the various hospitals (employers) or by influence, which may or may not have amounted to coercion, upon them.

"This exclusion (of workers) has made it impossible for doctors (employees or workers) affiliated with the group health association (employer-dominated unions) to practice their profession in the hospitals (to get jobs in closed-shop plants or businesses); and it has prevented members of the association who enter the hospitals as patients from having the physicians of their own choice (members of the company union from having the employer of their choice or the employer from selecting the employees of his choice).

"In the opinion of the Department of Justice, this is a violation of the anti-trust laws because it is an attempt on the part of one group of physicians (union workers) to prevent qualified doctors (qualified clerks, union workers, etc.) from carrying on their calling, and to prevent members of the group health association (employers generally or coöperative associations like the Associated Press) from selecting physicians (workers) of their choice.

"The department interprets the law as preventing combinations which prevent others from competing for services as well as goods."

The last sentence requires no interpolation. It states flatly a theory which existed before the Wagner Act was passed and upheld by the Supreme Court of the United States. Evidently, the Wagner law actually permits combinations and "closed-shop" agreements which unequivocally bestow on organizations of workers a monopoly power.

HISTORY OF POST-GRADUATE EDUCATION IN NEW JERSEY

The post-graduate education plan of The Medical Society of New Jersey dates from June 15, 1929, when Dr. Andrew F. McBride, of Paterson, began his year of office as President. He and his associated officers discussed a plan of graduate education with the Director of the University Extension Division of Rutgers University; and finding the college receptive to the plan, he appointed the following committee to consult with the college authorities:

S. A. Cosgrove, Chairman, Jersey City
Alexander Macalister, Camden
Clarence L. Andrews, Atlantic City
Royce Paddock, Newark
H. H. Satchwell, Irvington
E. G. Waters, Jersey City
Richard D. Anderson, Burlington

The committee had several meetings with the representatives of Rutgers University, and reached agreements whereby the State Society and the University should operate post-grad-

uate extension courses in medicine for members of the Medical Society.

The committee of the State Medical Society agreed to assume financial responsibility for the enterprise, and also the responsibility for setting up the courses and selecting the teachers.

The University assumed responsibility for conducting the correspondence and the business details, the actual expenses being paid from the fees charged for the courses.

The details of the plan are published in the Journals of January, 1930, page 53, and February, page 147. It was planned to have two groups of lecturers,—one group from the northern part of the State with lecturers from the medical schools of New York City; and another group for South Jersey with lecturers from the medical schools of Philadelphia.

Two courses of eight lectures each were offered in each half of the State. One on general medicine included the subjects:

Diseases of the Blood
Pneumonia
Cardiac Diseases
Renal Diseases
Recent Advances in Therapy

A course on traumatic surgery included:

Treatment of Minor Injuries
Infected Wounds, Especially of the Hands
Common Fractures
Head Injuries
Internal Injuries
Joint and Tendon Injuries
Osteomyelitis
Burns and Asphyxiation

Each member who wished to take the work was charged a fee of thirty dollars for each course in which he enrolled.

The first report of the committee was made to the House of Delegates on June 11, 1930 (Transactions, pages 21-24). Nine courses in medicine and three in surgery had been given in nine centers in the following counties:

Atlantic	Middlesex
Cumberland	Monmouth
Essex	Passaic
Hudson	Somerset
Mercer	

There were 389 physicians enrolled for the courses.

THE 1931 COURSES

The report of the courses given in 1931 is contained in the Transactions of that year, pages 30-32. The general plan of the courses was continued except that Rutgers University donated its services. A summary of the courses is as follows:

Number of centers of instruction—14.

Atlantic City	Newark
Bridgeton	New Brunswick
Camden	Newton
Elizabeth	Paterson
Hackensack	Somerville
Jersey City	Trenton
Mt. Holly	Washington

Number of physicians enrolled at $30—350.

A questionnaire on the reaction of the physicians to the instruction was filled out by 216 of the 350 who took the course. Approval was expressed by 210, and dissatisfaction by six. Among the constructive suggestions were:

1. Courses to be "Practical".
2. Emphasize the clinical aspect of the conditions.
3. Objection to lectures which are read from manuscript.
4. Lecturer to use charts and pictures.
5. A list of subjects which the doctors wished to hear discussed included the whole wide range of medicine.

Some questions which were discussed by Dr. Cosgrove in his report were:

Why must the State Society charge more for the courses than local committees charge?

Why must Rutgers be related to the work?

Should any teachers from outside New Jersey be employed?

The report is extremely interesting and informative.

THE 1932 COURSES

The courses given in 1932 were described by Dr. Cosgrove, Chairman, to the House of Delegates on June 15, 1932 (Transactions, pages 33-37). The general plan of the previous year was continued, with the following results:

Number of physicians enrolled—820.
Courses given—25.
Centers—13.

Atlantic City	Newark
Bridgeton	Newton
Camden	Paterson
Hackensack	Somerville
Jersey City	Trenton
Mt. Holly	Washington
New Brunswick	

Teachers—77.

THE 1933 COURSES

The Transactions of 1933, page 33, contain the following statistics regarding the courses in graduate education:

Number of physicians enrolled—495.
Courses—20.
Centers—13.

Atlantic City	Newton
Bridgeton	Paterson
Camden	Perth Amboy
Elizabeth	Skillman
Hackensack	Trenton
Mt. Holly	Washington
Newark	

Teachers—53.

THE 1934 COURSES

Journal, May, page 275.
Transactions, page 15.
Dr. H. H. Satchwell, Newark, became Chairman.
Enrollment—713.
Courses—16.
Centers—11.

Atlantic City	Newark
Bridgeton	New Brunswick
Camden	Newton
Hackensack	Somerville
Jersey City	Trenton
Mt. Holly	

Teachers—40.

THE 1935 COURSES

Transactions, p. 20.
The general plan of previous years was continued, but the fee was reduced to ten dollars for each course.

SUMMARY

Enrollment—429.
Courses—10.
Centers—9.

Atlantic City	Perth Amboy
Camden	Skillman
Hackensack	Somerville
Jersey City	Trenton
Newark	

In addition, three courses were given in Newark on the Heart, Child Psychology, and General Medicine; one in Bergen County on General Medicine. These four courses were attended by 160 members.

THE 1936 COURSES

Transactions, p. 18.
Dr. Satchwell reported, "The saturation seems to have been reached in didactic lecture instruction. Rather than recess for several years it decided to continue, but to make no intensive effort to carry on a program this year." But the committee supplied sixteen lecturers to four centers that requested them,—Atlantic City, Camden, Glen Gardner, and Newark.

THE 1937 COURSES

Transactions, p. 37.
The committee gave regular courses to the counties that requested them,—Atlantic, Cape May, Camden, Gloucester, Mercer, and Somerset. Five courses were given in four centers, with an enrollment of 328 members, and with 28 physicians on the teaching staff. The cost was $472 more than the receipts.

CO-OPERATIVE LECTURES

In addition to its regular graduate courses, two series of lectures have been promoted by the State Medical Society with the coöperation of agencies which are engaged in the delivery of definite services under the Federal Security Act.

MATERNAL WELFARE LECTURES

The first series of coöperative lectures was given in April and May, 1936, on the subject of Maternal Welfare, under the leadership of Dr. A. W. Bingham, Chairman of the Advisory Committee on Maternal Welfare. The State was divided into ten districts, in each of which five meetings were held—one each week beginning April 17, 1936. Each meeting was addressed by two speakers, so that each district put on ten lectures covering the entire range of maternal subjects, including pre-natal conditions, obstetrics, and postpartum care. (Jour., April, 1936, p. 226.)

The lectures were of essential value in establishing a comprehensive system of maternal welfare, obstetrics, and child hygiene under the Federal Security Act, including consultant and nursing services at the call of the family doctor, and the development of the service of field physicians in each county.

CHILD HEALTH

The second series of lectures given with the support of Federal funds was that on subjects connected with the age of infancy. Lectures were given during the Spring of 1937, in five places as follows (Transactions, 1937, p. 40):

Somerville, five lectures
Hackensack, five lectures
Camden, two lectures
Atlantic City, two lectures

These lectures were attended by 409 physicians and ninety internes and nurses.
The series was arranged by a Committee on Preventive Pediatrics, of which Dr. Harrold Murray, of Newark, was Chairman, and whose

members represented The Medical Society of New Jersey, the State Department of Health, and the New Jersey Branch of the American Academy of Pediatrics. This committee is planning courses of instruction of family doctors covering three periods of the life of a new-born child.

The 1937 course was on the age of infancy,—the first two years of life.

The course for this Spring (1938) will be on the pre-school age. Its program will be announced in the near future.

The course for 1939 will be on the child of school age.

THE BOARD OF MEDICAL EXAMINERS

By JAMES J. MCGUIRE, M.D., Secretary, Trenton, N. J.

The following is a report of the Board's activities of the New Jersey Board of Medical Examiners in enforcing the Medical Practice Act since our last report (Journal, December, 1937, p. 749):

January 11th, 1938, Charles A. Hunt, an herbalist, of Newark, was tried before Judge MacMahon in the First District Court, Newark, and found guilty of practicing medicine without a license.

On January 18th, 1938, the Board revoked the license to practice chiropractic of Charles Baumler, of Paterson.

In January, 1938, George Heckel, a licensed chiropodist, of Newark, paid the penalty for practicing medicine without a license.

March 8th, 1938, Adolph Roth, of Weehawken, a naturopath, was tried before Judge Glavin of the First District Court of Jersey City, and found guilty of practicing medicine without a license.

On April 20th, 1938, the Board revoked the license to practice medicine and surgery of Ernest Casini, of Garfield. On the same day the Board revoked the license to practice midwifery of Julia Smith-Reenstra, of Paterson.

April 25th, 1938, Robert Gaines, a pharmacist, of Bayonne, paid the penalty for practicing medicine without a license.

April 27, 1938, Charles Schaefer, Jr., and Charles Schaefer, Sr., of Oaklyn, each paid a penalty for practicing medicine without a license.

In May, 1938, Nicholas Caprio, a druggist, of Newark, paid a penalty for practicing medicine without a license.

During May, 1938, Harry A. Kaplan, a naturopath, of Camden, paid a penalty for practicing medicine without a license. Joseph West, of Camden, who held himself out as a "Doctor of Spinal Therapeutics", paid the penalty for a second violation of the Medical Practice Act. George Lezenby, Sr., an electrotherapist, of Camden, paid the penalty for a third violation of the Medical Practice Act.

June 2nd, 1938, T. Roberts Hill, of Camden, who held himself out as a foot correctionist, was tried before Judge Varbalow of the Camden District Court, and found guilty of practicing medicine without a license.

June 7th, 1938, Morris Krichman, a pharmacist who was practicing in Maple Shade, was tried before Judge MacMahon of the First District Court of Newark, and found guilty of practicing medicine without a license. On the same day Philip Mitter, a naturopath, of Newark, pleaded guilty before Judge MacMahon of the First District Court of Newark to a charge of practicing medicine without a license.

On June 15th, 1938, the Board reinstated the license to practice medicine and surgery of Joseph F. Iuliani, M.D., of Newark.

In June, 1938, George Maza, an unlicensed chiropractor, of Newark, who was found guilty of violating the Medical Practice Act for the third time on June 29th, 1937, filed notice of appeal to the Supreme Court, abandoned the appeal, and paid his penalty.

In June, 1938, Samuel Talpins, David Samuels, and Jacob J. Kohn, pharmacists, of Newark, paid penalties for practicing medicine without a license.

In June, 1938, Abraham N. Shavelson, a pharmacist, of East Orange; Mary Bennett, of Newark, who was prescribing Liquid Life, and Joseph Messina, of Newark, who held himself out as a scalp specialist, paid penalties for practicing medicine without a license.

July 7th, 1938, John Grassi, a pharmacist, of West New York, was tried before Judge Glavin of the First District Court of Jersey City, and found guilty of practicing medicine without a license.

On August 10th, 1938, Alfred W. Reid, an unlicensed chiropractor, of Collingswood, was tried before Judge Varbalow of the Camden District Court, and found guilty of a second violation of the Medical Practice Act.

SPECIAL MEETING OF HOUSE OF DELEGATES OF THE A. M. A.

To the Members of the House of Delegates, American Medical Association:

In compliance with the official request of the members of the Board of Trustees that the House of Delegates be convened in special session, I, as Speaker, under authority of Chapter 3, Section 2, of the by-laws hereby officially call the House of Delegates of the American Medical Association to convene a special session in the City of Chicago, State of Illinois, at 10 a. m. Daylight Saving Time, on the 16th day of September, 1938.

The business to be transacted at the special session shall be limited to the consideration of the National Health Program submitted to the National Health Conference recently held in Washington, and such other matters as may be submitted to the House of Delegates by the Board of Trustees.

The House shall remain in session, resessioning from day to day, until its deliberations are concluded.

This call issued August 26, 1938.

H. H. Shoulders, M.D., *Speaker,*
House of Delegates,
American Medical Association.

THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

The Academy of Medicine of Northern New Jersey begins its twenty-eighth season with the largest membership of its existence. A preview of the programs of the various sections promises an interesting series of papers on subjects for the general practitioner and the specialist.

The October programs are as follows:

Eye, Ear, Nose, and Throat Section, Monday, October 10th

Medicine and Pediatrics, Tuesday, October 11th, on the subject "Symposium on Diabetes Mellitus"

1. Use of Protamine Zinc Insulin in Treatment—Benjamin Saslow, M.D. (thirty minutes)
2. Diabetic Peripheral Vascular Changes,—Prevention, Early Recognition and Newer Treatment Methods — Stuart Hawkes, M.D. (twenty minutes)
3. Early Signs of Retinal and Lens Changes in the Diabetic—Russell Sherman, M.D. (twenty minutes)

General discussion.

Stated meeting of the Academy, Thursday, October 20th.

Section on Surgery, Tuesday, October 25th.

All meetings are open to the general profession and to medical students.

The officers of the sections are as follows:

Eye, Ear, Nose, and Throat Section—Andrew Rados, M.D., Chairman, 31 Lincoln Park, Newark; William F. McKim, M.D., Secretary, 317 Roseville Avenue, Newark.

Medicine and Pediatrics—Manfred Kraemer, M.D., Chairman, 31 Lincoln Park, Newark; Lewis W. Brown, M.D., Secretary, 160 Roseville Avenue, Newark.

Surgery—John J. Connolly, M.D., Chairman, 180 Ballantine Parkway, Newark; William B. Huber, M.D., Secretary, 15 Salem Street, Newark.

Obstetrics and Gynecology—Gerald W. Hayes, M.D., Chairman, 86 Hawthorne Avenue, East Orange; Paul J. Kreutz, M.D., Secretary, 363 Union Avenue, Elizabeth.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

A special meeting of the *Morris County Medical Society* was held the evening of August 18 at the State Hospital at Greystone Park, with President T. S. Thomas, Jr., presiding.

The purpose of the meeting was to consider ways and means of coöperating with the State Department of Health in rendering adequate care to indigent venereal cases in the county. Dr. K. M. Scott, Chief of the Division of Venereal Disease Control of the State Board of Health, presented the viewpoint of the State Board; and Mr. H. R. H. Nicholas, District Health Officer for Morris, Sussex, and Warren Counties, with offices in Dover, gave supplementing details.

The action of the County Society was unanimous for coöperation with the State Board of Health in the establishment of these clinics.

DATES OF MEETINGS OF

County Medical Societies of New Jersey

SEPTEMBER, 1938 — JULY, 1939

SEPTEMBER, 1938

8	Burlington	15	Gloucester
8	Passaic	20	Bergen
9	Salem	21	Middlesex
14	Union		

OCTOBER, 1938

4	Camden	14	Atlantic
4	Cape May	14	Salem
4	Hudson	18	Warren (Annual Meeting)
11	Bergen		
11	Cumberland	19	Middlesex
12	Mercer	20	Gloucester (Social Session)
12	Ocean		
13	Burlington	20	Morris
13	Essex	25	Hunterdon
13	Passaic	26	Monmouth
13	Somerset		

NOVEMBER, 1938

1	Camden	10	Essex
1	Hudson	10	Passaic
8	Bergen	11	Atlantic
9	Mercer (Banquet)	11	Salem
		16	Middlesex
9	Ocean (Annual Meeting)	17	Gloucester
		17	Morris
9	Union	23	Monmouth
10	Burlington (Annual Meeting)		

DECEMBER, 1938

6	Hudson	13	Cumberland
6	Camden	14	Mercer (Annual Meeting)
8	Burlington		
8	Essex	14	Ocean
8	Passaic	15	Gloucester
8	Somerset	15	Morris
9	Atlantic	21	Middlesex (Annual Meeting)
9	Salem		
13	Bergen	28	Monmouth

JANUARY, 1939

3	Camden	12	Passaic
3	Hudson	13	Atlantic
6	Salem	17	Warren
10	Bergen	18	Middlesex
11	Mercer	19	Gloucester
11	Ocean	19	Morris
11	Union	24	Hunterdon
12	Burlington	25	Monmouth
12	Essex		

FEBRUARY, 1939

7	Camden	10	Atlantic
7	Hudson	10	Salem
8	Mercer	14	Bergen
8	Ocean	14	Cumberland
9	Burlington	15	Middlesex
9	Essex	16	Gloucester
9	Passaic	16	Morris
9	Somerset	22	Monmouth

MARCH, 1939

7	Camden	10	Atlantic
7	Hudson	10	Salem
8	Mercer	14	Bergen
8	Ocean	15	Middlesex
8	Union	16	Gloucester
9	Burlington	16	Morris
9	Essex	22	Monmouth
9	Passaic		

APRIL, 1939

4	Camden	13	Somerset
4	Cape May	14	Atlantic
4	Hudson	14	Salem (Annual Meeting)
11	Bergen		
11	Cumberland (An. Meeting)	18	Warren
		19	Middlesex
12	Mercer	20	Gloucester
12	Ocean	20	Morris
12	Union (Annual Meeting)	25	Hunterdon (Annual Meeting)
13	Burlington	26	Monmouth (Annual Meeting)
13	Essex		
13	Passaic		

MAY, 1939

2	Camden (Annual Meeting)	11	Essex (Annual Meeting)
2	Hudson (Annual Meeting)	11	Passaic (Annual Meeting)
9	Bergen (Annual Meeting)	12	Atlantic (Annual Meeting)
9	Sussex (Annual Meeting)	12	Salem (Social Meeting)
10	Mercer	17	Middlesex
10	Ocean	18	Gloucester (Annual Meeting)
10	Union		
11	Burlington	18	Morris
		24	Monmouth

JUNE, 1939

8	Somerset (Annual Meeting)	15	Morris (Annual Meeting)
13	Bergen	21	Middlesex
13	Cumberland	28	Monmouth
14	Mercer		Camden (Outing Meeting)

JULY, 1939

18	Warren (Annual Meeting)	25	Hunterdon

Cape May has two other meetings at the call of the President. Annual Meeting in November.

Sussex, besides its Annual Meeting in May, has other meetings at the call of the President.

IN MEMORIAM, DR. HENRY O. REIK

The following memorial resolution was adopted by the Board of Trustees of The Medical Society of New Jersey at its meeting on August 7, 1938:

Whereas, it has pleased Divine Providence to remove from our midst Dr. Henry O. Reik, who for ten years served The Medical Society of New Jersey in the capacity of Executive Officer and Editor of the State Medical Journal, raising the latter from a small publication to one of the outstanding State Medical Journals published in America; and,

Whereas, he greatly increased the interest of our profession in organized medicine, rejuvenated many County Medical Societies, organized the Woman's Auxiliary, stimulated interest in and attendance at our Annual Meetings; and,

Whereas, his education, culture, and charming personality had endeared him to the entire membership of The Medical Society of New Jersey; therefore,

Be it resolved, that we record the deep sense of our loss at his passing, that these resolutions be spread upon the minutes, and that a copy be forwarded to the bereaved family.

ANDREW F. MCBRIDE, M.D.
HARRY R. NORTH, M.D.
J. BENNETT MORRISON, M.D.
Resolutions Committee.

PHYSICIANS DYING IN NEW JERSEY IN JULY, 1938

Data Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Roy R. Bair	57	July 23, 1938	Newark	Newark	Septicaemia.
Joseph W. Dennin	47	July 16, 1938	Lyons	Roselle	Tuberculosis.
Harold J. Durant	41	July 15, 1938	Paterson	Paterson	Typhoid fever.
Marcus B. Halpern	64	July 9, 1938	Newark	Newark	Arterio sclerosis.
William N. Rogers	66	July 27, 1938	Lawrence Twp.	Same	General paralysis.
Joseph Sesta	43	July 21, 1938	Jersey City	Jersey City	Cerebro spinal meningitis.
Reeves B. Van Duzen	34	July 7, 1938	Orange	East Orange	Acute nephritis. Uremia.

NUMBER OF CHILDREN RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1938

County	Diphtheria Toxoid	Smallpox Vaccine	County	Diphtheria Toxoid	Smallpox Vaccine
Atlantic	4	3	Monmouth	104	48
Bergen	284	199	Morris	50	94
Burlington	4	28	Ocean	0	0
Camden	98	165	Passaic	338	182
Cape May	112	12	Salem	1	8
Cumberland	4	24	Somerset	7	8
Essex	1403	351	Sussex	0	0
Gloucester	3	5	Union	191	42
Hudson	745	23	Warren	1	23
Hunterdon	0	2			
Mercer	470	137	Totals	3830	1779
Middlesex	11	425			

CONTACTS AND COMMENTS

ASSOCIATION OF MILITARY SURGEONS

A meeting of the New Jersey Chapter of the Association of Military Surgeons of the United States will be held in the Academy of Medicine Building, 91 Lincoln Park, Newark, N. J., on Thursday, September 29, at 8:45 p.m. Lt. Col. Albert G. Hulett, East Orange, President of the Association, will preside.

The speakers will be:

1. Col. William Muly, Assistant Surgeon, First Corp Area, Governor's Island, N. Y. Subject: "Appointment, Promotion, and Assignment in the Medical Reserve Corps".

2. Major Robert A. Kilduffe, Atlantic City. Subject: "Disease and Destiny".

The meeting will discuss a contemplated plan of organizing the staffs of hospitals as hospital units of the Army, the members to be given instruction in the hospital service of the Army so that they will be qualified for commissions and active service in war or other grave emergency. All reserve officers and other medical men who are interested in the army medical service are invited to attend the meeting.

A list of 502 New Jersey medical officers who served in the World War is published in The Journal of February, 1919, page 59.

SPECIAL MEETING OF THE A. M. A.

The American Medical Association is thoroughly aroused to the necessity of taking constructive action in devising a plan for providing the necessary medical service for those of low incomes and the indigent. Turn to page 572 and read the official call for a special meeting of the House of Delegates to be held on September 16, in Chicago. The four New Jersey delegates will be present and will be prepared to support any plans that may be adopted for definite action by the medical organizations.

TRAINING SCHOOL FOR COUNTY SOCIETY OFFICERS

The county medical societies are training schools in *medical administration* in distinction from the individual practice. On Sunday, September 11, the State Society will undertake the unique experiment of conducting a training school for the officers and committee chairmen of the county societies. See the program on page 565 of this Journal.

THE FALL CLINICAL CONFERENCE

Lest anyone should suspect that the individual members are neglected in plans for medical education, the State Society has made extensive plans for a Fall Clinical Conference to be held on October 6 and 7.

The physicians of Essex County have made extensive plans for clinical teaching and demonstrations, centering in the Academy of Medicine of Northern New Jersey, whose headquarters are at 91 Lincoln Park, Newark. Read the nine-page program that is published on pages 576-584 of this Journal, and plan to participate in the conference, which will be equal to anything that is conducted by the physicians of New York City.

EDITORIALS BY STATE SOCIETY OFFICERS

Have you noticed the series of editorials that are written by the officers and committee chairmen? These articles are of intense interest and value, and from them every member will gain a new insight into the plans and activities of the State Society. Incidentally, planning the articles and expressing them in logical form will react on the officers themselves, and enable them to be more efficient in the performance of their duties.

THE WELFARE COMMITTEE

The first Fall meeting of the Welfare Committee will be held on Sunday, October second. This committee is, in fact, a meeting of representatives of all the active committees of the State Society; and its deliberations are efficient in unifying and balancing all the activities of the Society. Every county society is represented by at least one member, who is expected to interpret the proceedings to his constituents. While a full report of the meeting will appear in The Journal, the representatives' own interpretation of the proceedings will have great weight with their fellow members.

PRESERVE YOUR JOURNALS

Every issue of The Journal is the member's principal textbook in administrative medicine. Do you know what the two holes in the bound edge of The Journal are for?

Go to your stationers and buy ten cents' worth of brass fasteners,—enough to bind the issues of two or three years, so that you can refer to them and study your lessons until you are familiar with your privileges and opportunities.

FALL CLINICAL CONFERENCE

A two-day Clinical Conference will be conducted by **The Medical Society of New Jersey** on Thursday and Friday, October 6 and 7, 1938, in Essex County. All the scientific events will be held in the hospitals of the county and the Academy of Medicine, and will be free to the members.

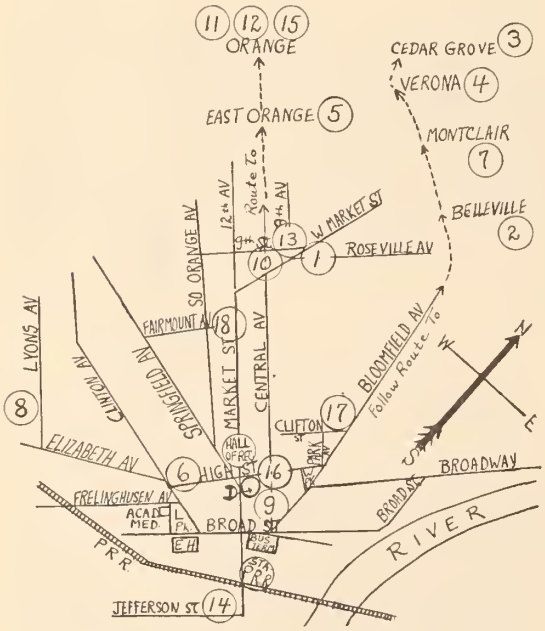
The center for **Registration** and Information will be the **Academy of Medicine**, whose building at 91 Lincoln Park, Newark, N. J., will be open for this purpose on Thursday afternoon and evening and Friday morning.

The committee will make provision for the comfort and guidance of visiting doctors, and provide them with information regarding the location of the several hospitals, the easiest routes for reaching them, and the parking rules of the city.

The programs in this Journal will be reprinted in booklet form. Mimeographed lists of operations in the hospitals, and the operators, will be made available, together with slight changes in the programs.

Scientific events will be the sole feature of the programs of the afternoon of Thursday, and all day Friday. Sessions will be held in twenty hospitals and medical centers by 179 leading members of the staffs. The demonstrations and lectures will be clinical so far as possible.

Thursday evening will be given over to an **informal social dinner**, to be held at 7 o'clock in the **Essex House**, which is just across the park from the Academy of Medicine. Price $2.50.



Key chart of the location of the meeting places, and of the landmarks of Newark

Sta. P.R.R.—Market Street Station, Pa. R. R.
Bus Term.—Bus Terminal in Public Service Building.
L. Pk.—Lincoln Park.
Acad. Med.—Academy of Medicine. Headquarters for registration and information.
E. H.—Essex House, where the informal Social Dinner will be held.
Hall of Rec.—Hall of Records.
W. Pk.—Washington Park.
D.—City Dispensary.

1. Babies' Hospital, 15 Roselle Ave., Newark.
2. Essex County Hospital for Contagious Diseases, Belleville
3. Essex County Hospital for Mental Diseases, Cedar Grove (Overbrook).
4. Essex Mountain Sanatorium (Tuberculosis), Mountain Ave., Verona.
5. Homeopathic Hospital, Central Ave., East Orange.
6. Hospital of St. Barnabas, and for Women and Children, 685 High St. (near Montgomery), Newark.
7. Mountainside Hospital (General), Montclair.
8. Newark Beth Israel Hospital, 201 Lyons Ave., Newark.
9. Newark Eye and Ear Infirmary, 77 Central Ave., near Broad St., Newark.
10. Newark Memorial Hospital, 16 Twelfth Ave.
11. New Jersey Orthopedic Hospital, 179 Lincoln Ave., Orange.
12. Orange Memorial Hospital, 188 So. Essex Ave., Orange.
13. Presbyterian Hospital, So. Ninth St. and Ninth Ave., Newark.
14. St. James' Hospital, 142 Jefferson St., Newark.
15. St. Mary's Hospital, 135 So. Center St., Orange.
16. St. Michael's Hospital, corner High St. and Central Ave., Newark.
17. Hospital and Home for Crippled Children, Park and Clifton Aves., Newark.
18. City Hospital, 116 Fairmount Ave., Newark.

A reply postcard is enclosed in this Journal. Please fill it out and mail it promptly, in order that the committees may know how many guests to expect in each feature of the Conference.

WILLIAM GAUCH, *Chairman*,
The General Committee.

HARROLD A. MURRAY, *Chairman*,
The Committee on Arrangements.

B. THE SCIENTIFIC PROGRAMS

The following scientific programs have been prepared for the Fall Clinical Conference:

The Program Committee,

Benjamin Saslow, M.D., *Chairman* Stuart Z. Hawkes, M.D., *Secretary.*

THURSDAY, OCTOBER 6, 1938

1. REGISTRATION

2 to 5:30 P. M.

The Academy of Medicine
91 Lincoln Park, Newark, N. J.

2.

CITY DISPENSARY—NEWARK DEPARTMENT OF HEALTH

William and Plane Sts.
2:00 P. M. to 4:00 P. M.

1. Contagious Diseases:
   Demonstrations of Charts and Results in Various Contagious and Infectious Diseases
   Dr. C. V. Craster and Dr. J. W. Gardam
2. Venereal Disease:
   Syphilis—
   Various Types of Syphilis
   Therapy in Early and Late Syphilis
   Drs. R. Sellers, M. Exner
   Neurological Syphilis
   Dr. J. Sobin
   Gonorrhea—
   Clinical Results in the Treatment of Gonorrhea with Sulphanilamide
   Complications of Gonorrhea with Modes of Treatment
   Dr. W. L. James

3:00 P. M. to 4:00 P. M.

3. Pulmonary Tuberculosis:
   Collapse Treatment in Bilateral Tuberculosis
   Drs. M. J. Fine and S. Orloff
   Collapse Therapy in Unilateral Tuberculosis
   Drs. I. Willner and J. V. Jaso
   Fluoroscopic Examinations before and after Collapse Treatment
   Exhibit of Occupational Fibrosis with Silicosis
   Dr. R. Pomeranz
4. Gastro-Enterological Service:
   Gastric Carcinoma—Demonstration of Cases with X-Ray Findings
   Dr. S. B. Kaplan

3. CLINICO-PATHOLOGICAL CONFERENCE

4:30 to 5:30 P. M.

By Harrison S. Martland, M.D.

Professor of Forensic Medicine, New York University; Chief Medical Examiner, Essex County; Pathologist, Newark City Hospital.

(To be held at Academy of Medicine)

FRIDAY, OCTOBER 7th, 9 A. M. to 5 P. M.

I.

BABIES' HOSPITAL

115 Roseville Ave., Newark, N. J.

9:00 A. M. to 4:00 P. M.

9:00 A. M. to 11:00 A. M.

1. Panel Discussion of Care of New-Born
   Dr. Chester Brown, Chairman
   Dr. Julius Levy, Neo-Natal Statistics
   Dr. Arthur Heyman, Resusitation
   Dr. R. Wright, Feeding
   Dr. W. Ripley, Vitamins

11:00 A. M. to 12:00 Noon

2. Hare-Lip, Cleft Palate, and other plastic work:
   Dr. E. W. Sprague
   Dr. L. A. Peer
   Dr. J. Newmann

Luncheon

2:00 P. M. to 2:30 P. M.

3. Chorea:
   Dr. H. A. Murray
   Dr. W. G. Guthrie

2:30 P. M. to 3:00 P. M.

4. Cardiac Cases:
   Dr. N. A. Antonius
   Dr. S. Parent
   Dr. C. Rosenberg

3:00 P. M. to 3:20 P. M.

5. Two Cases of Streptococcus Meningitis Treated with Sulphanilamide without Spinal Drainage and with Recovery:
   Drs. F. H. VonHofe and R. E. Jennings

3:20 P. M. to 4:00 P. M.

6. Behavior Problems of Children:
   Dr. L. Loeser

Note: 1. The program here is a symposium with representatives of various hospitals in Essex County taking part.
2. The Annual Meeting of the New Jersey Division of the American Academy of Pediatrics will be held coincidently in this hospital.

II.

ESSEX COUNTY HOSPITAL FOR CONTAGIOUS DISEASES

Belleville, N. J.

2:00 P. M. to 5:00 P. M.

1. Clinical Aspects of Tuberculosis in Children Including the Use of Some Unusual Therapeutic Measures
   Dr. I. Applebaum
2. Clinical Presentation of Cases of Scarlet Fever and Other Common Communicable Diseases
   Resident Staff

III.

ESSEX COUNTY HOSPITAL FOR MENTAL DISEASES (OVERBROOK)

Cedar Grove, N. J.

7:00 A. M. to 12:00 Noon

1. Clinical Demonstration and Treatment of Dementia Praecox by Shock Therapy. Presentation of Treated Cases
   Drs. H. G. Smith and J. C. Sutton
2. Lecture on Treatment of Neuro-Syphilis with Presentation of Interesting Cases
   Dr. C. Englander

Luncheon

IV.

ESSEX MOUNTAIN SANATORIUM (TB.)

Mountain Ave., Verona, N. J.

9:00 A. M. to 12 Noon

1. Surgical Clinic consisting of:
   a, Thoracoplasty; b, Extrapleural Pneumothorax; c, Pneumonolysis; d, Pneumothorax.
   Drs. R. H. Dieffenbach and A. D. Crecca
2. Indications for and Results of the Various Forms of Collapse Therapy in Pulmonary Tuberculosis. Lantern Slide Illustration.
   Dr. B. M Harmon

Luncheon

V.

HOMEOPATHIC HOSPITAL

Central Ave., East Orange, N. J.

2:00 P. M. to 5:00 P. M.

2:00 P. M. to 2:45 P. M.

1. Diagnostic Methods and Treatment of Peripheral-Vascular Disease. Demonstration of All Apparatus Used in the Diagnosis and Treatment of Peripheral-Vascular Disease.
   Dr. F. C. Dinge

2:45 P. M. to 3:30 P. M.

2. Review of 30 Cases of Partial Gastrectomy with Follow-up of These Cases of from Two to Ten Years. Lantern Slide Illustration.
   Dr. E. H. Willan

3:30 P. M. to 4:15 P. M.

3. X-Ray Treatment of Sinusitis with Special Reference to the Treatment of Children. A Review of Cases with Complete X-Ray Data as Shown by Slides and X-Ray Plates.
   Dr. W. J. Marquis

4:15 P. M. to 5:00 P. M.

4. Mechanisms of Bodily Defense Against Infection with Special Reference to Immune Reaction. Illustrated.
   Dr. E. Fendrick

VI.

HOSPITAL OF ST. BARNABAS AND FOR WOMEN AND CHILDREN

685 High St. (near Montgomery), Newark, N. J.

9:00 A. M. to 5:00 P. M.

9:00 A. M. to 9:30 A. M.

1. Presentation of Cases of Coronary Disease
   Clinic
   Dr. F. A. Alling

9:00 A. M. to 10:00 A. M

2. Demonstration of Peritoneoscopy
   Operating Room
   Dr. C. A. Beling

9:00 A. M. to 10:00 A. M.

3. Presentation of Cases of Hypertension Treated by Surgical Measures
   Clinic
   Drs. J. R. Irwin, J. L. Buckley, C. L. Yates, J. D'Angelo

9:00 A. M. to 10:00 A. M.

4. Tonsillectomy by Inversion and Snare
   Operating Room
   Dr. E. P. Cardwell

9:00 A. M. to 11:00 A. M.

5. Rehabilitation Treatment with Demonstration of Various Methods for Preventing and Correcting Deformities
   Clinic and Ward
   Drs. J. E. Toye, D. E. Kavanaugh

9:00 A. M. to 11:00 A. M.

6. Presentation of Various Types of Arthritis with Discussion of Diagnosis and Treatment
   Clinics and Wards
   Drs. J. W. Gray, W. G. Bernhard

9:00 A. M. to 11:00 A. M.

7. Demonstration of Pneumococcus Typing, Donor Typing, Rapid Tests for Syphilis, Blood Dyscrasias, and Laboratory Findings in Three Cases of Erythroblastosis, Gross Pathology and Tumor Specimens
   Laboratory
   Drs. J. W. Gray, W. G. Bernhard, E. W. Byrnes, C. H. Gowen

9:00 A. M. to 11:00 A. M.

8. Demonstration of Physical Therapy Measures, Including Hubbard-Currence Tank
   Physical Therapy Department
   Drs. J. H. Samuel, E. W. Byrnes

9:00 A. M. to 11:00 A. M.

9. Interesting Roentgenograms of Thorax and Gastro-Intestinal Tract
   X-Ray Department
   Drs. C. F. Baker, W. J. Marquis

10:00 A. M. to 11:00 A. M.

10. Diagnosis and Treatment of Dermatophytosis. Other Common Skin Diseases
Clinic
Drs. F. J. McCauley, E. Brodkin, J. E. Kiley, F. S. Forte

10:00 A. M. to 11:00 A. M.

11. Presentation of Cases of Perforated Gastric and Duodenal Ulcer
Clinic
Dr. E. W. Ill

10:00 A. M. to 12:00 Noon

12. Surgical Cases
Operating Room
Drs. H. A. Schulte, W. F. Grant, M. J. O'Grady

11:00 A. M. to 12:00 Noon

13. Presentation of Cases of Carcinoma of the Cervix Treated with Radium
Clinic
Drs. E. A. Ill, O. G. Matheke

11:00 A. M. to 12:30 P. M.

14. Urological Operations
Operating Room
Drs. H. M. Ill, J. S. Kessell

2:00 P. M. to 5:00 P. M.

15. Demonstration of Exhibits on:
1. Arthritis
Departments of Arthritis, Orthopedics, and Physical Therapy
2. Bone Tumors
Department of Pathology

1:00 P. M. to 2:00 P. M.

Luncheon

2:00 P. M. to 3:00 P. M.

16. Presentation of Neurological Cases
Clinic
Dr. A. Dowd

2:00 P. M. to 2:20 P. M.

17. Differential Diagnosis in a Case of Aleukemic Leukemia
Staff Room
Dr. E. W. Smalzried

2:20 P. M. to 2:40 P. M.

18. Blood Chemistry in Mothers and Infants at Term with Special Reference to Diabetes
Staff Room
Dr. C. H. Ill

2:40 P. M. to 3:00 P. M.

19. Water Balance
Staff Room
Dr. T. C. Hooton

3:00 P. M. to 3:20 P. M.

20. Discussion of a Case of Pancreatic Cyst
Staff Room
Dr. C. MacArthur

3:20 P. M. to 3:40 P. M.

21. Diseases of Female Urethra and Trigone
Staff Room
Dr. H. M. Ill

3:40 P. M. to 4:10 P. M.

22. Rhinophyma—Lantern Slides
Staff Room
Dr. E. P. Cardwell

4:00 P. M. to 5:00 P. M.

23. Treatment and Results in a Series of Cases of Hay Fever
Clinic
Dr. C. Minier

VII.

MOUNTAINSIDE HOSPITAL

Montclair, N. J.

10:00 A. M. to 4:00 P. M.

10:00 A. M.—Introductory Remarks—J. C. Mabey, M.D., Chief of Staff
10:05 A. M.—Demonstration of the Unit Record System—M. Pleis, Historian
10:15 A. M.—Hay Fever, Newer Method of Diagnosis and Treatment—Dr. C. Weston
10:30 A. M.—Sterility Problems—Dr. R. Jones
10:45 A. M.—Pelvimetry—Drs. W. K. Pudney and W. Mount
11:00 A. M.—Radium Therapy—Dr. F. Scudder
11:15 A. M.—Tumors of Interest to the General Practitioner—Dr. M. J. Fein
11:30 A. M.—Hyper-thyroidism — Viewpoint of the Internist—J. S. Lincoln, M.D.
Viewpoint of the Surgeon—V. B. Seidler, M.D.
11:45 A. M.—Gastric Symptoms, Their Interpretation—Dr. F. B. Carman
12:00 Noon — Indications for Tonsillectomy — Dr. J. B. Shannon
12:15 P. M.—Pain in Heart Disease—Dr. H. M. Ewing
12:30 P. M.—The Management of the Diabetic—Dr. J. C. Mabey
12:45 P. M.—Diseases of the Eye of Interest to the General Practitioner—Dr. A. H. Richardson
1:15 P. M.—Luncheon
Ward Rounds:
Medical, Surgical, Pediatric, Orthopedic, Eye Ear, Nose, and Throat; Dermatology, Anesthesia
2:30 P. M.—Advances in the Diagnosis and Treatment in Pediatric Urology—M. F. Campbell
3:00 P. M.—The Treatment of Fractures of the Hip—T. Nicola, M.D.
3:30 P. M.—The Approved Hospital and Its Obligations—W. H. Areson, M.D.

VIII.

NEWARK BETH ISRAEL HOSPITAL

201 Lyons Ave., Newark, N. J.

9:00 A. M. to 5:00 P. M.

9:00 A. M. to 10:00 A. M.

1. Department of Ophthalmology: Dr. A. Rados and Staff
Demonstration of Operated Cases of: Cataract, Glaucoma, Strabismus.
2. Department of Medicine: Drs. H. Bush, E. Yadkowsky and H. Goldberg
Medical Ward Rounds and Demonstrations of Interesting Cases
3. Department of Proctology: Dr. A. L. Reich
A. Intra-peritoneal Perforation of Rectum with Complete Recovery
B. Electric Snare Treatment of Obstructing, Bleeding, Malignant Rectal Neoplasm in the Infirm and Aged

10:00 A. M. to 11:00 A. M.

4. Department of Otology: Drs. H. Barkhorn and I. Rettig
   Head Sepsis—Presentation of Cases
5. Department of Bronchoscopy and Thoracic Surgery: Drs. N. Zvaifler and H. Brodkin
   A. Mediastinal Abscess
   B. Two Cases of Ruptured Putrid Lung Abscess
   C. Dilatation of Esophageal Strictures by Bougie Along Swallowed String
   D. Secondary Suppurative Broncho-Pneumonia Due to Malignancy of Bronchus, Relieved by Bronchoscopy
   E. Two Cases of Thoracoplasty for Tuberculous Empyema
6. Department of Urology: Dr. S. Keller
   A. Operative Clinic
   B. Demonstration and Discussion of Cases Presenting Problems in Diagnosis and Therapy

10:00 A. M. to 12:00 P. M.

7. Department of General Surgery: Operative Clinics with Reports of Interesting Cases
   A. Surgery of the Biliary Tract: "Cholecystectomy", "Common Duct Obstruction"—Report of Cases: Pancreatic Cysts—Retro-Gastric Abscess—Regional Ileitis
      Drs. M. Danzis, E. V. Parsonnet and H. Reich
   B. Stomach Surgery: Report of Cases—"Mesenteric Cysts", "Lateral Pharyngeal Cysts"
      Dr. C. M. Robbins
   C. Surgical Operations: Report of Cases—"Retro-peritoneal Malignant Tumor", "Adrenalectomy for Adenocarcinoma"
      Dr. B. H. Greenfield
   D. Presentation of Some of the Latest Methods of Treatment of Fractures with Report of Some Unusual Cases
      Demonstration of Skeletal Traction
      Dr. H. Comando
   E. Polyposis of Colon and Complete Colectomy
      Dr. A. B. Abrams
   F. Interesting Surgical Problems
      Dr. M. Singer

12:00 Noon to 1:00 P. M.

8. Department of Orthopedics: Dr. L. Szerlip
   A. Scalenus Anticus Syndrome. Demonstration and Presentation of Cases Relieved by Surgery (Scalenectomy)
   B. Demonstration of Watson-Jones Operation for Athrodeses of the Hip—Two Cases
      Dr. H. H. Kessler
9. Department of Neurology and Neurological Surgery: Drs. C. Englander, L. Loeser and W. Ehrlich
   A. Diagnosis and Localization of Spinal Cord Tumors by Intra-spinal Lipiodal Injections. Demonstration of Cases with X-Ray Findings.
   B. Para-vertebral Alcohol Injection for the Relief of Pain in Angina Pectoris
   C. Diagnosis and Treatment of Brain Tumors. Presentation of Cases.
10. Department of Electrocardiography: Drs. A. E. Parsonnet, S. Parent and J. Kaufman
   A. Demonstration of Latest Developments in Electrocardiography
   B. Discussion of Interesting Electrocardiograms
11. Department of Plastic Surgery: Dr. J. Newman
   Presentation of Cases

1:00 P. M. to 2:00 P. M.

Luncheon

2:00 P. M. to 3:00 P. M.

12. Department of Obstetrics:
   A. Adrenal Cortex and Vitamin B in the Treatment of Vomiting of Pregnancy
      Dr. H. Nash
   B. Combined Uterine and Tubal Pregnancy. Hysterectomy for Post-Partum Hemorrhage Following 4½ Months' Miscarriage
      Dr. D. Gershenfeld
   C. Placenta Praevia
      Dr. N. G. Price
   D. Spermatogenesis
      Dr. H. B. Kessler

3:00 P. M. to 3:45 P. M.

13. Department of Gynecology:
   A. Formation of Artificial Vagina Without Operation—Lantern Slides
      Dr. J. Huberman
   B. Uterine Bleeding
      Dr. E. Steiner and Staff
   C. Tubal Implantation. Report of Case
      Dr. W. Brams

3:45 P. M. to 5:00 P. M.

14. Department of Clinical Laboratories
   A. Recent Advances in Endocrinology
      Dr. R. Finkler
   B. Recent Advances in Blood Groups in Relation to Blood Transfusions
      Dr. P. Levine
   C. The Value of Sternal Puncture in Hematologic Diagnosis
      Dr. L. Goldman
   D. Functional Disturbances in Duodenal Ulcers
      Dr. N. J. Furst
   E. Glycogenesis
      Dr. W. Antopol
   F. Histological Distribution of Vitamin C
      Dr. D. Glick
   G. Treatment of Sarcoma of Soft Tissues
      Dr. L. Levinson

4:00 P. M. to 5:00 P. M.

15. Department of Phthisiology: Dr. M. J. Fine
   A. Chronic Pulmonary Disease. Demonstration of Patients
   B. X-Ray Plates, Slides and Discussion
16. Department of Dermatology: Dr. N. B. Heller
   A. Skin Clinic. Presentation of Interesting Cases for Discussion

IX.

NEWARK EYE AND EAR INFIRMARY

77 Central Ave. (near Broad St.), Newark, N. J.

9:00 A. M. to 12:00 Noon

9:00 A. M.

1. Eye: Eye Muscle Operation—Service of Dr. E. A. Curtis

9:00 A. M.

2. Plastic: Operation—Service of Dr. L. A. Peer

9:30 A. M.

3. Sinus: Radical Sinus Operation—Service of Dr. F. J. Wert

10:00 A. M.

4. Ear: Radical Mastoid Operation—Service of Dr. H. S. Baldwin

11:00 A. M.

5. Head: Demonstration on Cadaver of "Unlocking Approach for Petrous Apex Meningitis"—Service of Dr. W. P. Eagleton

11:00 A. M.

6. Moving Pictures in Color of Radical Mastoid Operation—Service of Dr. R. D. Swain, by Dr. E. P. Cardwell

9:00 A. M. to 12:00 Noon

7. X-Ray Pictures of Petrositis—Surgical Staff Luncheon

X.

NEWARK MEMORIAL HOSPITAL
16 Twelfth Ave., Newark, N. J.

9:30 A. M. to 12:00 Noon

9:30 A. M. to 10:15 A. M.

1. Treatment of Medical Complications of Urological Surgery Based upon the Pathological and Biochemical Processes Involved
   Drs. J. I. Echikson and H. Nussbaum

10:15 A. M. to 11:00 A. M.

2. Ligation of the Saphenous Vein
   Drs. W. D. Crecca and G. Cetrullo

11:00 A. M. to 11:30 A. M.

3. Low Cervical Caesarian Section
   Dr. R. A. Cacciarelli

11:30 A. M. to 12:00 Noon

4. Practical Aspects of Electrocardiography with Special Emphasis on the Interpretive Value of Precordial Leads
   Dr. E. Albano

Luncheon

XI.

THE NEW JERSEY ORTHOPEDIC HOSPITAL
179 Lincoln Ave., Orange, N. J.

9:00 A. M. to 12:00 Noon

1. Ward Rounds
   Dr. A. DePalma
2. Brief Symposium on Low Back Pain Supplemented by a Presentation of X-Ray Plates and Presentation of Patients
   Dr. H. G. Smith
3. Discussion of Conservative and Surgical Treatment of Lower Back Pain Followed by an Operative Schedule
   Dr. H. Briggs

Luncheon

XII.

ORANGE MEMORIAL HOSPITAL
188 South Essex Ave., Orange, N. J.

9:00 A. M. to 12:00 Noon

9:00 A. M. to 9:20 A. M.

1. Practical Solution of Problems of Diet and Insulin in Diabetes
   Dr. A. A. Plante

9:20 A. M. to 9:40 A. M.

2. Value of Cystographic Diagnosis of Placenta Praevia
   Drs. R. R. Potter and W. H. Seward

9:40 A. M. to 10:00 A. M.

3. Treatment of Trichomonas Vaginalis Vaginitis. Moving Picture
   Dr. R. A. Pattyson

10:00 A. M. to 10:30 A. M.

4. Advantages and Dangers Relative to the Use of Cyclopropane in Anesthesia
   Dr. M. G. Kilborn

10:20 A. M. to 10:40 A. M.

5. Acetabuloplasty
   Drs. G. H. Taylor and H. Briggs

10:40 A. M. to 11:00 A. M.

6. Indications for Transurethral Resection. Dangers from Poor Selection of Cases.
   Dr. E. B. Stokes

11:00 A. M. to 11:15 A. M.

7. The VonPetz Suture Clamp and Its Use in Visceral Anastomosis
   Dr. R. G. Hamilton

11:15 A. M. to 11:30 A. M.

8. Demonstration upon Patient of a Simple Apparatus for Wagensteen Drainage in Conditions of Upper Abdominal Distention
   Dr. C. W. Scranton

11:30 A. M. to 12:00 Noon

9. Clinical Conference on a Diagnostic Problem
   Drs. A. R. Chamberlain and A. R. Abel

Luncheon

XIII.

PRESBYTERIAN HOSPITAL
South Ninth St. and Ninth Ave., Newark, N. J.

9:00 A. M. to 5:00 P. M.

A. Clinical Demonstrations and Exhibits. (These will be conducted continuously from 9:00 A. M. to 5:00 P. M. all day Friday, each to be held in a separate room.)

1. From the Gynecological Service. Demonstration of Rare and Unusual Ovarian Neoplasms
   Charts Demonstrating Physiology of Menstruation. Therapeutic Measures in Ovarian and Menopausal Disorders.
   Drs. E. Zeh Hawkes and E. Brackett

2. From the Surgical Service. Gastro-intestinal Carcinomata. Demonstration of Specimens Removed
   Drs. E. W. Sprague and A. D'Alessandro
3. From the Surgical Service. Management of Ambulatory Fractures of Upper and Lower Extremities. Demonstration of Apparatus and Methods of Application. Presentation of Cases
   Dr. R. H. Hill
4. From the Bronchoscopic Service. 107 Cases of Laryngectomy. Plaster Models, X-Ray Diagnosis and Moving Picture Demonstration.
   Dr. H. B. Orton
5. Cranial Surgery. Demonstration of Cases in Which Brain Surgery Was Performed Including Successful Anastomosis of Cranial Nerves, Operations to Restore Hearing and Various Types of Meningitis. Discussion of Diagnostic Procedures and Treatment of These Cases. Moving Picture Demonstration of Radical Mastoid Operation.
   Drs. J. V. Bissett, J. Clinton and E. Cardwell
6. From the Surgical Service. Diverticulitis of Sigmoid with Data from 40 Cases. Diagnostic Procedures Particularly by X-Ray. Treatment.
   Drs. R. A. Schaaf and A. Godfrey
7. From the X-Ray Department. Unusual X-Ray Plates Including Those in Two Cases of Hyperparathyroidism
   Drs. C. F. Baker and W. J. Marquis
8. From the Orthopedic Service. Fracture of Hip. Internal Fixation Fracture Neck of Femur. Demonstration of Apparatus and Cases Treated.
   Drs. I. J. Fort and J. Flanagan
9. From the Genito-Urinary Service. Unusual Genito-Urinary Cases. Demonstration of Instruments Used in Diagnosis
   Dr. K. Wheeler
10. From the G.-I. Clinic. Non-malignant Lesions of Small Intestine. Peptic Ulcer Treated with Magnesium Trisilicate. Demonstration of Flexible Gastroscope. Cathartic Addiction. Treatment.
    Drs. M. Kraemer, F. Carrigan, A. Klein and L. Townsend
11. From the Heart Clinic. Interesting Electrocardiograms. Use of Fluoroscope in Diagnosis of Heart Disease. Demonstration of Cases.
    Drs. F. Weber, I. Cohen, J. Levin and P. Willey
12. From the Department of Pathology. Pathological Exhibit.
    Lesions of Small Intestines (including a collection of unusual tumors). Renal and Adrenal Tumors. Demonstration of Pathological Specimens by Natural Color Photography
    Drs. S. A. Goldberg and Miss P. Stanley
13. From the Peripheral-Vascular Clinic. Routine Methods Used in Diagnosis Including Use of Oscillometer, Thermocouple, Intracutaneous Histamine and Saline. Demonstration of Varicose Vein Injection and Saphenous Vein Ligation. Management of Diabetic Foot Complications. Demonstration of Pavaex Machine.
    Drs. S. Hawkes, H. Hantman, G. Hewson, L. Gibbons, W. Epstein and A. D'Alessandro
14. From the Diabetes Clinic. Practical Dietetics with Management of Original Method. Simple Method for Determination of Proper Insulin Dosage. Demonstration of Eye Complications. Demonstration of Insulin Atrophy. Foot Hygiene. Charts Demonstrating Simple Management of Coma and Post-Operative Care. Charts Demonstrating Use of Protamine Zinc Insulin in 100 Cases.
    Drs. B. Saslow, J. O'Grady, W. Ward, R. Sherman, J. Fissell and J. Kaegi
15. From the Medical Service. Pneumonia Exhibit. Demonstration of Pneumococcus Typing, Oxygen Therapy and Serum Therapy. Charts Demonstrating Incidence of Pneumonia in This Hospital.
    Drs. C. Rathgeber, J. Sorett and Laboratory Staff
16. Newer Diagnostic and Therapeutic Measures in Pulmonary Tuberculosis
    Dr. I. Borsher
17. From the Obstetrical Service. Obstetrical Exhibit: Pathological Conditions Associated with Pregnancy and Parturition
    Drs. R. J. Brown and S. A. Goldberg

Luncheon, at 12:30 Noon

2:00 P. M. to 5:00 P. M.

B. Short Practical Talks (each will be limited to 15 minutes).

2:00 P. M. to 2:15 P. M.

1. Diagnostic Procedures in Peripheral-Vascular Disease
   Dr. H. Hantman

2:30 P. M. to 2:35 P. M.

2. The Proper Preparation of Patients for Genito-Urinary Operations
   Dr. K. Wheeler

2:40 P. M. to 2:55 P. M.

3. Special Considerations in the Diagnosis of Appendicitis
   Dr. R. A. Schaaf

3:00 P. M. to 3:15 P. M.

4. Practical Points in Use of Protamine Zinc Insulin
   Dr. B. Saslow

3:20 P. M. to 3:35 P. M.

5. Practical Points in the Diagnosis and Treatment of Cases Requiring Gastric Resection
   Dr. E. W. Sprague

3:40 P. M. to 3:55 P. M.

6. Ovarian Neoplasms
   Dr. E. Z. Hawkes

4:00 P. M. to 4:15 P. M.

7. Practical Points in the Diagnosis of Mastoiditis
   Dr. H. C. Barkhorn

4:20 P. M. to 4:35 P. M.

8. The Importance of the Laryngeal Nerves in Surgery of the Neck
   Dr. H. B. Orton

4:40 P. M. to 4:45 P. M.

9. Practical Points in Rheumatic Fever
   Dr. F. P. Willey

XIV.

ST. JAMES' HOSPITAL

142 Jefferson St., Newark, N. J.

9:00 A. M. to 12:00 Noon

9:00 A. M. to 9:15 A. M.

1. Evaluation of Heart Disease in Pregnancy (short talk)
   Dr. Mancusi-Ungaro

9:20 A. M. to 9:35 A. M.

2. Causes of Stillbirth: A Five-Year Survey
   Dr. F. Sbarra

9:40 A. M. to 9:55 A. M

3. Congenital Heart Disease (talk with demonstration of cases)
   Medical Service

10:00 A. M. to 10:15 A. M.

4. Type VIII Pneumonia; Critical Survey
   Dr. R. Mullin

10:20 A. M. to 10:35 A. M.

5. Prenatal Care
   Dr. J. Condon

10:40 A. M. to 10:55 A. M.

6. Treatment of the Acutely Injured
   Dr. P. Haley

11:00 A. M. to 11:15 A. M.

7. Fractures (specific types to be chosen for study)
   Dr. E. Liccese

11:20 A. M. to 12 Noon

8. Ward Rounds
   Medical Service: Drs. F. Weber and J. Nataro

11:20 A. M. to 12 Noon

9. Ward Rounds
   Surgical Services: Drs. E. W. Sprague and R. H. Dieffenbach

9:00 A. M. to 12:00 Noon

10. Operative Clinic
    The Surgical Staff

Luncheon

XV.

ST. MARY'S HOSPITAL

135 So. Center St., Orange, N. J.

9:00 A. M. to 12:00 Noon

1. Operating Room

   9:00 A. M.

   a. Several Gynecological Operations
      Dr. L. S. Herndon

2. Medical Wards

   9:00 A. M.

   a. Demonstration of Medical Cases
      Dr. F. J. Tobey
   b. Demonstration of Medical Cases
      Dr. W. F. Grady

3. Talks

   9:00 A. M. to 9:15 A. M.

   a. Surgical Treatment of Thyroid Disorders
      Dr. J. J. Connoliy

   9:15 A. M. to 9:30 A. M.

   b. Intestinal Obstruction
      Dr. J. H. Herman

   9:30 A. M. to 9:45 A. M.

   c. Injection Treatment of Hemorrhoids
      Dr. A. L. Sherman

   9:45 A. M. to 10:00 A. M.

   d. Differential Diagnosis of Liv r Disease
      Dr. W. A. Nyiri

   10:00 A. M. to 10:15 A. M.

   e. Etiology and Treatment of Uterine Prolapse
      Dr. D. R. Mishell

   10:15 A. M. to 10:30 A. M.

   f. The Arnold Treatment of Toxemia
      Dr. J. V. Lyons

   10:30 A. M. to 10:45 A. M.

   g. Hospital Treatment of Head Injuries
      Dr. J. A. Miller

   10:45 A. M. to 11:00 A. M.

   h. Unusual Urologic Cases
      Dr. B. Rothhouse

   11:00 A. M. to 11:15 A. M.

   i. Differential Diagnosis by X-Ray of Ulcers and Malignancies of the Gastro-Intestinal Tract
      Dr. E. A. May

Luncheon

XVI.

ST. MICHAEL'S HOSPITAL

Cor. High St. and Central Ave., Newark, N. J.

9:00 A. M. to 5:00 P. M.

9:00 A. M. to 1:00 P. M.

1. Operative Clinic—Operating Room Suite
   9:00 A. M.—Demonstration of the O'Connor Clamps in Gastric Surgery
      Dr. B. A. O'Connor
   10:00 A. M.—Operation for Undescended Testicle
      Dr. O. Matheke
   11:00 A. M.—Surgery of the Gall-Bladder
      Dr. G. Blackburn

2. Department of Gynecology
   10:00 A. M.—Treatment of Acute Salpingitis
      Dr. F. W. Pizzi
   10:30 A. M.—Results with Cauterization in 300 Cases of Cervical Infection
      Dr. J. Spallone
   11:00 A. M.—A Simple Apparatus for Tubal Insufflation
      Dr. A. Gordon
   11:30 A. M.—Improved Method of Study and Treatment of Trichomonas Vaginitis. Colored Motion Picture Demonstration
      Dr. A. S. Harden
   12:00 Noon—Endocrinological Methods in the Study and Treatment of Gynecological Disorders
      1. Routine Methods of Endocrine Diagnosis — Motion Picture and Lantern Slide Demonstrations
         Dr. S. J. Rose
      2. Clinical Examples — Presentation of Cases and Charts
         Dr. L. W. Herndon

Luncheon

3. Department of Medicine
   2:00 P. M.—Medical Ward Rounds
   Drs. L. G. Kirkman, E. Kline and N. A. Antonius
   2:45 P. M.—Treatment of Diabetic Coma
   Dr. W. Nyiri
   3:00 P. M.—Presentation of Pathological Specimens
   Dr. S. J. Rose

Department of Urology
4:00 P. M.—Exhibit of Pyelograms, Gross Specimens and Microphotographs
Drs. E. A. Ill and O. Glass

Fracture Service
4:30 P. M.—Demonstration of Traction Apparatus in the Treatment of Fractures
Drs. J. I. Fort and J. Flanagan

XVII.

HOSPITAL AND HOME FOR CRIPPLED CHILDREN

Park and Clifton Aves., Newark, N. J.

9:00 A. M. to 4:00 P. M.

9:00 A. M.

1. Shelf Operation for Congenital Dislocation of Hip
   Drs. J. E. Toye, F. C. Bugbee, and A. R. Saporito

10:00 A. M.

2. Whitman Reconstruction of Hips
   Drs. J. E. Toye, R. Griffith, and A. D'Agostini

1:00 P. M.
Luncheon

2:00 to 4:00 P. M.

3. Dry Clinic
   Problems in Spine Surgery
   Restoration of Function in Arms and Legs by Muscle Transplants
   Drs. D. Eisenberg, F. C. Bugbee

XVIII

CITY HOSPITAL

Fairmount Ave. and Bank St., Newark, N. J.

9:00 A. M. to 5:00 P. M.

9:00 A. M. to 12:00 Noon

A. From the Surgical Services:
   Operations by Services of Drs. E. Zeh Hawkes, C. R. O'Crowley, D. A. Kraker, H. N. Comando, H. R. Van Ness, and H. B. Epstein
   (Operating Room Suite)

9:00 A. M. to 5:00 P. M.

B. From the Department of Pathology:
   Exhibit Illustrating Pathological Diagnosis of Cardio-Vascular Disease
   Dr. H. S. Martland

9:00 A. M. to 12:00 Noon

C. From the Medical Services:
   Ward Rounds Demonstrating Typical Cases of Cardio-Vascular Diseases
   Attending Medical Staff

9:00 A. M. to 12:00 Noon and
2:00 P. M. to 4:00 P. M.

D. From the Department of Metabolism:
   Ward Rounds with Diabetic Service Illustrating Routine Practical Treatment of Diabetes
   Drs. T. Teimer, W. Nyiri, S. Weiss and E. Bauman.
   Luncheon served at 12:00 Noon

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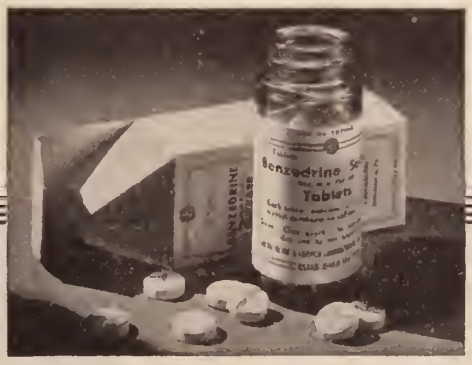

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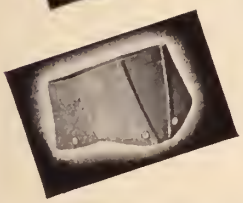

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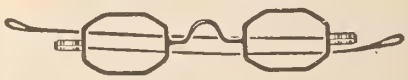

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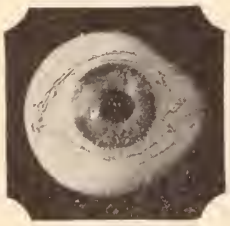

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Founded July 23, 1766

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TELEPHONE 9330

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WILLIAM F. COSTELLO (1941) ..... Dover

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WELLS P. EAGLETON, Newark ..... " " 1940
HILTON S. READ, Atlantic City ..... " " 1940

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HILTON S. READ, Atlantic City ..... " " 1939
LUCIUS F. DONOHOE, Bayonne ..... " " 1940
LANCELOT ELY, Somerville ..... " " 1940

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State House, Trenton, N. J.
Tel. 2-2131, Ext. 541

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Mercer Hospital, Trenton
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JOHN HALL, *Executive Secretary*
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Department of Motor Vehicles

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State House Office Building, Trenton
Tel. 2-2131, Ext. 208

New Jersey State Nurses' Association

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Orange Memorial Hospital, Orange, New Jersey
Tel. Orange 5-1100

THE MEDICAL SOCIETY OF NEW JERSEY

COMMITTEES,—THEIR MEMBERS AND DATES OF MEETINGS,—FOR THE YEAR BEGINNING MAY 19, 1938

WILLIAM J. CARRINGTON, Atlantic City, President and Ex-Officio Member of Each Committee —By-Laws, Chapt. VI, Sect. 1

Adult Health Supervision

Herschel Stratton Murphy, *Chairman* .....Roselle
William Henry Varney, *Vice-Chairman* .....Washington
Edwin Grafing Dewis .....Interlaken
Robert Martin Grier .....Pleasantville
Edward Caffron Klein .....Newark
Watson Budlong Morris, *Consultant* .....Springfield

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Annual Meeting

Charles Butcher Kaighn, *Chairman* .....Atlantic City
Clarence Ladelle Andrews, Chairman, Sub-Com. on Scientific Program .....Atlantic City
Asher Yaguda, Chairman, Sub-Com. on Scientific Exhibits .....Newark
Thomas McGrath Brennock .....Jersey City
John Clifford Clark .....Asbury Park
William John Carrington, *Consultant* .....Atlantic City

Meetings

Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Auxiliary Medical Service

William Wallace Maver, *Chairman* .....Jersey City
Samuel Barbash, *Vice-Chairman* .....Atlantic City
Arturo Raymond Casilli .....Elizabeth
Eugene Garfield Herbener .....Lakewood
Sigurd Walter Johnsen .....Passaic
Jerome Howard Samuel .....Newark
Walter Albert Taylor .....Trenton
Alfred Stahl, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Cancer Control

William Gettier Herrman, *Chairman* .....Asbury Park
Henry Boylan Orton, *Vice-Chairman* .....Newark
Harold Stern Davidson .....Atlantic City
Ellwood Emerson Downs .....Woodbury
John Butler Faison .....Jersey City
Otto Rudolph Holters .....Asbury Park
Joseph Henry Kler .....New Brunswick
Charles B. Woodman .....Morristown
Thomas Benjamin Lee, *Consultant* .....Camden

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Child Health

Stanley Nichols, *Chairman* .....Long Branch
Walter Blair Stewart, *Vice-Chairman* .....Atlantic City
Arthur Fowler Ackerman .....Summit
Chester Brown .....Arlington
Ernest Garfield Hummel .....Camden
Irving Okin .....Passaic
Louis Charles Rosenberg .....Newark
Aldrich Clements Crowe, *Consultant* .....Ocean City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Constitution and By-Laws

James Francis Norton, *Chairman* .....Jersey City
David Kraker, *Vice-Chairman* .....Newark
Herbert William Nafey .....New Brunswick
George N. J. Sommer .....Trenton
David H. Bartine Ulmer .....Moorestown
Frederic James Quigley, *Consultant* .....Union City

Meetings

Trenton.....Aug. 7, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.

Contract Practice

Reuben Lore Sharp, *Chairman* .....Camden
L. Samuel Sica, *Vice-Chairman* .....Trenton
Frank William Ash .....Paterson
John Norman Connell .....Jersey City
John George Decker .....Hasbrouck Heights
Henry Haywood .....New Brunswick
Harvey Theodore Herold .....Newark
Edward Frederick Klein .....Perth Amboy
Jennings Howard Hornberger, *Consultant* .....Roebling

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Crippled Children

Babclay Wellington Moffat, *Chairman* .....Red Bank
Elmer Peter Weigel, *Vice-Chairman* .....Plainfield
Oswald Rudolph Carlander .....Camden
Frederick George Dilger .....Hackensack
William Greenfield .....Hackensack
Emanuel Harrison Nickman .....Atlantic City
Toufick Nicola .....Montclair
Herbert William Nafey, *Consultant* .....New Brunswick

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Finance and Budget

HARRY ROSS NORTH, *Chairman* (1939) .....Trenton
HERSCHEL PETTIT (1942) .....Ocean City
WELLS PHILLIPS EAGLETON (1943) .....Newark
ANDREW FRANCIS MCBRIDE (1941) .....Paterson
DAVID B. ALLMAN .....Atlantic City
HENRY SPENCE .....Jersey City
ELIAS JOSEPH MARSH, Ex-Officio .....Paterson

Honorary Membership

LANCELOT ELY, *Chairman* .....Somerville
EPHRAIM ROLAND MULFORD .....Burlington
FREDERIC JAMES QUIGLEY .....Union City
No meetings, work carried on by correspondence.

Hospital Relationships

SPENCER TREADWELL SNEDECOR, *Chairman* .....Hackensack
WILLIAM H. A. WARNER, *Vice-Chairman* .....East Orange
HENRY BRISTOL DECKER .....Camden
FLORENTINB MILTON HOFFMAN .....New Brunswick
CHARLES HYMAN .....Atlantic City
ELTON WALLACE LANCE .....Rahway
GEORGE O'HANLON .....Jersey City
THOMAS KRAPFEL LEWIS, *Consultant* .....Camden

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Industrial Injuries and Occupational Diseases

J. IRVING FORT, *Chairman* .....Newark
LESLIE EDWIN MYATT, *Vice-Chairman* .....Bridgeton
CHARLES LITTWIN .....Teaneck
TRAUGOTT JOHN SCHUCK .....Hoboken
JAMES HERBERT SPENCER, JR. .....Franklin
WILLIAM FRANCIS COSTELLO, *Consultant* .....Dover
HENRY HOWARD KESSLER, *Technical Adviser*, representing Commissioner J. J. Toohey, N. J. Dept. of Labor..Newark
ROY GRIFFITH, *Technical Adviser*, representing the Manufacturers' Association of New Jersey .....Glen Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Legislation

BERTHOLD STEINBACH POLLAK, *Chairman* .....Secaucus
CHARLES HENRY MITCHELL, *Vice-Chairman* .....Trenton
WENDALL JONES BURKETT .....Pitman
HERBERT ROY VAN NESS .....Newark
WILLIAM CRANE WILENTZ .....Perth Amboy
SAMUEL ALEXANDER, *Consultant* .....Park Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
Others at call of Chairman

Maternal Welfare

ARTHUR WALTER BINGHAM, *Chairman* .....East Orange
JOHN CARLISLE BROWN, *Vice-Chairman* .....Atlantic City
SAMUEL ALLISON COSGROVE .....Jersey City
GEORGE BURTON GERMAN .....Camden
CARL HALLER ILL .....Newark
JULIUS LEVY .....Newark
ROBERT ABBE MACKENZIE .....Asbury Park
WALTER BARCLAY MOUNT .....Montclair
JAMES HARRIS UNDERWOOD .....Woodbury
HARRISON BETTS WILSON .....Hackensack
THOMAS BENJAMIN LEE, *Consultant* .....Camden

Meetings

Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
January, 1939, Joint Meeting with County Maternal Committees and Field Physicians; date, hour, and place to be selected by Chairman, Dr. Bingham.

Medical Care of Indigent and Low-Wage Group

GEORGE WASHINGTON FITHIAN, *Chairman* .....Perth Amboy
DAVID WRIGHT GREEN, *Vice-Chairman* .....Salem
FRANK L. FIELD .....Far Hills
DANIEL LEO HAGGERTY .....Trenton
WARREN DAVID ROBBINS .....Cape May
BYRON GRANT SHERMAN .....Morristown
EDWARD MATHIAS ZEH HAWKES, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Medical Defense and Insurance

CHRISTOPHER CHARLES BELING, *Chairman* .....Newark
JOSEPH WALLACE HURFF, *Vice-Chairman* .....Newark
JOHN CHARLES MCCOY .....Paterson
GEORGE THOMAS TRACY .....Beverly
WILLIAM CARTER WESCOTT .....Atlantic City
WELLS PHILLIPS EAGLETON, *Consultant* .....Newark

Meetings

Atlantic City....May 19, 1938.....4 p. m.
Interim meetings at the call of Chairman
Trenton.....Apr. 16, 1939.....4 p. m.

Medical Practice

DAVID BACHARACH ALLMAN, *Chairman* .....Atlantic City
SPENCER TREADWELL SNEDECOR, *Vice-Chairman*....Hackensack
HARRY NOAH COMANDO .....Newark
GEORGE WASHINGTON FITHIAN .....Perth Amboy
JACOB IRVING FORT .....Newark
WILLIAM WALLACE MAVER .....Jersey City
REUBEN LORE SHARP .....Camden
CHESTER ISAAC ULMER .....Gibbstown
ANTHONY CHARLES ZEHNDER .....Newark
THOMAS KRAPFEL LEWIS, *Consultant* .....Camden

Meetings

Atlantic City....May 19, 1938.....4 p. m.
Trenton.....Apr. 16, 1939.....4 p. m.
For meeting of Advisory Committees see their schedules

Mental Hygiene

JAMES STUART PLANT, *Chairman* .....Newark
MARCUS ALBERT CURRY, *Vice-Chairman* .....Greystone Park
WILLIAM COLE DAVIS .....Atlantic City
BARCLAY STOKES FUHRMANN .....Flemington
ALLEN GILBERT IRELAND .....Trenton
EDWARD SHEAFE KRANS .....Plainfield
CLARENCE MORTON TRIPPE .....Asbury Park
HERBERT WILLIAM NAFEY, *Consultant* .....New Brunswick
AMBROSE DOWD, *Technical Adviser*, representing Commissioner Ellis, N. J. Department of Institutions and Agencies .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
One or two other meetings at call of Chairman

Nursing and Nursing Education

ANTHONY CHARLES ZEHNDER, *Chairman* .....Newark
GEORGE MILTON KNOWLES, *Vice-Chairman* .....Hackensack
HORACE WESLEY JACK .....Camden
VICTOR KNAPP .....Asbury Park
FRANK LESLIE PERRY .....Woodstown
HARRY SUBIN .....Atlantic City
THOMAS J. FRANCIS WALSH .....Elizabeth
WELLS PHILLIPS EAGLETON, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Pharmaceutical Problems

Chester Isaac Ulmer, *Chairman* ..... Gibbstown
Reeve Leslie Ballinger, *Vice-Chairman* ..... Arlington
Jacob John Mann ..... Perth Amboy
Merwin Lester Hummel ..... Merchantville
Charles Joseph Murn ..... Paterson
Daniel Woolsey Teller, Jr. ..... Morristown
Ralph King Hollinshed, *Consultant* ..... Westville

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Pneumonia Control

Robert Anthony Kilduffe, *Chairman* ..... Atlantic City
Thomas Michael Kain ..... Camden
Henry Paul Dengler ..... Springfield
Marshall Flower Lummis ..... Pitman
Frederick Thomas Vosburgh ..... Passaic
Ralph King Hollinshed, *Consultant* ..... Westville
William MacDonald, *Technical Adviser*, representing Dr. J. Lynn Mabaffey, Director N. J. Department of Health ..... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Post-Graduate Education

David Fuller Bentley, *Chairman* ..... Haddonfield
Stuart Zeh Hawkes, *Vice-Chairman* ..... Newark
Albert William Pigott ..... Skillman
Ernest Francis Purcell ..... Trenton
Hammell Pierce Shipps ..... Delanco
Sloan Griffin Stewart ..... Atlantic City
Clarence Wilton Way ..... Sea Isle City
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.

Public Health

Stanley Nichols, *Chairman* ..... Long Branch
Frederic William Lathrop, *Vice-Chairman* ..... Plainfield
Arthur Walter Bingham ..... East Orange
Charles Byron Blaisdell ..... Long Branch
Jacob Irving Fort ..... Newark
Ernest Garfield Hummel ..... Camden
Allen Gilbert Ireland ..... Trenton
Abraham Ezra Jaffin ..... Jersey City
Robert Anthony Kilduffe ..... Atlantic City
Isaac Warner Knight ..... Pitman
Julius Levy ..... Newark
Barclay Wellington Moffat ..... Asbury Park
Herschel Stratton Murphy ..... Roselle
Henry Boylan Orton ..... Newark
James Stuart Plant ..... Newark
Elbert Stetson Sherman ..... Newark
Theodor Teimer ..... Newark
Edward Mathias Zeh Hawkes, *Consultant* ..... Newark

Technical Advisers

Ellen Potter and Emil Frankel, representing Wm. G. Ellis, N. J. Dept. Institutions and Agencies.
Henry Howard Kessler, representing J. J. Toohey, N. J. Dept. of Labor.
William MacDonald, representing Director Mahaffey, N. J. Dept. of Health.
Howard Dare White, representing Director Elliott, N. J. Dept. of Public Instruction.

Meetings

Long Branch.... July 10, 1938..... 3 p. m.
Newark..... Sept. 7, 1938..... 3 p. m.
Newark..... Oct. 5, 1938..... 3 p. m.
Newark..... Nov. 2, 1938..... 3 p. m.
Newark..... Dec. 7, 1938..... 3 p. m.
Newark..... Jan. 4, 1939..... 3 p. m.
Newark..... Feb. 1, 1939..... 3 p. m.
Newark..... Mar. 1, 1939..... 3 p. m.
Newark..... Apr. 5, 1939..... 3 p. m.
Newark..... May 3, 1939..... 3 p. m.

Public Relations

Joseph Henry Kler, *Chairman* ..... New Brunswick
Joseph Berkeley Gordon, *Vice-Chairman* ..... Marlboro
George Barton Barlow ..... Englewood
Edgar Parmele Cardwell ..... Newark
Homer Isaac Silvers ..... Ventnor
Jacob Allen Yager ..... Paterson
Elias Joseph Marsh, *Consultant* ..... Paterson

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Publication

Henry C. Barkhorn, *Chairman* ..... Newark
Edward Joseph Ill ..... Newark
James Lawrence Evans ..... North Bergen
William John Carrington, Ex-Officio ..... Atlantic City
Alfred Stahl, Ex-Officio ..... Newark
Frank Overton, Editor ..... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Newark..... July 27, 1938..... 4:30 p. m.
Newark..... Aug. 31, 1938..... 4:30 p. m.
Newark..... Sept. 28, 1938..... 4:30 p. m.
Newark..... Oct. 26, 1938..... 4:30 p. m.
Newark..... Nov. 23, 1938..... 4:30 p. m.
Newark..... Dec. 28, 1938..... 4:30 p. m.
Newark..... Jan. 25, 1939..... 4:30 p. m.
Newark..... Feb. 22, 1939..... 4:30 p. m.
Newark..... Mar. 29, 1939..... 4:30 p. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Exhibits

Asher Yaguda, *Chairman* ..... Newark
James Gordon Boyes, *Vice-Chairman* ..... Plainfield
Nicholas Mark Alter ..... Jersey City
William Wolf Hersohn ..... Atlantic City
Luther Agustus Markley ..... Teaneck
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Program

Clarence Ladelle Andrews, *Chairman* ..... Atlantic City
Robert Speer Gamon, *Vice-Chairman* ..... Camden
Louis Charles Lange ..... Wechawken
Harrison Stanford Martland ..... Newark
Paul Bryson Reisinger ..... Trenton
William John Carrington, *Consultant* ..... Atlantic City

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Study of Sterilization

Charles Wright MacMillan, *Chairman* ..... Passaic
Samuel Emlen Stokes, *Vice-Chairman* ..... Moorestown
Walter John Farr ..... Teaneck
Theodore Russell Robie ..... East Orange
Alfred Frederick Sferra ..... Bound Brook
Samuel Alexander, *Consultant* ..... Park Ridge

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Traffic Accidents

ELBERT STETSON SHERMAN, *Chairman* .....Newark
MILLARD FREEMAN SEWALL, *Vice-Chairman* .....Bridgeton
THOMAS SIMON PADDOCK FITCH .....Plainfield
CHRISTIAN PETER SEGARD .....Leonia
GEORGE JOHN YOUNG .....Morristown
JESSE LYNN MAHAFFEY .....Haddonfield
WATSON BUDLONG MORRIS, *Consultant* .....Springfield
ARNOLD VEY, *Technical Adviser*, representing A. W. Magee, Commissioner of Motor Vehicles of N. J...Trenton

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Tuberculosis

ABRAHAM EZRA JAFFIN, *Chairman* .....Jersey City
SAMUEL BUDD ENGLISH, *Vice-Chairman* .....Glen Gardner
NORMAN WYVELL BURRITT .....Summit
LEO BERTHIER DRAKE .....Franklin
CLYDE M. FISH .....Pleasantville
MARCUS WARD NEWCOMB .....Browns Mills
HAROLD SIMON HATCH .....Morristown
JOHN EDMUNDS RUNNELLS .....Scotch Plains
HARRY BURTON WALKER .....Vineland
FREDERIC JAMES QUIGLEY, *Consultant* .....Union City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Venereal Disease Control

CHARLES BYRON BLAISDELL, *Chairman* .....Long Branch
MARSHALL DAVIS HOGAN .....Boonton
BAXTER ALFONSO LIVENGOOD .....Swedesboro
STANLEY MARTIN MCGEEHAN .....Atlantic City
ROBERT RAYMOND SELLERS .....Newark
STANLEY R. WOODRUFF .....Jersey City
WILLIAM FRANCIS COSTELLO, *Consultant* .....Dover
ARTHUR JAY CASSELMAN, *Technical Adviser*, representing Dr. Jesse Lynn Mahaffey, Director of N. J. Dept. of Health .....Camden

Meetings

Trenton.....June 5, 1938 .....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Welfare

HILTON SHREVE READ, *Chairman* .....Ventnor
WILLIAM JOHN CARRINGTON, Ex-Officio .....Atlantic City
ALFRED STAHL, Ex-Officio .....Newark
DAVID BACHARACH ALLMAN .....Atlantic City
FRANK WILLIAM ASH .....Paterson
GEORGE BARTON BARLOW .....Englewood
ARTHUR WALTER BINGHAM .....East Orange
CHARLES BYRON BLAISDELL .....Long Branch
WENDALL JONES BURKETT .....Pitman
NORMAN WYVELL BURRITT .....Summit
EDGAR PARMELE CARDWELL .....Newark
HARRY NOAH COMANDO .....Newark
MARCUS ALBERT CURRY .....Greystone Park
WALTER JOHN FARR .....Teaneck
FRANK L. FIELD .....Far Hills
GEORGE WASHINGTON FITHIAN .....Perth Amboy
JACOB IRVING FORT .....Newark
BARCLAY STOKES FUHRMANN .....Flemington
JOSEPH BERKELEY GORDON .....Marlboro
DAVID WRIGHT GREEN .....Salem
DANIEL LEO HAGGERTY .....Trenton
DONALD OSBORN HAMBLIN .....Bound Brook
HENRY HAYWOOD .....New Brunswick
EUGENE GARFIELD HERBENER .....Lakewood
WILLIAM GETTIER HERRMAN .....Asbury Park
ERNEST GARFIELD HUMMEL .....Camden
ALLEN GILBERT IRELAND .....Trenton
ABRAHAM EZRA JAFFIN .....Jersey City
SIGURD WALTER JOHNSEN .....Passaic
ROBERT ANTHONY KILDUFFE .....Atlantic City
JOSEPH HENRY KLER .....New Brunswick
ISAAC WARNER KNIGHT .....Pitman
FREDERIC WILLIAM LATHROP .....Plainfield
JULIUS LEVY .....Newark
CHARLES LITTWIN .....Teaneck
JOSEPH FRANCIS LONDRIGAN .....Hoboken
CHARLES WRIGHT MACMILLAN .....Passaic
JACOB JOHN MANN .....Perth Amboy
WILLIAM WALLACE MAYER .....Jersey City
CHARLES HENRY MITCHELL .....Trenton
BARCLAY WELLINGTON MOFFAT .....Red Bank
HERSCHEL STRATTON MURPHY .....Roselle
LESLIE EDWIN MYATT .....Bridgeton
STANLEY HETFIELD NICHOLS .....Long Branch
JAMES FRANCIS NORTON .....Jersey City
BERTHOLD STEINBACH POLLAK .....Secaucus
WARREN DAVID ROBBINS .....Cape May
MILLARD FREEMAN SEWALL .....Bridgeton
TRAUGOTT JOHN SCHUCK .....Hoboken
REUBEN LORE SHARP .....Camden
BYRON GRANT SHERMAN .....Morristown
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SPENCER TREADWELL SNEDECOR .....Hackensack
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CHESTER ISAAC ULMER .....Gibbstown
HERBERT ROY VAN NESS .....Newark
HARRY BURTON WALKER .....Vineland
WILLIAM CRANE WILENTZ .....Perth Amboy
JACOB ALLEN YAGER .....Paterson
GEORGE JOHN YOUNG .....Morristown
ANTHONY CHARLES ZEHNDER .....Newark

Meetings

Trenton.....June 5, 1938.....1 p. m.
Trenton.....Oct. 2, 1938.....1 p. m.
Trenton.....Dec. 4, 1938.....1 p. m.
Trenton.....Feb. 19, 1939.....1 p. m.
Trenton.....Apr. 16, 1939.....1 p. m.

Woman's Auxiliary

GUSTAV AUGUST BRAUN, *Chairman* .....Newark
WILLIAM KING CAMPBELL, *Vice-Chairman* .....Long Branch
LOUIS FEINSTEIN .....Atlantic City
GERALD ELLSWORTH MCDONNEL .....Mt. Holly
JOSEPH ROWLETT MORROW .....Ridgewood
ALDRICH CLEMENTS CROWE, *Consultant* .....Ocean City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Workmen's Compensation

HARRY NOAH COMANDO, *Chairman* .....Newark
JOSEPH FRANCIS LONDRIGAN, *Vice-Chairman* .....Hoboken
WILLIAM KLIPSTEIN HARRYMAN .....Hackensack
V. EARL JOHNSON .....Atlantic City
HENRY HOWARD KESSLER .....Newark
CEDRIC C. CARPENTER .....Summit
FREDERICK WILLIAM SHAFER .....Camden
DANIEL F. FEATHERSTON .....Asbury Park
ANDREW FRANCIS MCBRIDE, *Consultant* .....Paterson
STEPHEN J. LORENZ, *Technical Adviser*, representing J. J. Toohey, N. J. Dept. of Labor .....Trenton
ROY GRIFFITH, *Technical Adviser*, representing the Manufacturers' Association of N. J. .....Glen Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

GAUCH, WILLIAM, Newark, General Chairman of the Local Committee on Arrangements for the Clinical Meeting of the M. S. of N. J.
HERRMAN, WILLIAM GETTIER, representing the M. S. of N. J. on the Board of Trustees of the Hospital Service Plan of N. J.

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Second Vice-President, Mrs. E. R. Mulford .....Burlington
Recording Secretary, Mrs. Banks S. Baker .....Camden
Treasurer, Mrs. T. P. Conaghy .....Camden

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CAPE MAY	H. H. Tomlin, Wildwood	Warren D. Robbins, Cape May... Tel. 67	Warren D. Robbins, Cape May
CUMBERLAND.	Dare Woodruff, Vineland	H. S. Branin, Millville ..... Tel. 84	E. S. Corson, Bridgeton
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MIDDLESEX ..	John V. Smith, Perth Amboy	Charles H. Caivin, Perth Amboy.. Tel. 4-0891	L. R. Panigrosso, Perth Amboy
MONMOUTH ..	C. Byron Blaisdell, Long Branch..	Dan'l F. Featherston, Asbury Park Tel. 3809	O. R. Holters, Asbury Park
MORRIS	Thomas S. Thomas, Jr., Morrist'n	George J. Young, Morristown .... Tel. 4-0662	Marcus A. Curry, Greystone P'k
OCEAN	Emanuel Sickel, Lakewood	William E. Dodd, Beach Haven .. Tel. 205	J. B. Henriksen, Point Pleasant
PASSAIC	Louis G. Shapiro, Paterson	J. Allen Yager, Paterson ..... Tel. Lambert 3-6686	Irving Okin, Passaic
SALEM	H. F. Suter, Pennsgrove	James S. Dunn, Salem ..... Tel. 201	L. C. Hummel, Salem
SOMERSET	Edgar T. Flint, Raritan	L. C. Fritts, Somerville ..... Tel. 1624	Hayward F. Day, N. Plainfield
SUSSEX	James H. Spencer, Franklin	A. H. Groescbel, Sussex ..... Tel. 240	Edward K. Hawke, Newton
UNION	Henri E. Abel, Elizabeth	Lorrimer B. Armstrong, Westfield. Tel. 0077	R. J. Walsb, Roselle
WARREN	Clyde Smith, Oxford	William F. Skinner, Wasbington.. Tel. 10	H. B. Bossard, Phillipsburg

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BURLINGTON	F. D. Fahrenbruch	Mount Holly	237
CAMDEN	Edmund Hessert	Collingswood	607
CAPE MAY	Clarence W. Way	Sea Isle City	55
CUMBERLAND	J. S. Knowles	Millville	52
ESSEX	Alfred Muerlin	158 S. Harrison St., East Orange	Orange 5-9026
GLOUCESTER	Chester I. Ulmer	Gibbstown	Paulsboro 18
HUDSON	Joseph P. Donnelly	1 Madison Ave., Jersey City	Delaware 3-6682
HUNTERDON	P. W. Baker	High Bridge	170-R-2
MERCER	James R. Harman	824 W. State St., Trenton	3-0436
MIDDLESEX	James Grieve	88 Market St., Pertb Amboy	4-1036
MONMOUTH	William Heatley	Red Bank	80
MORRIS	George L. Nicoll	Dover	180
OCEAN	Harry Ivory	Point Pleasant	212
PASSAIC	Tbeodore K. Graham	279 Park Ave., Paterson	Sherwood 2-9422 and 1607
SALEM	William G. Hilliard	Salem	332
SOMERSET	Samuel H. Pogoloff	Manville	Somerville 1228
SUSSEX	August H. Groescbel	Sussex	240
UNION	Artbur E. Tator	57 DeForest Ave., Summit	6-0313
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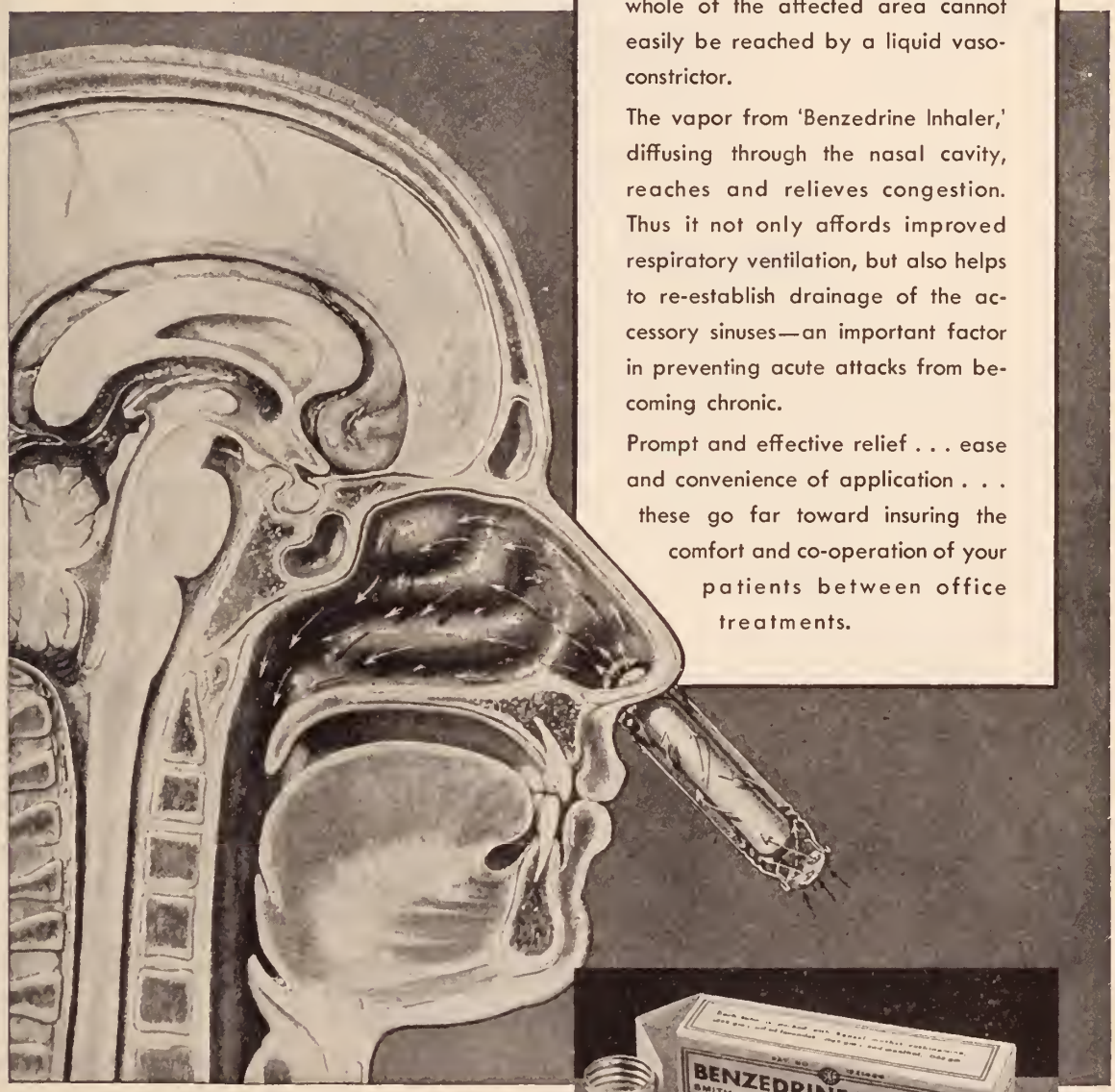

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The full amount collected will be returned to you.

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You are involved in an accident or violate a motor vehicle law and are being held for bail by the police. The Club will make the necessary arrangements for the placing of the bond to effect your release and will pay the total expense, including the cost of the bond.

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RECENT ADVANCES IN THE SCIENCE OF NUTRITION

II. Newer Knowledge of the P-P Factor and the Control of Endemic Pellagra

● The years since 1932, when the P-P factor was known variously as vitamin B_2 or G, have been especially marked by contributions to our knowledge of the anti-pellagric vitamin. Considerable progress has also been made in the treatment of human pellagra as well as in the control of the disease. It might be of interest to review briefly a few of the outstanding developments in this field.

The P-P factor is now accepted as being closely related chemically to nicotinic acid if, indeed, it is not identical with that compound (1). Nicotinic acid has been used successfully in the treatment of human pellagra (2) and there is evidence to support the belief that the P-P factor is intimately associated with essential enzyme reactions in the body (3). A laboratory test has been devised for the early clinical detection of pellagra (4) and there is today better agreement as to the basic dietary requirements for the management of florid pellagra (1).

While the situation as regards endemic pellagra has, in general, shown improvement during recent years, an occasional report indicates that endemic pellagra still constitutes a major medical problem in some localities (5). Authorities agree that the old adage relating to an ounce of prevention being the equal of a pound of cure applies particularly well in the case of pellagra. Consequently, in specific regions of this country certain control measures have been advocated in an endeavor to bring this deficiency disease under permanent control. The most promising of these measures are the issuance of yeast rations and popular education to the desirability of home production of foods rich in the P-P factor, especially during late winter and early spring. The problem of permanent control of pellagra has been clearly and briefly defined as follows:

> "The prevention of endemic pellagra is simple in theory but difficult in practice. If every normal person received enough of the foods containing the pellagra-preventive vitamin there would be no endemic pellagra.—Permanent control can be obtained only by bringing about permanent changes in dietary habits" (1).

The correction of those long-standing dietary malpractices which are responsible for pellagra is certain to be brought about only slowly. The concerted and sustained efforts of all agencies concerned with public health will be required, not only to insure observance of the control measures described above, but also to educate the potential pellagrin to the necessity of a varied diet of protective foods.

Commercially, canned foods may play an important part in the current program designed to bring pellagra under control. Several hundred varieties of canned foods are readily available on every American market at all seasons of the year. Judicious inclusion in the diet of those foods known to be important carriers of the anti-pellagric factor (1) should materially assist in effecting permanent control of endemic pellagra in America.

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230 Park Avenue, New York, N. Y.

(1). 1938. J.A.M.A. 110, 1665.
(2). 1938. J.A.M.A. 111, 584.
1938. Ibid. 111, 613.
1938. Ibid. 110, 289.
(3). 1938. J.A.M.A. 111, 28.
(4). 1938. J. Med. Assn. State of Alabama. 8, 52.
(5). 1938. J. Med. Assn. State of Alabama. 7, 475.

This is the forty-first in a series of monthly articles, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research. We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.

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The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

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PURE RIPE BANANA (DRY)

• *Contains concentrated elements of ripe bananas in a convenient form for the physician who wishes to use ripe bananas as a therapeutic agent. Literature on request.*

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"Busy fingers" can't spill

OLEUM PERCOMORPHUM

Even if the bottle of Oleum Percomorphum is accidentally tipped over, there is no loss of precious oil nor damage to clothing and furnishings. The unique Mead's Vacap-Dropper* is a tight seal which remains attached to the bottle, even while the antiricketic is being measured out. Mead's Vacap-Dropper offers these extra advantages also, at no increase in price:

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Mead's Vacap-Dropper will not break even when bottle is tipped over or dropped. No glass dropper to become rough or serrated.

No "messiness"

Mead's Vacap-Dropper protects against dust and rancidity. (Rancidity reduces vitamin potency.) Surface of oil need never be exposed to light and dust. This dropper cannot roll about and collect bacteria.

Accurate

This unique device, after the patient becomes accustomed to using it, delivers drops of uniform size.

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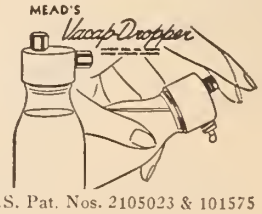
Made of bakelite, Mead's Vacap-Dropper is impervious to oil. No chance of oil rising into rubber bulb, as with ordinary droppers, and deteriorating both oil and rubber. No glass or bulb to become separated while in use.

**Supplied only on the 50 c.c. size; the 10 c.c. size is still supplied with the ordinary type of dropper.*

How to Use MEAD'S *Vacap-Dropper*

Remove both top and side caps. Wipe dropper tip. Regulate rate of flow by using finger to control entrance of air through top opening (see below). Oleum Percomorphum is best measured into the child's tomato juice. This is just as convenient and much safer than dropping the oil directly into the baby's mouth, a practice which may provoke a coughing spasm.



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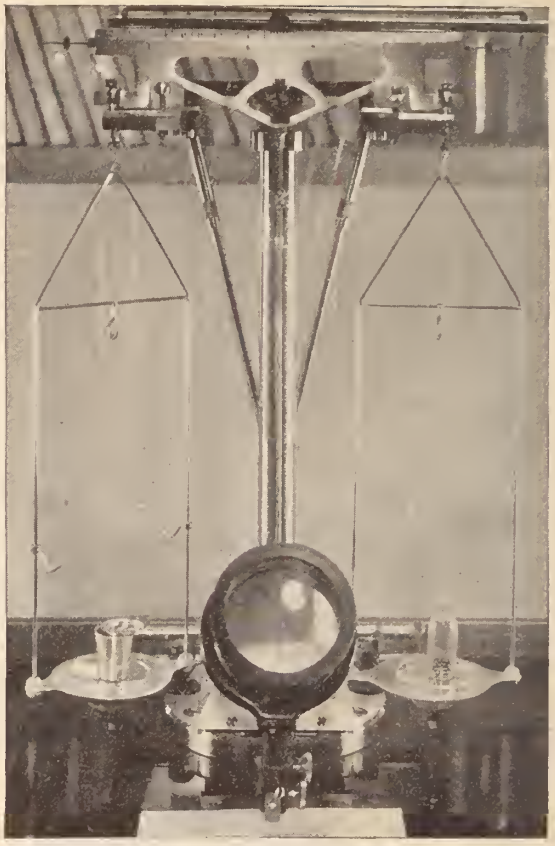

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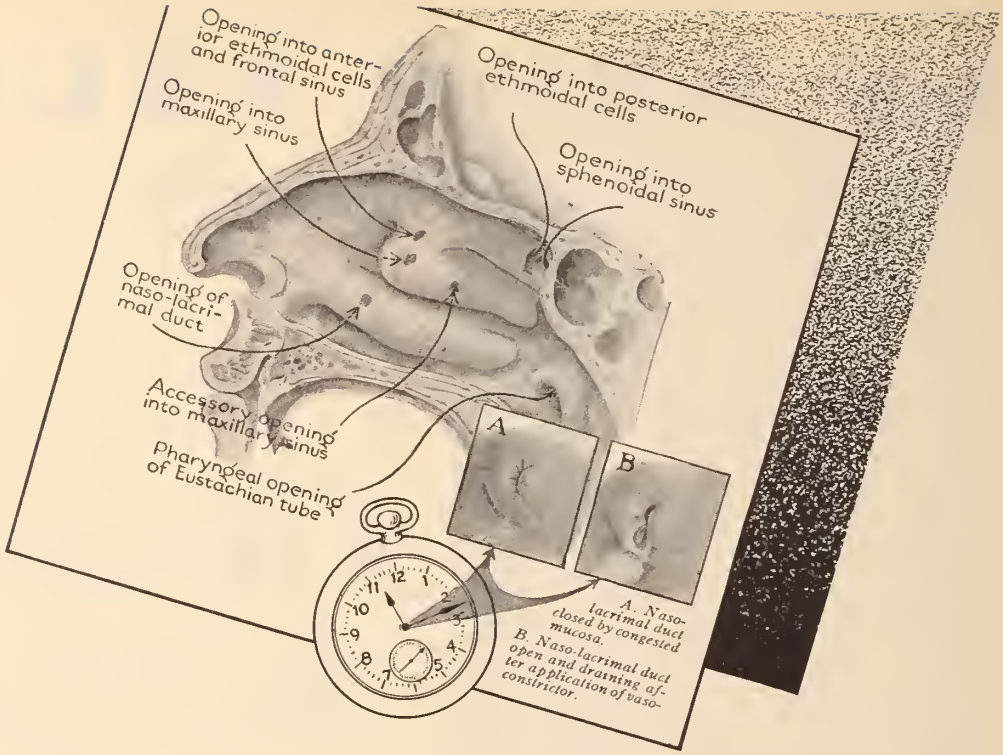

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THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

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EDITORIALS

Training Conference for County Society Officers

The Journal has frequently referred to the essential position which every county society occupies as a school of administrative medicine. This fact was recognized by the officers of The Medical Society of New Jersey in conducting a Training School for county society officers on the afternoon of Sunday, September eleventh. A two-hour program was carried out as announced in the September Journal, page 565, and described on page 632 to 639 of this—the October—Journal. Over sixty members constituted the student class, while fourteen State Society leaders were the teachers.

The training school was unique, and so far as we have been able to determine, nothing like it had ever before been undertaken in any medical society. The interest shown by both the students and the teachers was surprising. It would be difficult to say who were the most surprised and gratified—the students or the teachers. It is often said that a conscientious teacher learns more than the students. Many of the subjects discussed seemed to be almost commonplace and self-evident; but it is the every-day and simple subjects which are the most difficult to present in a manner that is interesting and inspiring, and that rises above the common and the self-evident.

The members, the committeemen, and the officers of county societies are keen observers, and know when business is transacted concisely, expeditiously, and clearly; but it is quite another matter for a member to present a subject in that manner. The members know when a meeting drags along, but it is often difficult for an officer or committeeman to put into practice the snappy leadership which he recognizes in others, but which he himself is unable to exemplify because he has never had its elements brought to his attention.

What most smaller societies need is an evening devoted to the art of presiding, with a "Hot" subject for debate, and with a visiting leader in the chair as a demonstrator of methods of dealing with speakers, and exemplifying methods of conducting a commonplace discussion in a manner that is efficient and satisfactory to both the speakers and their audience. Such a class was conducted with great success by the Staff of the Hackensack Hospital in the Spring of 1936, as described in this Journal of May, 1936, page 311.

The Board of Trustees

Under the Constitution, the Board of Trustees consists of seventeen members—the President, the President-Elect, the two Vice-Presidents, the Secretary and the Treasurer, and eleven members elected by the House of Delegates, for a period of three years, and chosen from the five Councilor Districts, each district having at least two members.

FUNCTIONS OF THE BOARD OF TRUSTEES

The functions of the Board of Trustees are set forth in the By-Laws, Section VI, and may be briefly stated as follows:

1. Supervise the affairs of the Society, with authority to act for the Society between annual meetings.
2. Make recommendations to the House of Delegates.
3. Advise the Standing Committees.
4. Supervise the work of the Publication Committee, and appoint an Editor and his assistants.
5. Determine all salaries.
6. Pass upon all recommendations for incurring expense over and above that provided in the budget.
7. Order all necessary expenditures.
8. Refer and otherwise dispose of all business.
9. Bond the Treasurer and audit his accounts annually.
10. Fill vacancies in all offices and elect Standing Committees.
11. Appoint one of its members to fill the office of Treasurer in event of vacancy in the office by death or illness.
12. Lease, sell, or otherwise dispose of all property of the Society.
13. Appoint three of its members to serve on the Committee on Finance.
14. Nominate candidates to the State Board of Medical Examiners.
15. Make an annual report to the House of Delegates.

By summary, these powers may be divided into three parts:

1. Administrative.
2. Financial.
3. Appointive.

1. ADMINISTRATIVE POWERS

Article V of the Constitution says, "The Board of Trustees shall be the executive body of the State Society."

According to time-honored custom, the President is the chief executive officer of the Society, and his duties are briefly specified in the By-Laws, Section VI, in which only three functions are named:

1. To preside at meetings.
2. To appoint committees.
3. To deliver an address at the Annual Meeting.

Because of the vagueness and uncertainty of the President's relationships, the Board of Trustees, in April of 1927, adopted the following plan, which is described in the Transactions of 1934, page 24:

1. Make the Society with all its activities revolve around the President during the year of his presidency.
2. Familiarize the incoming President with certain branches of the organization.
3. Have the Trustees at each meeting in constant touch with the activities of the Society.
4. Have the chairmen of the important committees know what the Trustees are doing.

These resolutions, adopted by the House of Delegates in three successive years, have become standard policies whose observance has met with most happy results.

2. FINANCIAL POWERS

The Medical Society operates on a budget of about $70,000 a year. The finances are essentially in the hands of the Trustees, with the Finance and Budget Committee passing upon all bills and making up a budget for the year. The House of Delegates has a final decision regarding the budget.

Specifically, the Trustees may determine all salaries, and order all necessary expenditures.

The Finance and Budget Committee is composed of three Trustees elected by and from the Trustees, and three other members elected by and from the House of Delegates.

3. APPOINTIVE POWERS

The Trustees are given the power to fill vacancies in any office of the Society.

MODUS OPERANDI

There are thirty-four committees of The Medical Society of New Jersey, consisting of some three hundred physicians from all parts of the State, and representing all types of practice. Each of these committees has a member of the Board of Trustees as a consultant.

This results in a two-way exchange of thought and action. The Board of Trustees is at all times familiar with what the committees are doing, and is able to communicate directly with them through the consultants.

There are a number of appointed committees in the Board of Trustees, each member serving on at least one committee.

Approach to the Board of Trustees should be made through the President of the Society. Matters which are to be brought before the Board are referred by him to the Chairman of the Board, who in turn refers them to the proper committee, as long before the next meeting as possible, so that they may be studied and appropriate recommendations made to the Board. This saves much time and brings about a more thorough understanding of the problems presented.

RALPH K. HOLLINSHED.

The Special Session of the A. M. A.

Ten representatives of The Medical Society of New Jersey attended the special session of the American Medical Association which opened on September sixteenth in Chicago. Four were regularly accredited delegates, and six were welcomed as visitors, and were given every opportunity to listen to the debates and hearings, and to take part in them if they wished.

Each of the ten representatives was assigned to a particular section, and has written his impressions in a series of articles which are clear, concise, and illuminating, as any member may readily see for himself if he will read the reports on page 614 to 626 of this Journal.

PRELIMINARY EVENTS

In order to understand the conditions which led up to the call for the special meeting of the A. M. A., one must read the reports of the action of the Federal Government in regard to universal medical care. These are fully set forth in articles in the Journal of the A. M. A., which were summarized in the current issues of our own Journal. These events in their order were as follows:

1. The passage of the National Social Security Act, which is summarized in the New Jersey Journal of February, 1935, page 106, and July, 1935, page 440.

2. The appointment of an Interdepartmental Committee of the Federal Government which was created in 1935 for the administration of the Social Security Act, and was described by Miss Josephine Roche, Chairman, in a communication to the annual meeting of the A. M. A. on June 14, 1938, and summarized by Dr. Hilton S. Read in this Journal of July, 1938, page 441.

3. The proceedings of the National Health Conference on July 18, 1938, which was conducted by the Federal Interdepartmental Committee, are summarized in this Journal of August, 1938, page 503, and are reported in the Journal of the A. M. A. of July 30, 1938, pages 432-454. This conference made five specific recommendations regarding a nation-wide system of medical care. The consideration of these five recommendations was the object of the special session of the A. M. A. which assembled on September 16, 1938.

4. The proceedings of this special session of the A. M. A. are reported in the Journal of the A. M. A., pages 1191-1217.

5. To fully understand the belligerent attitude of the Federal Government toward medical organizations, the member should also read the threats of lawsuits against the A. M. A. for alleged violation of the Federal Anti-Trust

Law, noted in this Journal of August, 1938, page 505.

A careful reading of these reports is essential to prepare a member of The Medical Society of New Jersey to properly digest the reports of the New Jersey representatives. Time spent in absorbing the contents of these reports will be well spent, since it will bring the student abreast of the present status of governmental and organized medical philosophy of medical care.

COMMON MEETING GROUND

Criticizing the medical profession (specifically the A. M. A.) by Federal authorities inevitably led to reprisals by physicians; but as usual in deep-seated disputes, there is a common element of truth on which both sides may agree. This point of view is well expressed by President Carrington in the President's Page of this Journal, page 614, as he writes regarding the special session of the A. M. A.:

"There was a universal commendation of the broad objectives and humanitarian purposes that guided the National Health Conference. While the *humanics* met with approval, the *mechanics* did not."

It has been a great forward step that the House of Delegates of the A. M. A. recognized the desirability of attaining the objectives stated in the National Health Conference. Since both the Federal Government and the A. M. A. are seeking to attain the same objectives, it would appear that the way is open for a calm discussion of the means of attaining them.

PROGRESS OF THE SPECIAL SESSION

The special session of the A. M. A. was conducted with unusual wisdom. Five sub-committees were appointed, each to consider one of the five proposals of the National Health Conference, and to report its conclusion to a general committee whose membership was composed of the chairmen of the five sub-committees. Each of the ten New Jersey representatives was assigned to attend the meetings of a sub-committee, and to report on its action and the final action of the general committee to which the sub-committee reports were referred.

THE ATTITUDE OF THE NEW JERSEY DELEGATES

Drs. Mulford and Eagleton each presented the plans and recommendations of The Medical Society of New Jersey, which are printed in the A. M. A. Journal of September 24, 1938, pages 1205-1208. These suggestions were along the lines which were finally adopted by the A. M. A. House of Delegates.

The New Jersey representatives at the A. M. A. special meeting were in a peculiarly favorable position to support a comprehensive plan of discussing the means of approach to the Federal objectives, because for two years The Medical Society of New Jersey has cooperated with the State Department of Health in administering the Federal Funds under the Social Security Act for the promotion of public health work in maternal and child welfare and venereal disease control, with outstanding success and satisfaction. The representatives were warmly welcomed and their opinions were seriously considered.

Scientific Activities

The Medical Society of New Jersey was founded 172 years ago for the purpose of raising the standard of both the science and the art of the practice of medicine. For three-quarters of a century the Medical Societies of the State and the counties were the dominant teachers of the *science* of medicine. They exercised this function by two methods:

1. A system of preceptorship by which students were apprenticed to leading practitioners under the direction and control of the medical societies.

2. By a system of examining and licensing students and granting licenses to those who were found proficient.

These two functions were exercised under the authority granted to the medical societies by the Laws of the State of New Jersey, and

continued in force for eighty-six years, until in 1854 the societies voluntarily released both of their prerogatives to the medical schools. For 36 years the simple registration of a diploma from a medical school with a county clerk was all that was required for a graduate of a medical school to obtain a license to practice medicine anywhere in New Jersey. But in 1890 the medical societies regained a place in licensing practitioners by the law establishing a Board of Medical Examiners whose function was to examine every candidate and to issue licenses only to those who were found proficient in the *science* of medical practice.

A defect in the system of medical schools was that they taught only the *science* of medical practice, and left the student to acquire the *art* of practicing by his experience with his private patients *after* he had secured a license to practice. This was partially remedied by the requirement, instituted in 1916, that every applicant should have had at least one year's experience in an approved hospital. A defect in the system still remains in that, when a student once secured a license, there is nothing to compel him to continue to study and keep abreast of the rapid advances in both the science and art of practice. Evidence of this defect is still apparent in the fact that the law which went into effect on July 1, 1938, requiring premarital examination for syphilis, revealed that many excellent practitioners were unprepared to take the necessary blood specimens.

The Medical Societies of New Jersey and its counties are now taking steps to regain their functions of teaching by three major methods:

1. Conducting graduate courses of lectures.

2. Organizing demonstration clinics for family doctors, especially in tuberculosis, maternal welfare, child hygiene, and venereal diseases, with the coöperation of the State Department of Health and with the aid of Federal funds provided under the Social Security Law.

3. The constant influence of the general Public Health Committee and its ten sub-committees, each concerned with a special branch of practice.

It is entirely true to state that the society's system of teaching scientific medicine has been successful, and has had its influence on every physician in the State of New Jersey. The system of teaching is an essential part of the answer to the criticism that physicians in private practice are failing to reach a considerable proportion of the people.

One great practical result of the system of education by the medical societies is that physicians are preparing themselves to offer their therapeutic services to that large class of patients who from poverty, or ignorance, or prejudice, are not voluntarily carrying out the directions of their family doctors. The medical societies are now including welfare organizations and relief workers in their system of instruction, so that the present system of community welfare and relief work may function efficiently. The medical societies are now earnestly engaged in educating governmental agencies in the proper performance of their duties in their relations to the under-privileged class of patients.

The Medical Societies of the State of New Jersey and its counties have assumed a recognized leadership in demonstrating how the governmental and other lay agencies may do their part in assisting family doctors to give the medical services which they alone can give. While it is true that *millions* of dollars of public funds will be needed in order to provide the means by which large numbers of underprivileged persons may profit by the ministrations of their family doctors, the sum actually required is not to be estimated by *billions* of dollars as is proposed by the Federal Government. The delegates to the Special Meeting of the American Medical Association on September 16, 1938, have pointed out the way by which all the services proposed by the Federal Government can be delivered by family doctors at one-tenth of the expense that is suggested as necessary by the bureaucrats. The physicians of New Jersey are prepared to demonstrate this fact.

TREATMENT OF MYOMA UTERI

By Thomas B. Lee, M.D., Camden, N. J.

Read before the Surgical Section of the Annual Meeting of The Medical Society of New Jersey, May 17, 1938.

Fibromyoma of the uterus is a very common problem. Out of the last 3000 cases admitted to the gynecological service of the Cooper Hospital, 500 have been fibromyoma, an incidence of sixteen and two-thirds per cent. Ovarian cyst was encountered one-tenth as frequently.

Out of the age, the race, and the social state of the fibroid patients grow many interesting and important problems which in the interest of the patient should receive careful and special attention. For instance, what might be done for a colored girl of 35 who makes her living doing domestic work would perhaps not do at all for a woman of the same age higher in the social scale with more leisure and means. Nor would the same treatment applied in a neurotic individual approaching the menopause do for a similar condition in a more phlegmatic woman. It is desirable to preserve the important menstrual function whenever possible; and preservation of the childbearing ability must always be weighed carefully in the third and fourth decades of life.

Perhaps no gynecological condition has as many and as satisfactory methods of approach as that of uterine fibromyoma. These various methods have been developed during the years since the discovery of aseptic surgery, because of the need of meeting the greatly varying conditions encountered in dealing with this very common tumor—conditions which are not only medical but also social, psychological and economic as well.

It is quite safe to say that more fibroids are treated by the general surgeons than by the trained gynecologist. Many large hospitals have no gynecological department, the gynecology being done by the general surgeon along with his other work—gall-bladder, chest cases, fractures, and what not. To illustrate, we cite the following case:

A young woman, a business executive, divorced, suffered with moderate menorrhagia. She was found on examination to have a uterine fibromyoma, the entire mass measuring approximately eight by ten inches. The mass was freely movable, and the adnexa, so far as could be determined, were normal. Conservative surgery was suggested. Later on the patient came into the hands of a surgeon who offered radium. The advice was taken. The patient still has a large part of her tumor, and many emotional menopausal symptoms, although her moderate menorrhagia has been relieved.

We have taken from our files the last 500 cases of fibromyoma, and it is our purpose to tell you how we treated these and why.

MYOMECTOMY

Twenty cases were treated by myomectomy. This is the preferred method of treatment whenever possible. In only a small proportion of cases, however, has it appeared feasible. It has been most useful to us in pregnancy complicated by fibroid. If the tumor is obstructing, or so large as to interfere mechanically with the development of the child, a myomectomy is attempted. However, if such mechanical difficulties do not obtain, the fibroid is let alone and it is remarkable how often the tumor seems to soften in the later months of pregnancy, sometimes disappearing clinically.

Naturally the larger the tumor the more likely we are to cause an abortion. Very gentle handling reduces this hazard to a minimum, and the results have been very satisfactory indeed. There has been no case of ruptured uterus in labor following such procedure even when large tumors have been removed. We have had no abortions.

In submucous fibroids in the non-pregnant state in young patients, myomectomy should always be done. This can be done even when the tumor is large. The following case illustrates the possibilities in preserving the childbearing function even in large fibroids.

A young woman 28, married one year, and desiring children, had a submucous fibroid over four inches in diameter. It occupied the lower part of the uterus and the cervix, the external os being

dilated about one inch in diameter. No other fibroids could be palpated. The cervix was split, the tumor removed by morcellation, and the cervix sutured. This patient conceived later, and carried a child to term.

We regard extensive adnexitis, very large tumors, and nearness to the approaching menopause as contraindications to myomectomy. When indicated, the morbidity and mortality of myomectomy are negligible. The technic in this procedure has for its objectives the peritonization of the scar, and the obliteration of all dead spaces.

SUBTOTAL HYSTERECTOMY

Three hundred and eighty-five cases were subjected to subtotal hysterectomy. This is regarded as the most satisfactory method of treatment in the average case for the following reasons:

1. Most cases when first seen are old enough to have had all the family they desire or can have, and there seems to be no point in preserving tumor-bearing type of tissue which may produce more fibroids and bring the hazards of more operations.

2. If the adnexa are to remain, and they are left whenever possible, unless the patient is almost at the menopause much of the uterus may be allowed to remain, and the menstrual function is thereby preserved to a greater or less extent. It may be said that this is not often practical in the colored patient. When the adnexa are left, there most always follows in a month or so a cystic swelling of one of the ovaries, or in rare cases, both. This requires no treatment and gradually disappears, requiring from a few months to two years for its disappearance. The patient should be frankly told about this probability so that further and useless operations may be prevented.

3. The mortality and morbidity are low owing to the fact that the technic has been simplified and standardized in recent years.

TOTAL ABDOMINAL HYSTERECTOMY

Five cases received a total hysterectomy. The total operation is don ewhen we are especially suspicious of malignancy in the cervix. It is our belief that in other cases the cervix, after receiving proper treatment, may safely remain. Amputation, tracheloplasty or the cautery may be used to accomplish this purpose, although we prefer the tracheloplasty in the average case, and believe that the advantages of this procedure are not sufficiently appreciated.

To teac hthat every fibroid requiring hysterectomy should be treated by the total operation we believe to be dangerous for the following reasons:

1. While the trained pelvic surgeon who has performed many such operations acquires a technic and skill which keep his mortality and morbidity within reasonable limits, we must remember that many fibroids are done by the general surgeon and the occasional operator, and the results, in our own personal knowledge, are at times appalling.

2. While the proponents of the total operation claim the immediate results to be as good as in the subtotal hysterectomy and their final results better, we submit that this is still open to proof.

3. Unpleasant shortening of the vaginal canal does occur, and will occur often, unless meticulous care is taken to unite the transcervical ligaments to each other and to the upper vaginal walls.

4. It so often happens also that in many cases in which a pan-hysterectomy is particularly desirable that it is rendered impossible because of adhesions, thick abdominal wall or other causes of inaccessibility.

5. We believe that, except in the most expert hands, the mortality in total hysterectomy is much greater than in subtotal. This more than compensated for the slight incidence of cancer occurring in the stump following the subtotal operation. The remaining cervix, when properly treated, must be a very slight menace indeed to the further health of the patient, as we have seen cancer of the stump only twice in dealing with 15,000 gynecological cases.

VAGINAL TOTAL HYSTERECTOMY

After comparative neglect for twenty-five years, vaginal hysterectomy is coming again into popularity, some of which it really deserves. In selected cases it is undoubtedly a procedure of choice, with a low mortality and

most gratifying convalescence. We restrict its use to those cases which have had no history of severe pelvic infections, and in which the uterus nor adnexa appears fixed by adhesions. We must bear in mind that even severe infections early in married life may be forgotten by the patient, and that no palpable evidence of adhesions, especially of gut to uterus, may be present. In doing a vaginal hysterectomy when one encounters such a condition, the damage done below should be repaired as much as necessary, and the operation completed through the abdominal wall.

The indications for vaginal total hysterectomy are the very stout person, the old person with small tumor, the patient who has no history of severe pelvic inflammation, procidentia when removal of the uterus is desirable, and suspicious cervix with fibromyoma with roomy pelvis.

In the recent popularity of vaginal hysterectomy we deplore the tendency to remove large fibroids by this method. We once observed one of its most enthusiastic and capable proponents, in pulling out a large fibroid, remove also most of the bladder along with it—of course with fatal results.

We have had no personal experience with the clamp method; we have had, however, experience with its results. It at least often does not hold up the prolapsed vaginal walls as claimed, and we have seen more than one perineal hernia follow its use.

RADIATION—RADIUM

We rather speak of the contraindications in considering radium for fibromyoma. In its use the following conditions should obtain:

1. The tumor should not be larger than a three-month pregnancy.
2. The tumor should not be pedunculated either in the uterine cavity or in the abdominal cavity.
3. There should be no pressure symptoms on the bladder or the bowel.
4. There should be no history of recent pelvic inflammation.
5. The patient should be at, or near, the menopause or older.

When the above conditions are met, we believe the use of radium for fibroid to be very satisfactory indeed. We used it in fifty-four cases of the present series. The treatment is invariably preceded by a diagnostic dilation and curettage. One hundred milligrams are inserted in the uterine canal in tandem formation for a period of twenty-four hours. It is screened by one and a half to two millimeters of platinum, or its equivalent.

The symptom for which radium has been used is uterine bleeding, and no reradiation has been necessary. The reduction in the size of the tumor averages about one-third and requires about one year to be complete.

We wish to emphasize that radium should not be used on patients with fibroids in their early thirties, because the functions of the ovaries are destroyed, the menses cease, the menopausal vasomotor symptoms are apt to be most unpleasant and the patient still has her tumor. Rapid sedimentation time, leucocytosis, and pain, are regarded as positive contraindications to the use of radium.

RADIATION—X-RAY

X-ray radiation has very little place in the treatment of fibroids. We reserve it for inoperable cases, cardiac or otherwise; and in some tumors too large for radium. Where radiation is indicated x-ray treatment of fibroids should always be preceded by a diagnostic dilation and curettage. This rule should be followed without exception. The treatment of fibroids in x-ray laboratories without examination by a competent gynecologist, and which in many cases prove later to be ovarian cysts, should be strongly condemned. It should be borne in mind the tumors appearing after the menopause are never fibroid.

EXPECTANT TREATMENT

Small fibroids which do not give rise to symptoms are let alone. Many of these grow very slowly and never attain sufficient size to menace the patient's health in any way.

As a matter of good policy we believe that these patients should be told of the presence of the growth, and should report for examination once or twice yearly. They practically all tend to retrogress at the menopause. In any

fibroid under observation, rapid growth, the initiation of pain, or the occurrence of increased menses or intermenstrual bleeding, should be regarded as an indication for further investigation.

RESULTS

500 cases were studied of which:

407 were white.

93 colored.

The oldest patient was 59.

The youngest, 20.

Bleeding: Among the white women, bleeding was encountered as the chief complaint:

226 times in 407 cases, or approximately 55 per cent.

37 times in 93 colored, or approximately 40 per cent.

It is interesting to note that transfusion was rarely resorted to in the colored patient, and comparatively frequently among the whites.

Tumor was the chief complaint in seventy-five of the white women, or 18 per cent. Among the colored patient the percentage was 31.

Malignancy of the fundus was encountered four times in the 500 cases.

Subtotal hysterectomy	385 cases
Died	4 cases
Recovered	381 cases
Operative mortality	.103%

Total mortality in 500 cases of fibroid tumor:

Hemorrhage	1
Septicaemia	1
Coronary thrombosis	1
Peritonitis, complicating Ca. of rectum	1
Diabetes, heart disease, non-operative	1

SUMMARY

1. Most fibroids requiring treatment at all are better treated by subtotal hysterectomy.

2. The cervix should in all cases receive careful examination and adequate treatment.

3. All cases in which any suspicion of malignancy exists should have a preliminary dilation and curettage, and biopsy. It would be ideal if all cases of fibroid could be subjected to this procedure prior to the institution of treatment.

4. Total hysterectomy, whether abdominal or vaginal, is better withheld for special indications.

5. Radiation, whether by radium or x-ray, is of limited usefulness, and should be used only when specially indicated.

6. Many cases of fibroid require no treatment, but should be kept under observation until well after the menopause.

DISCUSSION

DR. WILLIAM J. CARRINGTON, ATLANTIC CITY

Dr. Lee's paper is an exceedingly practical masterpiece of good horse sense. His experience is wider than mine. He has a year-round ward service, as against mine of four months. Yet discussion, to be of value, must be based upon personal experience.

During the ten-year period ending May 1, 1938, I diagnosed fibroids in 602 women, advised no treatment in 224 (37.4 per cent), and operation in 378 (62.6 per cent), or approximately two-thirds. Of these, 72 (11.9 per cent) went elsewhere, or nowhere.

The operations on 306 women were as follows:

Supracervical hysterectomy	243
Total hysterectomy	4
Myomectomy	26
Vaginal hysterectomy	12
Radium (1200-2400 mg. hours)	18
X-ray	3

This experience leads to the following beliefs:

I. Small, subserous, symptomless, slow-growing or stationary, fibroids ought to be left alone, except for regular follow-up examinations. One out of three fibroids is of the Mabatini Ghardi type, untouchable.

II. Large fibroids (fist size or larger) which bleed, which are adherent, which are degenerating, or which are associated with fever, tenderness, leukocytosis, or rapid sedimnetation,—all these should be removed. Adhesions, whether acute or chronic, whether due to pelvic inflammatory disease, endometriosis or pressure necrosis, contraindicate radium. The man who uses x-ray or radium on an adherent fibroid appoints himself lord high executioner.

III. Supracervical hysterectomy is safer than total hysterectomy. Carcinoma developed in two of the 243 cervical stumps left. Nevertheless, had I done total hysterectomy in all fibroids, my mortality would have risen from 1.4 per cent to more than four per cent. I agree with Dr. Lee that we should not cut high, wide, and handsomely.

IV. Small submucous, bleeding fibroids, free from

adhesions and pelvic inflammation, should be treated with radiation, although myomectomy is the operation of choice in the child-bearing period. Radium is safer and surer than x-ray, requires one or at the most two applications, and is less likely to cause burns.

V. Myomectomy is indicated where the tumors are accidentally discovered during pelvic operations, where they are pedunculated; not too deep-seated, not too numerous, and in young women who want children unless their removal will leave a scar likely to rupture during subsequent childbirth. But, myomectomy is a makeshift. I have scores of microscopic slides showing hundreds of fibroids invisible to the naked eye. Myomectomy almost always leaves scores of these fosi which are likely to cause trouble later.

VI. In pregnancy, conservation is indicated unless:

1. There is necrosis or suppuration;
2. The size or location of the tumor prevents the development of the pregnancy;
3. The size of the tumor makes obstruction to labor inevitable.

A fibroid is no indication for therapeutic abortion.

Again, let me thank Dr. Lee for you who have had the privilege of hearing him, for the Society, and for myself.

ENDOGENOUS INFECTIONS OF THE EYE, PARTICULARLY UVEITIS

By Charles H. Schlichter, M.D., Elizabeth, N. J.

Read before the Eye, Ear, Nose, and Throat Section of the Annual Meeting of The Medical Society of New Jersey, May 17, 1938, at Atlantic City, N. J. (For discussion, see p. 599.)

Much has been written and much more will be written before the last chapter is done in the story of the cause, and prevention of inflammation of the uveal tract. I like the name uveal tract because it describes the vessel-bearing system of the eye and one can visualize the pathway and continuity traveled by infection or the materials which precede infection,—that is, those substances which prepare or make ready the tissues for attack by bacteria.

Our present conception of the causes of infections of the uveal tract is in a way rather influenced by the geographical locations of the professional group which is viewing it. In Central Europe, for instance, the literature gives one the impression that the greatest cause is tuberculosis; in England, not so,—there they lean toward focal infection. In our own America we are inclined, aye rather insistant, that teeth, tonsils, gall-bladder, cervix or intestinal canal are the great offenders in being the focus of the infection, with tuberculosis having some enthusiastic supporters. Let us discuss these various theories.

That tuberculosis is a factor is not to be denied, but that it is all that our European colleagues say it is cannot be proven. It is much like the time when I began to practice medicine, and we brought a New York consultant out to Elizabeth. Almost invariably in some way malaria was placed as a cause for an obscure case. Yes, there was a great deal of malaria around, but later developments have shown that malaria was not to be blamed for most of the cases with which it was linked; and so it is with tuberculosis.

Our ideas of intra-ocular infections have undergone changes during the past few years; and it is of great importance and interest that the investigation and research which has accomplished so much in the past decade should go forward. It is in the hope of stimulating this and provoking discussion that I have the temerity to place before you some of the causes that are linked with uveitis.

It is of course well understood that though infection may be introduced into the eye by an ulcer, or an injury, these are not the cases which give us the most trouble. The cases which have been of great interest and have perplexed us in the past are in the group where the infection has gone into the eye by devious routes. It is admitted that syphilis, tuberculosis, and gonorrhoea will produce these infections, but they are relatively a small group when one takes into consideration the large number of cases of infection of the uveal tract that are seen each year by the ophthalmologist. We may begin with the very mild infections of the choroid where the only evidence is in a spot before the eye, or a very small mass floating in the vitreous, or a tiny speck on the choroid; and go on to those cases in which the fundus is not visible because of the clouding of

the vitreous with a large mass of detritis, and up to those cases where there is a fulminating, rapidly spreading inflammatory condition of the whole uveal tract. It has been the custom in Central Europe to label the vast number of these cases tuberculous. Some authors state that as high as 50 per cent of cases of uveitis are produced by tuberculosis.

In England there is a tendency for the cause to be sought in an infected focus at some distance from the eye in other parts of the body. In our own country the general opinion seems to fluctuate between these two extremes. It is of course well known that diseases vary with geographic and racial peculiarities and it may be stated that tuberculosis possibly is more common in Central Europe than it is here in the United States; but on the whole the profession is in an unsatisfactory state of mind when it sees the same picture labelled tuberculosis in Germany or Vienna; and in England the result is ascribed to a focal infection; while in this country that patient, to quote Duke Elder, "With American enthusiasm would be treated and probably cured by having his teeth extracted, his tonsils removed and at the same time subjecting him to a course of tuberculin".

The classical experiments and demonstrations of Rosenow, 1915; Irons, Brown and Badler, 1916; Haden, 1923, and others, opened our eyes and at the same time provoked a great deal of discussion when these men showed that they could reproduce identical lesions, particularly in the eye, when microörganisms taken from infected eyes were liberated in the blood stream of an experimental animal and produced the same lesion in the eye of that animal. Frequently it was impossible to demonstrate in these experiments the bacteria involved; and this opened up a line of thought that, while the bacteria themselves might not be present, their products or toxins, or the endotoxins released by the dead microörganisms, were acting upon the tissues of the eye in such a way as to prepare it for infection and inflammation, they finding their way to the eye through the blood stream. This question of focal infection does not mean that bacteria per se are transported into the eye involved, but again the products of their life or their disintegration are really the active factors in bringing about the disease of the eye.

The importance of focal infection in the cause of eye disease was set forth as early as 1912 by Billings in this country, and by Lang in 1913 in England; and we all know, and we have all had the experience, that uveitis may be produced by a circumscribed area of infected tissue, which itself gives no symptoms, but which may be located in the teeth, tonsils, nasal sinuses, the prostate, deep urethra, the colon, the urinary tract, the uterus, or the gallbladder.

I am not so sure, and I have never been able to make myself believe, that a general so-called condition of autointoxication from the gastrointestinal tract as a whole was responsible for an infection of the uveal tract. We have, of course, the question of allergic sensitization due to the action of a foreign protein on the tissues of the eye. This protein may be derived from the bacteria themselves, or it may be caused by the reaction between the bacteria and the tissues of the eye.

Again, pure infection by microörganisms through the blood stream finding lodgment in the eye is seen sometimes in general sepsis, septic endocarditis, the exanthemata, pneumonia, etc.; but these cases are relatively rare. Of the many cases of above-mentioned general pyemic conditions we see but few cases of uveitis.

The theory has been advanced that certain microörganisms or their toxins may have a highly developed specific action or affinity for the eye tissues, and that these tissues acquire a high sensitivity far in excess of other tissues in the body. That again brings us back to the theory of *elective localization,* in which it is decreed that various strains of microörganisms have a predelection for specific tissues. This is what Rosenow originally set forth, and which was corroborated by several other workers.

True, most of these studies and experiments were conducted on rabbits and, while the theory is an intriguing one, it still lacks positive scientific proof, since other laboratory workers have been unable to confirm the results obtained by Rosenow and his group. It is stated that, in

regard to the experiments of these Rosenow groups, the conclusions were deduced and based on the weight of statistcis, and not on actual matter of proof; and further, that these statistics are based, not on human, but on animal pathology. That there is something in this question of elective localization, I believe:—because the cases one sees are so numerous that it is hard to explain them in any other way. The whole theory of gouty diathesis is hardly convincing. There is, however, a considerable amount of evidence to substantiate the claims of allergic sensitization of the occular tissues, and especially so in the recurrence of inflammatory conditions in the uveal tract. The incidence of infectious diseases of the eye is by no means a simple matter depending upon cause and effect. To definitely establish the cause is frequently impossible; and to make a probable guess at the etiology, calls for good judgment and care. One may get help from the reaction from the blood to various strains of organisms isolated; but from the present state of our knowledge the most that can be done is to eliminate so far as possible the most obvious source or sources, and to increase the resistence of the patient by vaccines,—probably autogenous,—the injection of foreign protein, and the building up of the patient with the various vitamin-bearing compounds so as to increase his resistance to infection in general. Gifford, in 1931, analyzed 118 cases of iritis in considerable detail. Of these, 22 per cent were of tonsillar, and 16.9 per cent of syphilitic origin; 12.7 per cent were due to infected teeth, 8.5 per cent to combined infection, 6.8 per cent to sinusitis, and 6.8 per cent to gonorrhoea. Of these last, 5.1 per cent were attributed to prostatic infection, and 1.7 per cent to pelvic infection in women. A further 1.7 per cent were diabetic, while in 16.1 per cent no cause was found.

In my own practice, inflammatory conditions of the uveal tract, in the majority of cases, have been due to focal infections. I personally have seen but few in which I could satisfy myself that the cause was tubercular; and while syphilitic cases have been seen, they are nowhere near as numerous as those from focal infection. It is my belief that the sinuses, unless there is an absolute blocking so that there is no drainage available, are not predominate as a cause. Deep focal infection in the prostate and in the gall-bladder, even where they have given very little symptoms, are, in my opinion, much more likely to produce uveitis than do the sinuses; and while the tonsils are blamed for some 16 per cent to 20 per cent, this has not been my experience.

To sum it all up, in my practice the greatest offenders have been the *teeth,* with infections of the gall-bladder, prostate, urethra, and cervix coming next.

I am greatly indebted to the fine article on this subject in Dr. Duke-Elder's book, "Recent Advances in Ophthalmology" by Sir Stewart Duke-Elder, and desire to express my appreciation to that volume for much of the material I have heretofore set forth.

TREATMENT OF ENDOGENOUS INFECTIONS OF THE EYE

By Elbert S. Sherman, M.D., Newark, N. J.

Read before the Eye, Ear, Nose, and Throat Section of The Medical Society of New Jersey at its Annual Meeting on May 17, 1938, in Atlantic City, N. J.

During the past two decades our ideas concerning the etiology and treatment of endogenous infections of the eye have changed materially. Syphilis and tuberculosis, although important, are no longer, at least in this country and England, regarded as predominant causes.

At the last meeting of the Society the subject of tuberculous uveitis was efficiently dealt with by a member of the Section. (Dr. George P. Mayer, Camden, N. J., Jour., March, 1938, p. 138).

In this paper reference will be restricted to that large class of non-specific inflammations of the eye—particularly of the uveal tract—the etiology of which is based on the concept of a

focus or foci of infection somewhere in the body from which organisms or their products are carried by the blood stream to the eye, causing an inflammatory reaction.

In an editorial in the American Journal of Ophthalmology Lawrence T. Post says, "There are no more interesting ophthalmological cases than the uveitides, and their proper handling often taxes the ingenuity of the ophthalmologist to the full." Herein I am presenting, briefly and far from comprehensively, some procedures which I have found useful in the treatment of acute and chronic non-specific uveitis, together with some reference to recent therapeutic advances.

The subject may be divided as follows:

1. Search for and removal of the cause.
2. Local treatment.
3. Foreign protein therapy.
4. General treatment.

1. REMOVAL OF THE CAUSE

To prevent permanent structural damage, the prompt discovery of the cause is of first importance. In some cases this is very difficult. The patient's history, and the appearance of the eye often furnish helpful etiological clues. Tuberculosis and syphilis sometimes produce characteristic changes in the choroid, iris, or cornea. These, together with a history of infected teeth, tonsillitis, sinusitis, urethritis, rheumatic pains, or gall-bladder trouble, may direct the proper line of search. Laboratory aids—serologic, bacteriologic and x-ray—are of course important and often indispensable; but in acute cases dependence on them may incur the loss of valuable time. In many cases one may determine immediately the probable cause of the trouble by his unaided senses. In a certain number of cases, the percentage varying with the thoroughness of the investigation, no cause is found. These should be classified as "cause unknown" rather than "idiopathic" as was formerly done.

A few months ago a physician consulted me concerning a recent impairment of vision of one eye. He had a low-grade uveitis with many punctate deposits on Decemet's membrane and floaters in the vitreous. He could think of no possible source of infection. All teeth had been removed and his mouth looked healthy. He was wearing full upper and lower dentures. However, a roentgenogram revealed an infected root in the upper jaw.

Evidences of tuberculosis and syphilis should be looked for, but whether present or not any definite foci of infection should be eliminated.

A positive Wassermann or other evidences of luetic infection may be misleading if they cause one to neglect a complete search for other possible sources of infection.

A young man with acute exudative choroiditis and severe inflammation of the entire uveal tract, with a dense deposit of precipitates on the cornea, was referred to me by an ophthalmologist in another city. He was in the late secondary stage of syphilis, and had large infected tonsils and an acute apical infection of an upper molar. Because of the ease and promptness of approach, the dental infection was attacked first, with immediate and very marked improvement in the condition of the eye. Without other than local treatment the eye became quiet, and the cornea was clear in ten days after the removal of the tooth.

In many cases the cause is not so easily found. The most diligent examination is often futile. Some of these cases, especially the chronic ones, are probably tuberculous.

2. LOCAL TREATMENT

In all cases of acute uveitis and in many of the chronic ones, a mydriatic must be used and continued as long as the inflammation is active. Besides preserving vision by preventing posterior synechiae and occlusion of the pupil, the immobilization of the iris and ciliary body relieve pain and promote recovery of the inflamed tissues, just as a splint is of benefit to an inflamed joint. Heading the list of drugs for this purpose is atropine sulphate (one to three per cent) in solution or ointment. For individuals who are sensitive to atropine, hyoscine hydrobromide (0.25 per cent) or duboisin sulphate (0.25 to one per cent) may be substituted.

In some cases, either because of adhesions or when the eye is congested and the iris is irritable as in acute iritis, the mydriatic action of atropine is ineffective. Under these conditions epinephrine hydrochloride or one of its substitutes is often invaluable. It can be used in various ways. For breaking up adhesions I have for a long time had most satisfactory results from subconjunctival injections of two

drops of one per cent atropine sulphate solution, and two or three drops of epinephrine 1-1000, with an equal quantity of salt solution injected close to the limbus. As the effect is greatest on the section of iris adjacent to the injection, the latter should be placed as near as possible to the adherent part or parts of the iris. It should be preceded by a local anaesthetic and a drop or two of epinephrine—the latter to prevent subconjunctival hemorrhage which sometimes occurs. As a rapid pulse and other mild syncopal symptoms occasionally follow this treatment, it is advisable to have the patient recumbent. Following the injection, fresh adhesions can often be observed to separate in a few minutes, permitting wide and round dilatation of the pupil.

In some cases fairly old and more or less complete synechiae can be partly or wholly broken up by a series of three or four injections, thus preventing a seclusion of the pupil and permanent loss of sight.

When atropine is ineffective because of congestion of the eye, a strong solution (1-100) of epinephrine hydrochloride is very useful. One or two drops placed on the cornea renders the eye white in a few minutes and the mydriatic action is prompt. A more marked effect can be had from synthetic suprarenin bitartrate in two per cent solution. This preparation comes in powder form in glass ampules so that the solution, which is said to be very unstable, may be prepared just before use. I have, however, found it to be very potent even after four or five weeks, if kept in the dark. It sometimes causes considerable pain, and occasionally an acute rise of tension. The latter does not persist. Ellett has made a practical suggestion which he credits to Melville Black that a small quantity of the powder in a small eye curette be applied directly to the eye. As a matter of economy this is a good idea; for the drug is expensive.

Epinephrine and its substitutes, as has been shown by several investigators, tend to lower the tension of the eye, and are therefore particularly useful in uveitis with hypertension.

Even though the tension remains elevated, it is important that efforts to dilate the pupil be continued. If the tension persists, temporary relief can be had by draining the anterior chamber. I favor doing this subconjunctivally. The point of the knife is entered about two mm. from the limbus, and the incision is made wide enough to easily admit an iris repositor, with which it can be reopened on several successive days if necessary.

For the pain, which is sometimes intense in acute anterior uveitis, the salicylates in any one of several forms, combined with codeine, are useful. Dionin, applied topically, either in solution or powder form, is a popular remedy which I have found to be of little or no value. As F. H. Newton logically remarks, "In a condition in which a marked engorgement of the blood vessels is already present, it does not seem rational to employ a substance that decidedly increases this congestion."

An old-fashioned remedy which is too often forgotten nowadays is the *hirudo medicinalis* or leech. One or two of these blood-suckers applied to the temple on the affected side seldom fail to relieve the pain of acute iritis. Heat in any one of several forms is of value.

3. FOREIGN PROTEIN THERAPY

A most important addition to our resources in the treatment of uveitis, especially the acute process, is non-specific protein therapy. While the treatment is by no means new, and is as yet empirical, and its rationale is somewhat controversial, its great value has been demonstrated by a large amount of clinical evidence. The limitations on this paper preclude any discussion of the various theories underlying this treatment. The important research and clinical work of Albert L. Brown is outstanding. This writer says that, "Clinically, the only method of treatment which seems actively to abort an acute uveal inflammation is the parenteral administration of one of several proteins." He believes htat the varying degrees of shock, fever, and leucocytosis which accompany such therapy, and which have been considered the most significant therapeutic factors, are manifestations of newly forming antibodies. Brown has demonstrated the important fact that, if the anterior chamber is tapped a few hours following the administration of a foreign protein—he uses typhoid H antigen—the antibody concentration of the newly formed aqueous is

raised very much with consequent beneficial effect on various types of uveitis.

For a long time diphtheria antitoxin, milk, and typhoid vaccine have been the chief agents employed in this form of therapy. I have used all three, principally following intraocular injuries, but have gradually abandoned the use of all but the typhoid vaccine. The anaphylactic effects of diphtheria antitoxin on many individuals are unpleasant and sometimes serious. The degree of shock from milk is often inadequate. Typhoid vaccine is easily obtained and administered and uniformly produces sufficient shock. The relief of pain and other symptoms in acute cases following the initial intravenous injection is often so prompt that, in spite of the discomfort caused by the shock, patients welcome a repetition of the treatment.

For the first injection I usually give 20,000,000 organisms. This may be repeated on alternate days as indicated, increasing each dose by ten or twenty million organisms, according to temperature reaction from the previous injection. If the results from the first injection are not satisfactory, the anterior chamber should be tapped.

Joseph Levine reports very satisfactory results from the use of a vaccine known as Coley's mixed toxin. It is a mixture of the toxins and derivatives from killed cultures of *Streptococcus erysipelatos* and *Bacillus prodigiosus*. Some of its advantages are: Small dose, intramuscular administration, and with certain precautions it can be used for ambulatory cases.

Non-specific protein therapy should be used with great caution in patients with heart disease, nephritis, arteriosclerosis, cachexia, or fever.

In order to shorten this theme, I will omit some things which I had planned to offer for discussion, under the head of general treatment. They can, however, be embodied in one thought which, partly because of my own omissions, has often been impressed on me. It is this: Some of us are too prone, when treating an eye, to forget the patient. Attention to his general well-being, both physical and mental, may sometimes be an important factor in the recovery of the eye.

671 Broad Street

DISCUSSION OF THE PAPERS BY DRS. SCHLICHTER AND SHERMAN

BY DR. H. L. HARLEY, ATLANTIC CITY

The time limit for a paper before this section is necessarily limited. The authors of these papers have so epitomized the most recent thoughts on the subject that there remains little for a discussor to do except to emphasize some of the points they have made. After studying both papers I am left with the feeling that, should I ever be a victim of uveitis, I should be perfectly safe in the hands of either of these gentlemen.

As to tuberculosis as a cause of uveitis: I suspect that those of us who do not follow European literature were unaware that tuberculosis continues to hold the important place over there which Dr. Schlichter says it does. On this side of the Atlantic, Dr. Jonas Friedenwald is studying tuberculosis in relation to the eye in the same thorough way he does everything; and if I understand him correctly, he is growing more and more skeptical about the rôle of tuberculosis in many eye conditions formerly thought to be tubercular.

Focal infection probably holds the most prominent place in the minds of all of us. Though I have no statistics, I am sure my experience is about parallel with that of Dr. Schlichter, in that infected teeth are the greatest offenders, and that chronic prostatic infection is a very common primary focus. The prompt recovery of a uveitis after the removal of infected tooth roots makes those cases seem less important and therefore less memorable than some others where the original focus is longer in being discovered or less easily drained.

I like to remember Dr. Rosenow's dictum that a so-called secondary focus may actually become the primary one, the original focus having burned itself out or healed after planting a daughter infection. When this happens, it is of course impossible to discover a primary.

The treatment of uveitis will at times call for all the skill and judgment we possess. Dr. Sherman has divided it into five parts; certainly in the order of their importance.

1. The removal of the cause.

2. Local treatment. To break up recent adhesions between the iris and anterior lens capsule it is my practice to put a small quantity of powdered atropin sulph in the conjunctival cul de sac, closing the lacrymal passages with a clamp for five minutes, then wash away the excess. Dr. Sherman's method of injecting atropin and adrenalin under the conjunctiva may be better—I shall try it.

3. Non-specific foreign protein is probably a part of every ophthalmologist's treatment of uveitis. To those who have not used Coley's fluid, I suggest you give it a trial. It is convenient and inexpensive, the dose is small, and the action is delayed five to eight hours after administration; and so it may be conveniently given in the office. In three or more years I have had no unhappy results from its use.

5. Under number five, Dr. Sherman lists compli-

cations, but does not name them lest they unduly lengthen his paper. Of all the complications, *secondary glaucoma* has caused me the most concern. As an aid in control of this troublesome complication I have had favorable results from superrenin bitartrate, but my experience is too limited to enable me to speak with authority.

Detachment of the retina is certainly a serious and not infrequent result of exudative choroiditis; part and parcel of uveitis.

4. And lastly, number four: general treatment. To quote Dr. Sherman's closing words: "Some of us are too prone, when treating an eye, to forget the patient." That simple and direct statement carries a just rebuke which should be sufficient.

DISCUSSION BY DR. J. S. SHIPMAN

We should all be very grateful to Drs. Sherman and Schlichter for bringing this ever-interesting, and oft-times baffling, subject to our attention.

In my own experience, infected or abscessed teeth have been the most frequent foci of infection in cases of iritis or uveitis. Next in the order of their frequency come tonsils, sinuses, prostate, pelvis and gall-bladder. I agree with Dr. Schlichter about the gastro-intestinal tract; I can not think of a case in which this was proved to be the causative factor. I do feel that gonococci infections are seen somewhat oftener than the literature or Dr. Schlichter would have us believe. I can recall at least six severe cases of iritis which I have treated in the past six years, and in which an old or subacute gonorrhoea was the causative factor with systemic infection affecting various joints.

LOCAL TREATMENT

Atropine, in combination with adrenalin 1-1000, equal parts, may be used in the form of a cotton pledget saturated with this solution. After the affected eye has been anesthetized, the pledget is placed under the upper lid by means of a small, blunt-tipped cilia forceps, while the patient is looking down. This is left in place for two or three minutes, care being taken not to injure the cornea when inserting or removing the pledget. This will often dilate a pupil as well as a subconjunctival injection of atropine and adrenalin, about which Dr. Sherman spoke. I have used his method also but find the pledget somewhat easier to use in the office.

Lately I have been using suprarenalin bitartrate jelly one-half to one per cent and have found it most effective. On a few occasions I have used adrenalin 1-100 solution and this works quite well, but it causes more pain than the other procedures mentioned.

Pregl's iodine is another form of local treatment which we at the Cooper Hospital and at the Wills Hospital have used extensively in treating these stubborn cases. Dr. Sherman makes no mention of this in his paper. We have found this very efficacious; and if care is taken to give a subconjunctival injection of novocain first, the patient does not suffer any serious amount of pain.

Typhoid H. antigen was mentioned by Dr. Sherman as the best form of foreign protein therapy. I agree with him thoroughly in this. We often give the typhoid vaccine one day, and the Pregl's iodine the next, alternating this way for several days.

Another procedure which we have followed and found to work very well is to give the typhoid vaccine on one day; and on the following day to do a paracentesis of the anterior chamber, allowing new aqueous with fresh antibodies to reform and combat the existing infection.

Dr. Sherman mentions doing a subconjunctival paracentesis; and I agree with him that this should help to prevent further infection from without, and facilitate reopening the anterior chamber from day to day by means of an iris spatula.

Brown, of Cincinnati, wrote in the February issue of the Archives '38 about the advantage of using typhoid H. antigen in cataract cases, the day before operation, as a prophylaxis to infection, the corneal section serving as a paracentesis. To me this sounds very logical, although I have not tried it.

At the Wills Hospital some of the men have been augmenting the fever reaction obtained from typhoid vaccine by using an electric cabinet over the patient's body at the same time. I have tried this in one case, and found it to work quite satisfactorily.

The Kettering hypertherm has been used extensively by Stecker and Walpaw, of Cleveland, in treating uveitis, corneal ulcers, and interstitial keratitis. They had a most convincing exhibit at the A. M. A. Convention in Atlantic City last June. This machine or cabinet is not for sale, and so far as I know there is not one being used in the Philadelphia area. Its use is not without danger to the patient, who should be carefully watched by a physician or trained assistant the entire time he is in the cabinet, this being five to eight hours.

Another form of general or systemic treatment, which Dr. Sherman did not mention, is gold sodium theosulphate. Benedict has written very convincingly of this, and he feels that it has its most beneficial effect in cases of tuberculous uveitis. The few cases in whom I have seen this used effectively were suspected of being tuberculous in character. Some contra-indications for its use are renal or hepatic disease, and pregnancy.

Saemisch section, or delimiting keratomy, is an operative procedure which, in corneal ulcers with hypopyon, offers very encouraging results if done soon enough. Basal iridectomy for secondary glaucoma sometimes has to be done; and even when the tension is not elevated it sometimes has a beneficial therapeutic effect. I recently had two cases in which a paracentesis was done and the thick tenacious exudate in the anterior chamber was teased out successfully by means of a lens capsule forceps.

Dr. Sherman mentioned the use of leeches for relief of pain and congestion. When I was a resident at the Wills Hospital, a great many of the older chiefs there used leeches, but I have not seen any used for a long time, and think it would be hard to get them if you did want to use them. My observation of their use was that they made the patient more comfortable for a while, but of the ultimate result I can not say.

BURIED GRAFTS USED TO REPAIR DEPRESSIONS IN THE BROW, EYE SOCKET, SKULL AND NOSE

By Lyndon A. Peer, M.D., Newark, N. J.

Abstract of a paper read before the Eye, Ear, Nose, and Throat Section of the Annual Meeting of The Medical Society of New Jersey, May 19, 1938.

Many foreign substances have been buried beneath the skin to fill depressions in the skull and nose for the purpose of improving an individual's appearance. These foreign substances include ivory, animal bone, plates of silver or gold, and paraffin. Unfortunately the human body resents the presence of foreign material; and when it is used, there occurs a slow but progressive action in the surrounding host tissue which eventually results in expulsion of the foreign implant. There are cases, it is true, where foreign implants have remained in place for years, but local trauma or infection seem to remind the body of their presence and precipitate their removal.

FIGURE 1.

Autogenous rib cartilage graft buried seventeen months. The cartilage graft shows no evidence of invasion or absorption.

The harmful sequellae following the use of paraffin are well known, and its former wide application is now very generally condemned.

From experimental and clinical experience I am led to believe that the best type of buried graft is living tissue which remains as living tissue after transplantation.

Three types of human tissue grafts are satisfactory for burial in varying degrees. These are:

1. Dermal grafts.
2. Rib cartilage preserved in alcohol.
3. Autogenous rib cartilage.

DERMAL GRAFTS

Eitner in 1920 described a method of elevating a depression of the face by inserting a free section of de-epithelized derma beneath the skin overlying the depression. Eitner[1] removed the epidermis from a hairless portion of the abdomen with a Thiersch knife, and excised a section of dermis and underlying fat. This he transplanted under the skin of the cheek. He observed the patient for eight months and reported a completely satisfactory result. Vilray Blair and J. B. Brown[2] used dermal grafts, and described the method to Straatsma,[3] who successfully used the graft to repair saddle nose.

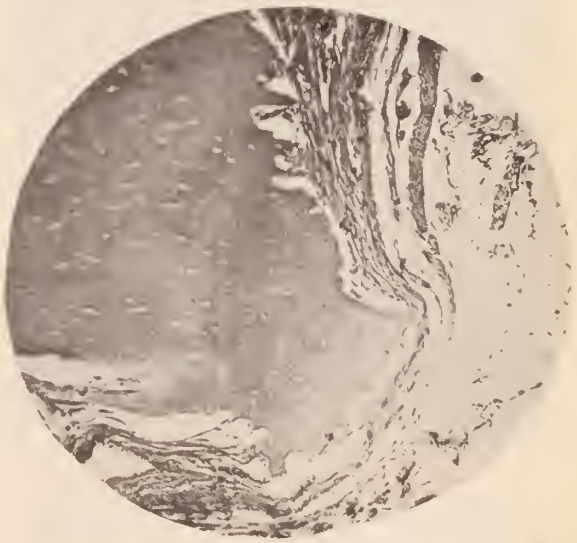

FIGURE 2.

Cadaver rib cartilage graft preserved in alcohol for one month and buried beneath the chest skin of a male patient. The cartilage was removed after seventeen months and sectioned. Note beginning invasion and absorption of the cartilage by the surrounding host tissue.

One would suppose, theoretically, that cyst formation might occur from the hair follicles,

sebaceous glands, or sweat glands in the buried section of dermis. In order to determine the fate of these structures, I buried sections of dermis and fat beneath the chest skin of humans and removed them at intervals of seven days to one year.[4] Examination of the sections of the implanted dermis showed that the sebaceous glands and hair follicles completely disappeared. *Sweat glands* were present in the one-year section, but showed definite degenerative changes.

FIGURE 3.

Deep depression in the left frontal region due to operative removal of the left frontal sinus, the bony brow and a large section of adjacent frontal bone for osteomyelitis.

Remnants of epidermis incompletely removed from the dermis at first formed small cyst cavities, but in the later sections these were entirely absent. From this evidence one may conclude that dermis is a good filling substance, since the epithelial elements in the dermis tend to degenerate and disappear. Dermal grafts also become part of the living organism after transplantation and remain as living tissue. (See Figs. 3 and 4.)

To repair defects in the skull, the dermal grafts can best be taken from the thigh, including the underlying fat and fascia lata. The epidermis is first shaved off with a sharp Thiersch knife, and a pattern of dermis, fat, and fascia lata is removed from this area. When a large graft is required, two segments are removed and sutured together to form a complete pattern. Some absorption occurs in the fat layer over a period of time, but the graft adapts itself remarkably well to the rounded contour of the skull.

Dermis used in several layers is an excellent graft to fill out a retracted eye socket, and is superior to fat since it is subject to much less absorption following transplantation.

FIGURE 4.

Post-operative result of the operation on the patient shown in Fig. 3. The depression above the brow was repaired by inserting a large dermal graft beneath the scalp skin. At a later operation, cadaver rib cartilage was used to elevate the left brow. Photograph taken five years after first operation and one year after second operation.

Where one desires to reconstruct a ridge, such as a bony brow or bridge of the nose, cartilage is more desirable than dermal graft.

RIB CARTILAGE PRESERVED IN ALCOHOL

Human cartilage preserved in alcohol was used rather extensively a generation ago to

fill depressions in the nose. The procedure was discarded because of the belief that the grafts either suppurated or were absorbed, and replaced by fibrous tissue. Recently there has been a revival of the method, and Pierce and O'Connor[5] and J. B. Brown, Straith, Straatsma, and the author among others have used

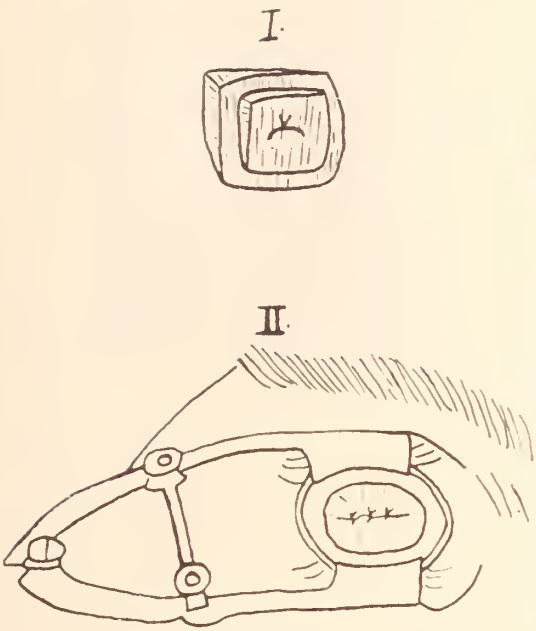

FIGURE 5.

Diagram one shows two segments of rib cartilage taken from a patient's chest and sutured together with catgut to form an orbital implant. Diagram two shows the orbital implant buried in a retracted eye socket with the conjunctiva sutured over the cartilage. The implant fills out the eye socket so that the patient can wear an artificial eye.

preserved human cartilage grafts to fill depressions about the face and skull. Since all of the observations concerning the fate of these cartilage grafts were clinical observations, I buried sections of human pickled cartilage beneath the chest skin of other humans and removed these grafts at intervals of seven days up to two years.[6] Histologic examination in the seven and eight-day sections showed an early reaction in the host tissue surrounding the implants. There were numerous collections of giant cells, polymorphonuclear leucocytes, and large and small round cells. A thick connective tissue capsule formed very early about the cartilage implant, walling it off from the adjacent host tissues. This reaction lasted about one month and then disappeared to a large extent.

The cartilage grafts remained as tolerated, dead foreign bodies until the nine-and-one-half-month period. From nine and one-half months till two years the sections showed progressive invasion of the cartilage implant, by fibrous tissue and partial absorption of the cartilage.

FIGURE 6.

Patient had a deeply retracted eye socket on the right side. The retracted socket was repaired by inserting two segments of his own rib cartilage in the retracted socket. See Figure five.) The photograph was taken twelve months after operation with the artificial eye in place.

From this experimental evidence one may conclude that pickled cartilage grafts undergo a slow, gradual absorption, and hence are not as satisfactory a filling substance as fresh cartilage. However, in cases where the patient will not consent to the removal of his own costal cartilage, one may use fresh cadaver rib cartilage preserved in 50 per cent alcohol.

AUTOGENOUS RIB CARTILAGE

Fresh rib cartilage taken from the patient's chest is probably the most satisfactory tissue with which to repair skull defects. It retains its contour, is readily shaped as desired, and is not subject to absorption. Like dermal grafts, fresh cartilage grafts become part of the living organism, and remain as living tissue until the individual dies. Experimental studies at the Newark Eye and Ear Infirmary with sections of fresh autoplastic cartilage grafts in humans show that the cartilage retains its normal structure, and is not invaded or absorbed after transplantation. This conclusion is based on microscopic examination of segments of costal cartilage buried beneath the chest skin and removed at intervals of six months, nine months, eleven months, seventeen months, eighteen months, two years, four and one-half years, and six years.

FIGURE 7.

At the time of operation on this patient, two orbital implants were made, sutured together in the same manner with catgut. One orbital implant was inserted in the eye socket as shown in Figure 6, and the second implant was buried beneath the abdominal skin at "A", as shown above.

After six months the abdominal implant was removed and the two segments of cartilage were found completely surrounded by a dense connective tissue capsule. The catgut sutures were absorbed and tough connective tissue strands extended through the needle holes binding the two cartilage segments together. There was no gross absorption of cartilage, and the two segments were in about the same relation to one another as at the time of transplantation.

Photograph at right shows the implant with an inch scale on the left side.

When repairing a large skull defect, the surgeon may shorten the operative procedure by doing the operation in two or three stages. Thus in the forehead a rib cartilage segment suitably shaped may be inserted to fill out the brow during the first operation. At a later time additional cartilage may be inserted to elevate the depression above the reconstructed brow.

The operator should use meticulous care to elevate only the skin, and not carry his dissection into the brain substance. Adrenalin packs during the operation, and a firm dressing over the grafted area, will control bleeding and lessen the danger of infection.

Living rib or septal cartilage is the ideal substance to use in repairing a saddle nose, since it can be easily shaped to provide any desired contour for the bridge of the nose. Costal cartilage may also be used to fill out a depressed eye socket or a depression resulting from removal of the external wall of the frontal sinus. Rib cartilage, after transplantation without its perichondrium, does not decrease or increase in size. It is, however, subject to distortions such as twisting or bending when improperly removed from the chest, or when used in the form of thin shavings.

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FIGURE 8.
Deep saddle nose following trauma.

FIGURE 9.
Post-operative result of inserting a segment of patient's (Fig. 8) own rib cartilage to fill out the defect. Note high line of bridge of nose to conform with prominent frontal region of skull.

FIGURE 10.
Deep saddle nose following crushing injury.

FIGURE 11.
Post-operative result after inserting a segment of patient's (Fig. 10) own rib cartilage to fill out the defect. In this case a gently sloping nose gave a less artificial appearance.

WATER BALANCE FROM THE LABORATORY POINT OF VIEW

By John W. Gray, M.D., Newark, N. J.

Read before the Section on General Medicine of the Annual Meeting of The Medical Society of New Jersey, in Atlantic City on May 19, 1938.

The pathologist should have a clear understanding of the mechanism of normal and abnormal interchange of body fluids, should recommend laboratory tests which may be of value and interpret the same, and should supervise the preparation of solutions for intravenous therapy.

The mechanism of water balance automatically maintains an optimum content of tissue water, and a constant blood volume.[1, 2, 3, 4] After leaving the gastro-intestinal tract, water is distributed to the vascular system, the interstitial spaces, and the intracellular fluid. The balance is achieved by the interchange of water through living membranes.

PHYSIOLOGY

The outflow of fluid from the capillaries is dependent upon the *hydrostatic pressure* of the plasma; and when this pressure is greater than the osmotic pressure of the plasma proteins, edema will occur. Additional factors in the exchange mechanism are tissue pressure, amount of protein which has escaped into the fluid outside of the capillaries, local temperature, and the state of oxygenation of the blood. Injury to the capillary walls results in increased permeability, not only to water and simple crystalloids, but also to plasma protein and lipoids as well.

The lymphatics afford a secondary transportation system which can carry materials in only one direction, from tissues to the blood. The lymph capillaries originate in blind tubes in the intercellular connective tissue in close proximity to the blood capillaries, and convey fluid to the venous side of the blood circulation. The collecting trunk contains valves which prevent reversal of the current. Proteins which have gained access to the tissues are not absorbed into the blood stream directly, but reach it through the lymphatic channels.

The two chief sources of water are the water that is drunk and the water of food, solid food averaging about 80 per cent in water content. Water is excreted through the skin, lungs, intestinal tract, and kidneys. The normal individual excretes about 35 grams of solid waste daily by way of the kidneys; and about 15 c.c. of water are required to carry each gram of solid. For the normal adult it is estimated that the minimum daily requirement will be about 1500 c.c. In the febrile patient, in the surgical case, and in the individual with poor kidney function, this requirement will be greatly increased. If the intake falls short of the daily requirement, the loss by evaporation from the skin and lungs continues, and there is a limited compensatory contribution of water by the body itself. As this continues, a depletion of body fluids as well as important minerals occurs, and dehydration develops. There is disturbance of the heat regulating mechanism, an increase of the viscosity of the blood, a decrease in the oxygen-carrying capacity of the blood, a decrease in the kidney function, and a disturbance of the acid-base balance.

ACID-BASE BALANCE

The plasma of the blood is normally slightly alkaline in reaction, the hydrogen ion concentration ranging from pH 7.3 to pH 7.5. Physiologic processes are very sensitive to even minute changes in the reaction. This constancy of reaction is maintained through the operation of buffer substances—bicarbonates, phosphates, plasma protein, hemoglobin, and chloride—which "soak up" the excess of hydrogen and hydroxyl ions. This alkaline reserve of the blood and tissues would soon be used up if certain excreting processes were not active in response to the excess of acid. The lungs eliminate large quantities of volatile acids in the form of CO_2; and the kidneys excrete fixed acids and bases. Ammonia, formed in the kidneys by urea, combines with acid radicals thus conserving the available base supply of the body. In clinical acidosis, there is a

deficit in the alkaline reserve. It occurs in diabetes mellitus, renal failure, starvation, anaesthesia, dehydration, and in the toxemia of pregnancy. In diabetes the complete oxidation of fatty acids being impaired, there is an accumulation in the body of "ketone substances" which combine with the fixed base. In renal failure there is retention of phosphates and sulphuric acid which fix and render unavailable a portion of the base supply. The body also appears to have lost its ability to conserve base, and the kidneys the ability to form ammonia.

Clinical alkalosis occurs as the result of an excess of alkali reserve. It most frequently occurs in pyloric or high intestinal obstruction where there is an excessive loss of hydrochloric acid from the stomach. In a case of high jejunal fistula which came under my observation blood chlorides were reduced to 220 mgm. Alkalosis may also occur as the result of the excessive use of soda bicarbonate in the treatment of peptic ulcer or renal acidosis, and may follow deep X-ray therapy, radium therapy or prolonged exposure to ultra violet light. The alkali reserve may be determined by the CO_2 combining power of the blood, values below 30 volumes percent indicating a state of severe acidosis; and values above 90 indicating severe alkalosis.

DEHYDRATION

Dehydration has been produced in animals by the intravenous administration of saccharose and glucose.[5] Ten per cent of the entire store of water was excreted in a few hours, without fatal results, and there was no significant change in body temperature. A study of the blood and circulation after the production of experimental dehydration revealed increased viscosity, hemoglobin concentration, and diminished volume of plasma but normal arterial pressure. There was also indirect evidence of diminished blood volume flow. The blood and circulation were rapidly restored to normal if the animal was given an adequate amount of water within a few hours of the onset of dehydration.

It has also been shown that, in the early stage of dehydration where the loss is at the expense of interstitial and intracellular fluids, no direct evidence can be obtained by chemical examination of the plasma; that in the advanced stage where the volume of blood plasma is reduced, the non-diffusible elements in the blood are increased; and that in severe dehydration there may be impairment of renal function and increase of blood urea. Changes in plasma bicarbonate and plasma chloride begin in the early stage of dehydration, but may be taken only as indirect evidence, inasmuch as these changes are commonly caused by the same processes which produce dehydration.

Hubetz[7] showed that rats on average diet with decreased water intake had high blood sugar. When the water intake was increased, there was an immediate drop in the blood sugar level. Rats on high carbohydrate diet and decreased water intake had high blood sugar. When the water intake was increased there was a drop in the blood sugar level after three or four weeks.

Clinically, it is obvious that a patient with dry skin, parched tongue, and sunken eyes, who has been vomiting for several days, and then had a surgical operation, is suffering from dehydration, and should receive a large amount of fluid without delay. The surgeon is not particularly interested to know that the hemoglobin percentage and the red cell count are abnormally high; but he is concerned about the blood urea and chlorides and the CO_2 combining power.

Coller[8] has shown that a patient seriously dehydrated has lost about 6 per cent of the body weight; and unless that amount is added to the amount required by the tissues, he will not speedily recover. The need of a dehydrated patient weighing 60 kilograms may be calculated as follows:

1.	Water for vaporization	2000 c.c.
2.	Water for urine	1500 c.c.
3.	Water to restore fluid previously lost,—6 per cent of 60 Kg.	3600 c.c.
		7100 c.c.

After the first 24 hours this amount should be followed by a daily intake of approximately 3500 c.c.

SODIUM CHLORIDE

The daily requirement of sodium chloride for the average person is about 10 gm., which is roughly present in about 1200 c.c. of physiological salt solution. If there has been a loss of the chlorides such as occurs in severe vomiting, severe diarrhoea, drainage from intestinal and biliary fistulae, or massive exudate as from burns, this loss must be replaced. The remainder of the required fluid should be an isotonic dextrose solution which is 5 per cent dextrose in water.

If 2000 c.c. of physiologic salt solution are given in 24 hours to a patient who has not been depleted of sodium and of chlorides, the kidney will be called upon to eliminate 17 GM. of sodium chloride. If the kidney function is impaired, salt may be retained in the body resulting in edema, a condition spoken of as "salt block".

Patients who need sodium chloride besides dextrose and water should have a blood chloride and a CO_2 combining power study done to show the depletion of chloride and sodium. These tests should be repeated every two days while salt solution is being given, so that it may be stopped when these electrolytes are up to normal.

Intravenous fluids may be safely administered at the rate of 500 c.c. per hour. Glucose solution given at a high rate of flow raises blood sugar above the kidney threshhold, and causes a glycosuria with its attendant water loss. In diabetic patients insulin should be given in connection with intravenous glucose. Because of the danger of local venous thrombosis and embolism, continuous infusion over a period of days is not recommended. Hypertonic solutions cause more vein and blood damage than isotonic solutions; and they shoud be avoided unless especially indicated to dehydrate or produce diuresis.

PARENTERAL FEEDING

Complete metabolic balance cannot be maintained by parenteral feeding. The patient should be given food by mouth as soon as it can be tolerated. The nutritional requirement of the average patient is approximately 2000 calories per day. To supply this with intravenous glucose is difficult because 3000 c.c. of 5 per cent glucose yields only 600 calories. If one depends entirely upon the parenteral fluid for the nutritional requirements the more concentrated solution of 10 per cent or even 25 per cent would be necessary. Transfusion is, however, preferable in such cases—and is definitely indicated in shock when there is increased permeability of the capillary walls. A 6 per cent solution of gum acacia is sometimes given for shock when transfusion cannot be done immediately, but in my experience unpleasant reactions frequently occur and there is danger of liver damage.

In acidosis, glucose is added to the infusion water, instead of, or in addition to, sodium chloride. Five per cent bicarbonate, or 1.8 per cent sodium lactate may be used in severe cases. Alkalosis may ordinarily be successfully treated in the presence of active renal function by the administration of physiological salt solution, because this solution, compared with the plasma, contains an excess of acid chloride.

EDEMA

In the treatment of dehydration it has been pointed out that 7000 c.c. of fluid may be required in the first 24 hours. It should also be shown that even 1000 c.c. may be too much in case of impending edema. I had the opportunity of observing an illustration of this point in the treatment of a pregnant woman following an operation for appendicitis. After the intravenous infusion of 1000 c.c. of physioligical saline, the patient nearly died of pulmonary edema. It is important to know when to give fluid, when not to give fluid, and what kind of fluid to give.

Edema has ben produced in dogs by a diet deficient in proteins.[9] In these animals there was a progressive fall in the relative red cell volume, in the red cell count, and in the hemoglobin concentration. There was also an initial rapid fall in the total amount of plasma, and because of the decrease in the volume of both plasma and erythrocytes the usual red cell counts and hemoglobin determinations failed to record the progressive loss. Decrease in volume of red cells was demonstrable in as

short a period as three weeks. It appears that not only the circulating hemoglobin but also the reserve stores are depleted by the diet.

Thompson, McQuarrie, and Bell[10] reported a case of idiopathic edema associated with hypogenesis of serum protein and atrophic changes in the liver. The case came to autopsy. That the edema was due to a reduction in the colloidal osmotic pressure of the blood incident to marked hypoproteinemia was shown by its complete temporary disappearance following blood transfusion. The authors felt that the liver lesion substantiates a theory that the liver is the chief site for formation of serum protein.

THERAPEUTIC DEHYDRATION

There are certain edematous conditions in which therapeutic dehydration is desired. In traumatic head injuries and eclampsia a hypertonic solution of glucose, sucrose, magnesium sulphate, or sodium chloride is given intravenously for the purpose of reducing intracranial pressure. These concentrated solutions are highly irritating to the tissues, and readily produce sloughing if injected outside the wall of the vein, and the veins frequently become thrombosed at the site of injection. Magnesium sulphate is less desirable than glucose, because it is excreted in the large bowel and frequently causes colitis. Glucose is metabolized in the tissues, and serves the dual purpose of a hypertonic dehydrating solution, and of a factor to combat acidosis.

Fay's[11] physiological research established many of the factors concerned in intracranial pressure, cerebrospinal fluid circulation, and disturbances which give rise to cerebral edema. For reducing intracranial pressure following traumatic head injuries he recommended the immediate and repeated intravenous influsion of 50 c.c. of 50 per cent glucose solution, daily spinal tap, saline purgatives, and a dry diet. The diet and fluid restrictions were continued for three to six months in severe cases.

Pathologically the eclamptic brain differs little from "wet brain", or cerebral edema found in other well-recognized hydration states such a acute alcoholic wet brain, status lymphaticus, and acute toxic hydration state in children. The method of treatment devised by Arnold[12] to control the symptoms of eclampsia was directed toward the control of cerebral edema. This was successfully accomplished through various methods of dehydration. It was found that 10 oz. of urinary output per day was sufficient for proper elimination of solids, provided concentration was possible as evidenced by a high specific gravity. The fluids were limited, excessive carbohydrates eliminated, and salt curtailed in the diet. The blood volume was reduced by active purgation, and intravenous glucose was given to assist the blood in obtaining its replenishment from storage reservoirs.

INFECTION

There is a relationship between water balance and resistance to infection. Chronic water-logging of the tissues apparently lowers the resistance to acute infections as attested by the well-known increase in susceptibility of patients suffering from anasarca and nephrosis. McQuarrie[13] concluded that the optimum state of hydration for resistance to acute infections may be one of mild dehydration. He also stated that the greater the degree of hydration, the more irritable the nervous tissue is, and that the ease with which infants and young children have convulsions, as compared with adults, may depend in part upon the significantly higher water content in their brains.

INFUSION MATERIALS

It has been pointed out that the laboratory must assume certain responsibilities in the supervision of materials used for intravenous therapy. In conclusion, or as an appendix, these responsibilities will be enumerated.

Water should be distilled and sterilized the day it is used, or placed while fresh in vacuum containers. So long as a vacuum is maintained and the fluid does not come in contact with the external air, its H. ion does not change. The *water still* should be of the type which can be easily cleaned and flushed out, particularly if the water is "hard". Only C. P. anhydrous glucose, and C. P. sodium chloride should be used. Great care must be exercised in the weighing and transmission of the pow-

der to the solvent so that no foreign material is introduced. The glass containers must be alkaline free and scrupuously clean. The filter paper must be of the best type so that there are no loose fibers which might be transmitted to the filtrate; and the solution should be filtered three times. Gauze stoppers may cause lint in the solution and they should be covered with pure gum sheeting. Rubber tubing to be used is of pure gum. All flasks, tubing, needles, etc., should be carefully washed before each infusion. Any old blood either in the needles or in the tubing will cause a reaction. All parts should be boiled for five minutes in a 0.1 per cent sodium hydroxide solution, soaked and washed in distilled water, then assembled and sterilized in the autoclave.

In sterilizing dextrose solution, caramelization may take place if the heat is excessive or extended over too long a period. Any dextrose solution that is not crystal clear should not be used. The solution should be sterilized in the autoclave at not more than 10 pounds pressure for not more than 15 minutes.

Specimens of distilled water should be sent to the laboratory at frequent intervals for protein, chlorine, pH, and sterility tests. Saline and glucose solutions are tested in the same manner, and also for percentage strength. Some commercial preparations of glucose have been found to be of only three per cent instead of five per cent strength, and to react on the acid side.

The responsibility of the laboratory may be lightened in large hospitals where it is possible to provide a separate room for the preparation of infusion materials, and when the management of this room may be placed in the hands of competent and reliable nurses.

SUMMARY

1. Mechanism of water balance.

2. Experimental and clinical manifestations of abnormal water balance.

3. Laboratory findings in dehydration, edema, acidosis and alkalosis.

4. Effect of abnormal balance on resistance to infection.

5. Supervision of infusion materials.

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INDUCTION OF LABOR

MATERNAL WELFARE ARTICLE NUMBER THIRTY

By Robert A. MacKenzie, M.D., Asbury Park, N. J.

The subject is considered here with regard for the intent of the Committee on Maternal Welfare to make these articles of interest and practical usefulness to the general practitioner. New concepts and procedures are not offered. An attempt is made to present a conservative estimate of methods, and to review briefly the indications for induction of labor. It is hoped thus to clear the confusion of ideas about the subject which now obtains, and to discourage ill-considered and potentially dangerous interference.

It may be pointed out that the causes of labor are not fully understood. Presumably the rising concentration of oestrin in the blood sensitizes the uterus to pituitary stimulation. In the last weeks of pregnancy, contractions increasing in frequency and severity bring about a thinning of the lower uterine segment, and a preparation of the cervix for dilatation. It is well known that labor at term progresses more smoothly, barring dystocia for mechanical reasons, than premature labor with soft parts rigid. Emotional stress, fear particularly, influences the rhythm of uterine contractions unfavorably. Attempts to force labor, even with traditional and supposedly harmless castor oil, may disturb the patient's nervous balance and add to her physical discomfort. With proper appreciation of the processes involved in normal labor, it is readily understood why interference should be reserved for cases where careful judgment dictates this course.

TECHNIC OF INDUCTION OF LABOR

Induction of labor, approached seriously and after full review of the individual case problem, can best be accomplished by all or part of the following technic. The patient should be hospitalized. If nervousness and fear are evidenced, or if sleep during preceding nights has been poor, it is well to give eight or ten hours' rest with hypnotic medication. The patient then feels much refreshed and is more at ease in the hospital surroundings. Sometimes a two-ounce dose of castor oil is given as the first step in induction of labor. Actually it is not essential. For a constipated, toxic individual it may be a desirable therapeutic measure, but the disturbance to high-strung women with gastric intolerance makes its routine use inadvisable. Until a few years ago it was customary to give quinine in large doses for its supposed oxytoxic effect. Cases of fetal death and of deafness in infants were attributed to this drug, however; and with the uncertainty of good effect in stimulating pains the danger outweighs any possible value. Five grains of quinine may be safely used before or during the induction procedure.

In so-called "medical induction" the main reliance is upon a series of subcutaneous injections of pituitary liquid (obstetrical pituitrin). Where blood pressure readings are elevated, pitocin, in which product the pressor elements are supposedly eliminated, is to be preferred. The first dose of 0.2 c.c. is given at the same time that the patient is expelling a warm-water enema. The second dose of the same amount is given one-half hour later. After another thirty minutes, if regular uterine contractions are not in evidence, a third injection of pituitrin, 0.3 c.c., is in order. A fourth dose of 0.4 c.c. is given if necessary after a similar interval and completes the series. This treatment is usually successful in patients at or near term, when the oestrin content of the blood or other factors influencing labor are favorable. In the event of failure, the course of injections can be repeated a day or two later, or other measures employed.

For "surgical" induction procedures the patient should be in the lithotomy position, prepared and draped as for delivery. The vulva and thighs are sprayed with tincture merthiolate in our technic. Nitrous-oxide oxygen anaesthesia should be immediately at hand although rarely needed. If the cervix is thick and the canal closed, it may be gently dilated and packed with iodoform gauze. Should the

cervix be soft and the os one or two cm. dilated, a Voorhees bag of suitable size may be inserted, or the amniotic sac ruptured, or both. The danger of displacement of the presenting part, if a vertex, from a favorable to an unfavorable position limits the value of the hydrostatic dilator. With a breech presentation the bag is decidedly advantageous. Increasingly numerous case reports in current literature attest the value and relative harmlessness of rupture of the membranes to induce labor or hasten progress in labor. We believe that early rupture of the membranes exposes the baby to greater risk of injury in the labor to follow and increases the number and extent of cervical lacerations, but we use this procedure when it is necessary. (A Wilson amniotic trochar with retractable point is a suitable instrument to puncture the membranes.) Trendelenburg position minimizes danger of a prolapsed cord. Following rupture of the sac, bed rest must be enforced until the presenting part has been firmly fixed in the pelvic inlet. We inject by hypodermic 0.2 c.c. pituitrin at the time of rupture, and also apply the abdominal binder devised by Beck to guide the force of the uterine contractions. Auscultation of the fetal heart every five minutes for one-half hour, then every ten minutes is important.

INDICATIONS FOR INDUCTION OF LABOR

Interruption of late pregnancy may be indicated by toxemia, hydramnios, hemorrhage, and cardiac decompensation, also in occasional cases of hyperthyroidism and intractable pyelitis.

Toxemias.—The largest number of cases requiring induction are the toxemia group where delay invites eclampsia and permanent injury to the mother as well as loss of the baby. This article is not the place to deal with the management of pregnancy toxemias, but it may be pointed out that laparotomy and hysterotomy, rather than induction of labor, is the best course to pursue in certain cases of fulminating preëclampsia, and where for any of various reasons the survival of the baby is of more than usual importance.

Hydramnios.—Extraordinary distention of the uterus due to hydramnios may make the patient so uncomfortable that release of the amniotic fluid is desirable. There being no need for hurried action, such a case should be studied by x-ray for information concerning possible fetal malformation or twins.

Hemorrhage.—Bleeding either from a low placental attachment (central placenta previa excepted) or from a normally implanted placenta is conservatively managed by induction of labor. Artificial rupture of the membranes is the first and most important procedure in these cases. This permits settling of the presenting part against the cervix. Pituitrin is not used for fear of increasing the bleeding or tearing the cervix if the placental implantation is low. A tight abdominal binder of the Spanish windlass type is of importance here if internal bleeding is extensive. These patients should be previously typed and preparations for transfusion made. Careful observation during labor and supportive treatment when necessary is assumed.

Decompensation.—Induction of labor in cardiac patients during pregnancy is desirable only when decompensation is threatened or has occurred. Compensation is first established, if possible, by rest and medical treatment. Here, as in some preëclamptic cases, Cesarean section under local or spinal anaesthesia may be the procedure of choice. But it is generally agreed that cardiac complications are not alone an indication for the abdominal operative delivery.

BORDER-LINE CASES

In addition to the above indications, cases with border-line or contracted pelves where dystocia may be expected are sometimes included. Similarly many obstetricians advise induction when the size of the fetus in utero appears to be excessive, or when the expectant mother is past term. With the prospect of increasing disproportion as pregnancy advances, intervention might seem a practical procedure. To my mind, however, these problems are not best solved by hurrying the patient into an early and often unsatisfactory labor. I have had little success in initiating good labor pains

in primigravidae except by artificial rupture of the membranes. The dangers and disadvantages of this procedure increase enormously where there is potential dystocia. With a high arrest of the presenting part, malposition may obtain. It is well to study carefully all the factors in the case and obtain, if possible, roentgenographic studies of the pelvis and presenting fetal parts. If the fetal head is engaged, and outlet measurement of the pelvis are satisfactory, there is nothing to fear in delay regardless of the estimated date of confinement. Certainly the physician should not be persuaded to attempt to bring on labor just because the patient or her family are impatient and alarmed.

A situation which must frequently be met in practice, but to which no scientific interest attaches is that confronting the multiparous woman who lives many miles away from the hospital where she is to be delivered. With much discomfort during her final weeks, and with fear of a precipitate birth constantly in her mind, such a patient commands sympathy and consideration. If the date of expectancy is reached, I can see nothing but good in hospitalizing the woman at her convenience and that of her family, and instituting medical induction measures. Failure is extremely rare, and the disadvantages of "forcing nature" are not in evidence as sometimes is the case in primigravidae.

501 Grand Avenue

A LESSON FROM A DEATH CERTIFICATE

NUMBER TWO

By A. W. Bingham, M.D., East Orange, N. J.

Para 1, aged 39 years. Patient quite normal, except for early nausea and vomiting, until seventh month, when blood pressure rose to 132 and then to 152. Put to bed on special diet, etc.

When eight months' pregnant, patient had edema, headache, blood pressure 164/102, albumen 4+. Kept in bed two weeks with resulting decrease in edema. Blood pressure 158/102, albumen 1+.

Two weeks later, abdominal pain and profuse bleeding, no dilation, no foetal heart.

Cesarean done. Died six hours later.

Cause of Death: Abruptio placenta with toxemia of pregnancy.

Did not this patient have sufficient symptoms to warrant inducing labor or doing a cesarean at eight months instead of continuing treatment in an attempt to carry the case to full time?

While some of the symptoms improved, the diastolic pressure remained at 102, and such a patient is always in danger.

THE PRESIDENT'S PAGE

NUMBER FIVE

THE SPECIAL SESSION OF THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION

HELD IN CHICAGO SEPTEMBER 16 AND 17, 1938

By William J. Carrington, M.D., Atlantic City, N. J.

The House of Delegates of the American Medical Association, the only official body which speaks for the entire medical profession of the United States, met in special session in Chicago on September 16, 1938, to consider the recommendations of President Roosevelt's Health "Conference" which met in Washington on July 18, 1938. The next Congress will likely be asked to approve the recommendations of the Health "Conference" and to appropriate $850,000,000 for their administration. This sum, however, is only the beginning, the first year's expenses only. It is to be increased until it reaches the staggering annual figure of $2,600,000,000!

Your President sat as an observer during the sessions of the House of Delegates and was proud of the dignity and liberalism there displayed and of the deliberations free from passion and prejudice. Every section of the country was represented by men of such varied political beliefs that unaminity seemed impossible. But each problem was approached in the true scientific spirit, facts first—all the facts; then the conclusions,—and the conclusions were amazingly unanimous. If your President interpreted the mood of the meeting correctly, there was universal commendation of the broad objectives and humanitarian purposes that guided the National Health Conference. While the *humanics* of the conference met with approval, the *mechanics* proposed did not. They were too vague, visionary, impractical, and expensive. Indeed, some of the proposals were actually dangerous because if adopted they will lower the quality of medical care, increase the cost of illness by establishing expensive bureaus and add an unbearable tax load to the already sagging shoulders of the over-taxed public. On page 616 of this issue of this Journal appear the reports of the delegates and observers from New Jersey. However, for ready comparison, I have arranged in parallel columns the recommendations of the National Health Conference and those of the House of Delegates of the American Medical Association.

NEW DEAL PROPOSALS

1. Expanded public health service in maternal and child health, tuberculosis, venereal diseases, malaria, cancer, pneumonia, and mental and industrial hygiene, at an annual cost of $200,000,000, one-half of which is to be furnished by the Federal Government.

A. M. A. PROPOSALS

1. Expanded and coördinated public health service, provided that government expenditures for the treatment of diseases be limited to those who cannot be treated by general practitioners and to those unable to pay for such treatment, and provided that funds for public health shall be expended by the States with the approval of the local medical societies and be allocated according to local needs rather than population.

Few boards of health exist that do not owe their existence to the various state and county medical societies, and their successful functioning to the coöperation of physicians. For fifty years the American Medical Association has petitioned the Federal Government to coordinate its health activities into a Department of Health with a physician secretary, a member of the President's Cabinet.

NEW DEAL PROPOSALS—Continued

2. Expansion of hospital facilities by the addition of 360,000 extra beds in general, tuberculosis, and mental hospitals and by the establishment of diagnostic centers in inaccessible areas at a cost of $146,500,000 spent over a ten-year period, Federal funds to be matched by local funds.

3. Medical care of the medically needy by Federal grants for the care of members of the indigent and low-wage group at a minimum annual cost of $400,000,000, one-half of which is to be furnished by the Federal Government.

4. Federal aid for States in the development of programs of their own choice for self-supporting persons who are burdened by unexpected illness; the funds to be secured from general or specific taxes and insurance contributions from the beneficiaries.

A. M. A. PROPOSALS—Continued

2. Expansion of hospital facilities *where needed*. These needs have been set forth by a complete survey by the American Medical Association in 1938. (Hospital number of the A. M. A. Journal, March 26, 1938, pp. 959-1048.)

There is greater need for the *utilization* of existing hospital facilities than for expensive *new* buildings. At present the hospitals of the United States are only 70 per cent occupied.

Stabilize and support of existing private and church hospitals by tax funds for the care of the indigent therein.

Less than 2,000,000 (not 17,000,000) of the population of the United States live more than thirty miles from a general hospital. But distance is only one element to be considered;—more important is the availability of good roads and an ambulance service which enable a patient to reach the hospital with promptness and comfort.

Modern surgical treatment of pulmonary tuberculosis shortens the stay and lessens the need of beds in tuberculosis sanatoria. No one can foretell the needs ten years hence.

Fifty per cent of the hospital beds in America are occupied by mental cases. Recommend expenditures of public funds in mental hygiene, in improvement of mental hospitals many of which are now under political control and are merely institutions for the incarceration of the mentally ill. Relieve the hospital cost of the mentally ill by the "Gheel" or the boarding-out system.

Approve "Diagnostic Centers" only where local needs cannot be met otherwise and only when placed under the control of and available to all doctors.

3. Provision for supplying therapeutic services to the medically needy is the responsibility of the community; and physicians rendering the services should be paid from public funds raised by taxation.

The rôle of the Federal Government is financial only, in order to aid States in carrying out procedures of their own choice.

Administration must be simple, direct, and free from partisan politics; and funds are allocated by public health officials in coöperation with local medical organizations.

4. Approval of hospital insurance plans provided they do not include the charges for medical care.

Because needs vary, every State and county and district is encouraged to develop local plans to fit local needs.

NEW DEAL PROPOSALS—Continued	A. M. A. PROPOSALS—Continued
	Approve voluntary indemnity insurance plans if they comply with State regulations. *The medical profession is opposed to government subsidy or compulsory health insurance* which has no place in a democracy subject as it is to political control and manipulation. Approve voluntary group health and accident insurance.
5. Insurance against wage loss during sickness along the lines of unemployment compensation.	5. This is an economic and not a medical problem. Approve expansion of the Workman's Compensation to include illness contracted in line of duty. If insurance against wage loss is enacted, certification of illness shall be made by agents of a department approved by the medical profession and not be left in the hands of attending physicians.

COMMENT

The estimated annual cost of New Deal proposals 1, 2, 3, 4, and 5 is $2,600,000,000, one-half to be furnished by the Federal Government and one-half to be raised locally. This astronomical sum is far in excess of present needs. Be it also remembered that areas most in need are least able to raise their quotas.

THE ORGANIZATION OF THE SPECIAL SESSION OF THE AMERICAN MEDICAL ASSOCIATION

By ANDREW F. MCBRIDE, M.D., Paterson, N. J.

The special session of the House of Delegates of the American Medical Association was attended by the delegates of The Medical Society of New Jersey—Dr. Wells P. Eagleton, Dr. E. R. Mulford, Dr. Hilton S. Read, and myself, together with Dr. William Carrington, President of the Medical Society of New Jersey; Dr. Thomas K. Lewis, Second Vice-President of The Medical Society of New Jersey; Dr. Alfred Stahl, Secretary; Dr. Spencer T. Snedecor, Alternate Delegate; Dr. LeRoy A. Wilkes, Executive Officer of the Society; and Dr. Walt P. Conaway, former Delegate.

We arrived in Chicago on the evening of Thursday, September 15, 1938, and immediately went into session with delegates from several other states in an endeavor to discuss fully and thoroughly the action to be taken at the special session of the A. M. A. on a *National Health Program.* We were convinced that we should coöperate in every way possible with the government of the United States in according adequate medical service to the people of the United States under the control of organized medicine.

The House of Delegates convened in special session at the Palmer House in the City of Chicago on Friday morning, September 16, 1938, for the purpose of discussing fully and thoroughly the program presented by the National Health Conference. Addresses were made by the Speaker of the House of Delegates, Dr. H. H. Shoulders; by the President, Dr. Irvin Abell; and by the President-Elect, Dr. Rock Sleyster. These various addresses had to do with the National Health Conference. The various addresses, together with numerous plans from several state societies, were referred to special reference committees appointed by the Speaker, to study and discuss, and to make recommendations to the House of Delegates after this had been done. Seven reference committees were named, five of which were to study the five recommendations made by the National Health Confer-

ence on July 18 and 19. (Jour., Aug., p. 504.) These committees were as follows:

The General Committee for the Consideration of the National Health Program—
Walter F. Donaldson, Chairman, Pennsylvania
Fred W. Rankin, Section on Surgery, General and Abdominal
H. A. Luce, Michigan
Walter E. Vest, West Virginia
Frederic E. Sondern, New York

Division 1 to Consider Recommendation No. 1 on Expansion of Public Health Services—
Walter E. Vest, Chairman, West Virginia
A. A. Walker, Alabama
Ben A. McClellan, Ohio
James Q. Graves, Louisiana
James R. McVay, Missouri
Observer and reporter from New Jersey, Dr. LeRoy A. Wilkes

Division 2 to Consider Recommendation No. 2 on Expansion of Hospital Facilities—
H. A. Luce, Chairman, Michigan
Holman Taylor, Texas
George Blumer, Connecticut
Francis F. Borzell, Pennsylvania
J. C. Flippin, Virginia
Observer from New Jersey, Dr. T. K. Lewis

Division 3 to Consider Recommendation No. 3 on Medical Care for the Medically Needy—
Walter F. Donaldson, Chairman, Pennsylvania
E. H. Skinner, Section on Radiology
F. S. Crockett, Indiana
Fred Moore, Iowa
J. E. Paullin, Section on Practice of Medicine
Observer and reporter from New Jersey, Dr. Hilton S. Read

Division 4 to Consider Recommendation No. 4 on a General Program of Medical Care—
Fred W. Rankin, Section on Surgery, General and Abdominal
Richard H. Miller, Massachusetts
Grant C. Madill, New York
John H. Fitzgibbon, Oregon
H. L. Snyder, Kansas
Observers and reporters from New Jersey, Dr. Alfred Stahl, and Dr. Spencer T. Snedecor

Division 5 to Consider Recommendation No. 5 of Insurance Against Loss of Wages During Sickness—
Frederic E. Sondern, Chairman, New York
Charles J. Whalen, Illinois
Edward M. Pallette, California
Andrew F. McBride, New Jersey
Henry C. Macatee, District of Columbia

For the scope of these five committees see President Carrington's description on the President's Page.

Committee on Reports of Officers and Board of Trustees—
Terry M. Townsend, Chairman, New York
William F. Braasch, Minnesota
E. L. Henderson, Kentucky
Samuel P. Mengel, Pennsylvania
C. W. Roberts, Georgia
Observer and reporter from New Jersey, Dr. E. R. Mulford

Committee on Miscellaneous Business—
W. H. Seeman, Chairman, Louisiana
Charles B. Reed, Illinois
McLain Rogers, Oklahoma
H. G. Hamer, Indiana
Felix J. Underwood, Mississippi

The Chairman of each of the five sub-committees was named as a member of a special committee with Dr. Walter F. Donaldson, of Pennsylvania, as Chairman, to study the reports of the various sub-committees, and to coördinate these reports into a general report to be presented to the House for final action.

These various committees convened separately; and invitations were extended to all interested persons to appear before them for the purpose of giving their views, and making suggestions for the purpose of presenting to the House a program that had for its object the solution of the question of proper and adequate medical care to the American people. After several meetings of the sub-committees, which were held on the first day and night of the session, the entire membership of the five sub-committees, twenty-five in number, met on the following day, and went over the reports of the different sections carefully, presenting freely their views so that the Chairmen of these five groups might meet together afterwards and present to the House final recommendations of the sub-committees.

Each committe report was presented separately, discussed fully and completely, and suggestions were made by various members of the House. Questions were asked freely on the points that were not clear to the questioner; and after a most painstaking and thorough inquiry, Dr. Donaldson's committee made its final report, which was unanimously approved

by the House of Delegates at the special session.

I was a member of the committee known as Division 5, to consider recommendation 5 on *Insurance Against Loss of Wages During Sickness.* We heard several members of the House of Delegates who gave freely of their views; and our committee made the following rceommendation, which was adopted by the House of Delegates:

Under Recommendation V on Insurance Against Loss of Wages During Sickness: In essence, the recommendation deals with compensation of loss of wages during sickness. Your committee unreservedly endorses this in principle, as it has distinct influence toward recovery, and tends to reduce permanent disability. It is, however, in the interest of good medical care that the attending physician be relieved of the duty of certification of illness and of recovery, which function should be performed by a qualified medical employee of the disbursing agency.

Other members of our delegation will report fully and adequately on the other recommendations.

In conclusion, I believe that the special session of the House of Delegates did splendid work, evidencing a willingness to coöperate in every way possible with the government in solving the question of adequate medical care to the medically needy under medical auspices. It is my hope that the government will take advantage of the coöperation and coördination offered it by organized medicine, so that the American people will benefit most by the combined efforts of government and the profession in solving equitably, economically, and completely this much-mooted question, without disturbing the patient-physician relationship that has survived from the beginning of the art and science of healing in the United States.

REPORT ON REFERENCE SUB-COMMITTEE II ON EXPANSION OF HOSPITAL FACILITIES

By Thomas K. Lewis, M.D., Camden, N. J., Second Vice-President, The Medical Society of New Jersey

My specific assignment at the special session of the A. M. A. on September 16, 1938, was as an observer of the proceedings of sub-committee two, which considered the question of *Hospital Facilities.*

While that section of the final report of the House of Delegates devoted to the question of hospital facilities will be found to be terse and devoted to a statement of fundamental principles, yet the actual discussions of committee two were exhaustive and dealt with almost every phase of the hospital problem. Many men, representing widely diversified sections of the country, took an active part in the deliberations. One was impressed with the unanimity of feeling and the remarkable uniformity of hospital problems that exist throughout the United States, except in a few isolated instances.

It was the general opinion of those present that the need for additional hospital beds, as detailed in the report of the *Technical Committee on Medical Care,* was somewhat overestimated. This opinion was based upon the recent report of the Council on Medical Education and Hospitals of the American Medical Association (July, 1938). The Technical Committee estimates that there are seventeen million people in the United States without accessible general hospital facilities; whereas, according to the American Medical Association report, which is a much more recent and reliable one, it would seem that there are only two million people who are actually more than thirty miles distant from a general hospital. The discrepancy arises from the fact that the Technical Committee makes its deductions by adding the population of all those counties that do not have any general hospitals, and have overlooked the fact that many sparsely inhabited counties, for reasons of economy, make use of the hospital facilities of adjoining counties. It was further pointed out that for the country as a whole, in the private and proprietary hospitals there is somewhat less than 50 per cent occupance due to the fact that funds are not available for the support of hospitalization of the medically needy.

There was some question as to the validity of the figures concerning the need for more tuberculosis sanitoria, it being pointed out that, with the newer trends and methods in the treatment of tuberculosis, hospital stay has been greatly diminished in the past few years. It was deemed advisable to differentiate between those institutions used for treatment of controllable cases, and those used for the housing

of the hopelessly incurable for the purpose of segregation.

The conditions in mental disease hospitals throughout the country was considered lamentable. The paucity of government funds for the proper management of these institutions was pointed out. (Incidentally it might be stated that New Jersey was held up as an exception to this rule.) It was stressed that the need is that greater emphasis be placed on the curative or treatment side in our mental disease hospitals, it being noted that in too many cases the mental disease hospital is nothing more than an institution for the incarceration of the mentally defective. The thought was expressed that the bed occupancy could be greatly reduced by the adoption of one of the several systems in practice in various parts of the United States and Europe whereby selected tractable cases might be boarded out on farms where they could earn their own board, and keep and maintain a certain amount of independence.

The following are some of the recommendations proposed by sub-committee two, and adopted by the A. M. A.:

1. That all available hospital beds be utilized before a wholesale campaign of hospital construction be undertaken.

2. That local authorities and medical societies be consulted before a hospital is built in any given community.

3. That the feasibility of staffing such a hospital from among the physicians in the immediate vicinity be considered before construction is undertaken.

4. That existing private and proprietary institutions be expanded and utilized to the fullest extent before new institutions are erected in any locality.

5. That government funds (used in the broad sense) be provided to pay for the hospitalization of the medically needy. The term "medically needy" was used to include not only those families on relief, but also those with incomes so small as to render them incapable of meeting the cost of hospitalization in serious illness. The committee was asked to furnish a yardstick of measurement for the medically needy, but quite correctly refused to commit themselves to any dollar-and-cent standard, considering this to be properly a community matter, depending upon community wealth, local standards of living, prevailing wages, and the local purchasing power of the dollar.

Considerable fear was expressed as to the possible effect of subsidization of hospitals by public funds; but the general tenor of thought was that the desparate need of financial support experienced by most private hospitals, plus the greater danger of wholesale construction of governmentally owned and operated hospitals, represented the greater evil.

6. It was felt that stability of private hospitals would be enhanced by subsidies for the care of the medically needy, whereas it would be depreciated by the competitive effect of needlessly constructed government institutions. In the vast majority of cases, private hospital deficits have their origin in the tremendous load of charity work.

7. The dispensary problem was not officially mentioned in the report of this committee, in that it was considered to be so closely related to the problem of care of the medically needy that it properly belonged to Reference Sub-Committee III. However, the consensus of opinion was that the tremendous load of free clinic work being carried at the present time adds greatly to the burden of hospital financing; and that return to some form of remuneration to the doctor in private practice for the care of the medically needy as obtained under the late lamented Emergency Relief would take many cases away from the hospital clinics. It was the consensus of opinion that hospital dispensaries should be maintained more definitely as *diagnostic clinics,* and should be used for special investigations rather than for the large amount of routine work now referred to them, which could be done just as well in the offices of private practitioners.

IMPRESSIONS AT CHICAGO

By Alfred Stahl, M.D., Newark, N. J., Secretary, The Medical Society of New Jersey

As one of the representatives from New Jersey to the Special Session of the House of Delegates of the American Medical Association in Chicago, September 16-17, 1938, Dr. Carrington, President of The Medical Society of New Jersey, assigned me to attend the meetings of Reference Committee 4, under the chairmanship of Dr. Fred W. Rankin, of Kentucky. This reference committee considered Section 4 of "A General Program of Medical Care", as presented to the National Health Conference at Washington on July 18.

The procedure of the committee was in the nature of a round-table discussion. All plans submitted to it by the Speaker of the House of Delegates were carefully and minutely gone over and considered. Everyone who appeared before the committee was patiently and respectfully heard. Representatives from many of the State Societies were present, and the sessions were carried far into the night.

We from New Jersey were definitely opposed to any form of compulsory health insurance, believing that it is contrary to the American concept of government, and individual independence; that it would create a gigantic Federal bureaucracy, politically controlled; that the cost of medical care to the entire country would be enormously increased; and that the quality of medical service would progressively deteriorate.

New Jersey commended the workman's compensation legislation and is in agreement with its expansion.

New Jersey is in accord on hospital service insurance, but it should apply the principle to *hospital services* only, and under no circumstances should it apply to any *medical* services whatsoever. The avidity with which the public is taking to hospital service insurance inclines us to believe that some form of voluntary sickness indemnity suitable to the locality in which it is to apply might well be seriously considered as a solution. These cash payments, it must be distinctly understood, are towards their doctor's fees, and are not to be construed as a fee schedule.

EXPANSION OF HOSPITAL AND VOLUNTARY HEALTH INSURANCE

By Spencer T. Snedecor, M.D., Hacknesack, N. J.

As an Alternate Delegate to the Special Meeting of the American Medical Association on September 16 and 17, I was assigned to report on the proceedings of Committee Four, on "A General Program of Medical Care", in company with Dr. Stahl.

Hospital insurance should be expanded along sound lines, always keeping it clear of medical service. Many good plans are already in effect, which should be further fostered by the profession in order to spread them far and wide, so as to reach as large a proportion of the population as possible.

This point of view was almost the unanimous opinion of the delegates to the A. M. A. In fact, it was surprising to find such unanimity of opinion on so many of these proposals; and free expression of opinion was permitted from all sides.

HEALTH INSURANCE

Most of the time of Reference Committee Four was spent on health insurance. The principle of voluntary insurance to cover sickness was thoroughly agreed upon. It was brought out that a great many doctors themselves carry health insurance. The crux of the discussions centered on two points: first, on the protection of the *patient* in his free choice of physician; and second, the protection of the *physician* in payment for his services. In one approved form of insurance, when the insured takes out his policy, he signs a power of attorney to pay the doctor directly. No fee schedules for services are to be approved, but the policy may certify a fixed amount toward payment of certain operations.

It was recognized that county societies might organize to offer health insurance. Those organizations which are non-profit-sharing, or of a coöperating type, are to be recommended.

Compulsory health insurance was turned down in a determined manner. Such a plan as proposed by the National Health Conference would lead to "A complicated beaurocratic system which has no place in a democratic state", because it would lend itself to "Political control and manipulation". To us compulsory health insurance means *socialized medicine*,—and to this the delegates were unalterably opposed.

THE CARE OF THE MEDICALLY NEEDY

By Hilton S. Read, M.D., Atlantic City, N. J.

As one of the ten New Jersey representatives at the Special Session of the American Medical Association at Chicago on September 16 and 17, my assignment was to report on the Federal provision for the care of the medically needy in the low-wage and indigent groups.

Recommendation three of the Interdepartmental Committee was as follows:

"The committee recommends that the Federal Government, through grants-in-aid to the states, implement the provision of public medical care to two broad groups of the population: (1) to those for whom local, State, or Federal governments, jointly or singly, have already accepted some responsibility through the public assistance provisions of the Social Security Act, through the work relief programs or through provision of general relief; (2) to those who, though able to obtain food, shelter and clothing from their own resources, are unable to procure necessary medical care. It is estimated that, on the average, $10 per person annually would be required to meet the minimum needs of thsee two groups for essential medical services, hospitalization and emergency dentistry. This part of the program might be begun with the expenditure of $50,000,000 the first year and gradually expanded until it reaches the estimated level of $400,000,000 which would be needed to provide minimum care to the medically needy groups. The committee recommends that one-half of the total annual costs be met by the Federal Government."

Recommendation three of the Technical Committee on Medical Care to the National Health Conference was as follows:

"It is proposed that the Federal Government, through grants-in-aid to the states, implement the provision of public medical care to two broad groups of the population: (1) to those for whom the State and Federal governments, jointly or singly, have already accepted some responsibility through the public assistance provisions of the Social Security Act, through the work relief program or through provision of general relief; (2) to those who, though able to obtain food, shelter and clothing from their own resources, are unable to procure necessary medical care.

"The program would be developed around and would be based on the existing preventive health services. It would be in addition to the programs and costs involved in recommendations I and II but would need to be closely related with the services provided under those recommendations. The program contemplated in the present recommendation would provide medical services on the basis of minimum essential needs. It wuold include medical and surgical care, with necessary diagnostic services, medicine and appliances; hospitalization, exclusive of the period of maternity, and of care of the tuberculous and mentally diseased; bedside nursing care, and emergency dental care.

"The use of nongovernmental hospital beds for medically needy persons paid for on a proper basis by public funds is presumed as a part of this program wherever local conditions render this policy necessary or expedient. *It is taken for granted that the medical and allied professions and institutions will participate in the administration of the program as has been the case in many states and communities.*"

Reference Committee Three of the House of Delegates, which considered these subjects, held long and serious hearings. Every physician who so desired was given a courteous hearing. Definite plans for the care of the indigent were submitted by New Jersey, Kentucky, Indiana, Missouri, and the Tennessee delegations. Announcement was made that over one thousand plans had been submitted to the American Medical Association Headquarters by individual physicians.

Some concern was experienced by your delegation that, in the words of Dr. Carrington, "Homogenity, which is so desired, will be difficult to evolve out of such heterogenity." But the able General Committee, under the astute chairmanship of Dr. Donaldson, of Pittsburgh, agreed with New Jersey that a national plan of the philosophy of medical care could be devised, the actual operating mechanics of which should be left to the community unit.

The House of Delegates unanimously accepted the report of the Reference Committee which in essence said that the medical care of the indigent was the dual responsibility of government and organized medicine, who should jointly work out the problem as the need developed and on a local basis. To quote from the report of the Reference Committee:

"Since the indigent now constitute a large group in the population, we recognize that the necessity for State aid for medical care may arise in the poorer communities, and the Federal Government may need to provide funds when the State is unable to meet these emergencies.

"In the face of vanishing support of philanthropy, the medical profession will welcome the appropriation of funds to provide care, for the needy providing first, that the public welfare administrative procedures are simplified and coördinated, and second, that the provision of medical services is arranged by responsible local public officials in cooperation with the local medical profession and its allied groups.

"We feel that in each State a system should be developed to meet the recommendation of the national health conference in conformance with its suggestion that: *'The rôle of the Federal Government should be principally that of giving financial and technical aid to the States in their development of sound programs through procedures largely of their own choice.'*"

EXPANSION OF PUBLIC HEALTH SERVICES

By LEROY A. WILKES, M.D., Trenton, N. J., Executive Officer, The Medical Society of New Jersey

In my assignment as observer at the Special Meeting of the A. M. A. on September 16, I attended the meetings of Sub-Committee Number One,—that to consider recommendation number one of the National Health Conference, entitled "Expansion of Public Health Services", particularly in regard to tuberculosis, venereal diseases and malaria, and the services in maternal and child welfare.

The sub-committee emphasized the mutual advantages to be gained by coöperation between health departments and medical society members. Both agencies were founded primarily for health service, and health departments were the products of the efforts of medical societies.

The sub-committee also made a distinction between health "Needs" as *theoretically* calculated, and the demands for preventive and curative services which have been definitely *established by experience.*

The report of the sub-committee was submitted to the general committee, which approved it in the following words:

1. Under Recommendation I on Expansion of Public Health Services:

(1) Your committee recommends the establishment of a Federal Department of Health with a Secretary who shall be a doctor of medicine and a member of the President's Cabinet.

(2) The general principles outlined by the Technical Committee for the expansion of Public Health and Maternal and Child Health Services are approved and the American Medical Association definitely seeks to coöperate in developing efficient and economical ways and means of putting into effect this recommendation.

(3) Any expenditures made for the expansion of public health and maternal and child health services should not include the treatment of disease except so far as this cannot be successfully accomplished through the private practitioner.

REPORTS OF OFFICERS

By EPHRAIM R. MULFORD, M.D., Burlington, N. J.

As one of the ten representatives from The Medical Society of New Jersey, it was my special duty to make note of the action of the Reference Committee on the Reports of the Officers and Trustees of the A. M. A., of which Dr. Terry M. Townsend, of New York, was Chairman.

THE ADDRESS OF THE SPEAKER, DR. H. H. SHOULDERS

After pointing out the difficulties and responsibilities confronting the delegates, the Speaker assured them of ample time and opportunity to discuss, unhampered, the propositions and resolutions presented for consideration. He urged patience and deliberation in every move.

THE ADDRESS OF THE PRESIDENT, DR. ABELL

President Abell's address will go down in the annals of medical history as a convincing elucidation of medical ethics, and a strong protestation against inadequate plans by the unqualified persons for supplying physicians' services to the indigent. Dr. Abell pointed with approbation to the fact that the representatives from all groups to the National Health Conference were unanimously in favor of the appointment of a Secretary of Health and Medical Service in the President's Cabinet. His speech will be long remembered for its rhetorical purity and deep challenge to the thoughtful layman and the medical man. To be fully appreciated, it can scarcely be condensed. (See Jour. A. M. A., Sept. 24, 1938, p. 1192.)

THE ADDRESS OF THE PRESIDENT-ELECT, DR. ROCK P. SLYSTER

Dr. Slyster pictured the unselfish physician, who has dedicated his life to the relief of human ills through scientific research, as a victim of the misled public. He ended with a warning against any plan which would imperil the structure of American medicine. (Jour. A. M. A., Sept. 24, p. 1194.)

REPORT OF THE BOARD OF TRUSTEES OF THE A. M. A.

The Board of Trustees explained that the call for this special meeting of the House of Delegates was made because the Congress of the United States would be convened and prob-

ably would enact legislation proposed by the National Health Conference before the next regular meeting of the House of Delegates. Had this occurred, it would have been impossible to have presented to the Congress and the people, through their State representatives, the viewpoint of the American medical profession. The Chairman of the Board stressed the deep responsibility of the Delegates to plan policies for the immediate care of the medical indigent, and legislation for their future maintainance. (Jour. A. M. A., Sept. 24, p. 1195.)

The Reference Committee heartily approved of the resolutions presented by Mississippi to the effect that a committee, headed by Dr. Abell, be appointed to confer with a like committee appointed by President Roosevelt, to study proposed plans and data assembled both by the government and American Medical Association, and correlate them with a practical working basis for legislation at the approaching session of Congress.

REPORT OF REFERENCE COMMITTEE ON MISCELLANEOUS BUSINESS—DR. W. H. SEEMAN, CHAIRMAN

1. A plan for publicity against regimentation of physicians, presented by the Parkersburg, West Virginia Academy of Medicine, was found worthy of serious study. As it did not embody a resolution, the committee could not recommend any action by the House at this time.

California presented a resolution on change of medical care for the people, which would necessitate a change in the Principles of Medical Ethics of the American Medical Association. The Judicial Council ruled that the resolution was not germane to the call for this special session, and therefore could not be considered.

The committee referred to the Board of Trustees, without recommendation, the resolution on the public announcement of plans recommended by the House of Delegates. This resolution, which embodied a request for an expensive program of publicity to be financed by the American Medical Association, was considered hazardous, and too expensive for it to undertake.

The Chairman (Dr. Mulford) desires to take this opportunity to express to all the New Jersey representatives his sincere appreciation of their deep interest in all the program at the special session, and the activities of the reference committees. Their thoughtful discussion in our daily conferences made a distinct contribution to the ends achieved.

IMPRESSIONS OF THE SPECIAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION

By WALT P. CONAWAY, M.D., Atlantic City, N. J., Delegate to the A. M. A., June 13, 1900—May 19, 1938

Anyone attending the recent special meeting of the House of Delegates of the American Medical Association must necessarily have been most favorably impressed with the remarkable unaminity of thought and expression which prevailed during this meeting. Dissension and acrimonious debate were absent.

It was unanimously agreed that medical care of the indigent is the responsibility of the *local community;* and that State and Federal Governments should provide funds only to meet an emergency. The distribution of these funds should be supervised entirely by physicians, and completely isolated from politics.

For this same reason compulsory health insurance was strongly opposed.

Hospital service insurance was heartily approved, provided it should be limited to hospital facilities only.

Workmen's Compensation Laws were approved, and their expansion was suggested to meet the necessary cost of illness sustained during employment.

It seemed practicable to the Delegates present to develop *Voluntary Cash Indemnity Insurance Plans* in each community to cover at least in part the cost of emergency or prolonged illness.

The need for many new hospitals at the present time was not apparent, and it was suggested that many beds in church and private hospitals could be subsidized when necessary.

A committee of seven Delegates, with Dr. Irving Abel, President of the A. M. A., as Chairman, was appointed to confer with the President regarding a National Health Program and to recommend the establishment of a Department of Health with a Secretary who shall be a member of the President's Cabinet.

The general excellence of the several committee reports is to be commended, and much good will result from this special meeting.

INTRODUCTORY REPORT OF THE SPECIAL SESSION OF THE HOUSE OF DELEGATES, AMERICAN MEDICAL ASSOCIATION

CHICAGO, ILL., SEPT. 16, 1938

By WELLS P. EAGLETON, M.D., Newark, N. J., Delegate to the A. M. A. from New Jersey

The meeting of the Special Session of the House of Delegates of the American Medical Association held at Chicago on September 16th, 1938, endorsed President Roosevelt's Interdepartmental Committee to Coördinate Health and Welfare Activities Program of July 18-20, 1938, but recommended restrictions of limitation of the expenses to those actually necessary.

For "The American Medical Association upset tradition by adopting revisions in its policy on health and welfare which some members of its House of Delegates termed 'progressive and almost revolutionary'." *

It was particularly gratifying to New Jersey that reversal from inactivity to constructive assistance to our Government at Washington came as the action of the House of Delegates.

It will help to restore organized medicine to the position of leadership in health and medical matters, which organized medicine unfortunately had largely forfeited in the public eye.

At the opening of the session the Chairman of the Trustees of A. M. A. placed the responsibility of answers to the interdepartmental program upon the House of Delegates, where it properly belongs; and from which it never should have been delegated, as it repeatedly has, because of the limited time allowed for formulation and discussion of policies at the hurried annual meetings of the House of Delegates.

THE REPEATED CALLS BY THE MEDICAL SOCIETY OF NEW JERSEY FOR A SPECIAL SESSION OF THE HOUSE OF DELEGATES OF THE A. M. A. TO FORMULATE MEDICAL POLICIES

It will be remembered that The Medical Society of New Jersey has repeatedly called for a special meeting by the House of Delegates, as New Jersey has realized, for many years, that the House of Delegates must be held separate from the annual scientific section, if it is to formulate medical policies and to properly represent the American doctors as a whole.

For New Jersey has always contended the chief function of the A. M. A. should be the formulation of policies and that it should be a leader in medical thought.

* Newark (N. J.) Evening News, Sept. 17, 1938.

NEW JERSEY'S RESOLUTION OF 1923 FOR AN AD INTERIM MEETING OF THE HOUSE OF DELEGATES OF THE A. M. A.

The House of Delegates of The Medical Society of New Jersey on June 23, 1923, adopted the following resolution:

"That the Delegates of The Medical Society of New Jersey to the American Medical Association be instructed to use their influence and votes 'that an ad interim meeting of the House of Delegates be held at the Headquarters of the Associaiton'." [1]

As The Medical Society of New Jersey realized at that time that "the policy of the American Medical Association was sacrificing the chief strength of the profession, that of the individual doctor; for given but a fair chance of expression, the doctors as a class are of a high type of citizen and patriot and have a capacity for constructive, disinterested public service, both social and political as well as professional." [2]

NEW JERSEY'S CALL TO ALL THE STATES IN 1935 FOR A SPECIAL MEETING OF THE HOUSE OF DELEGATES OF THE A. M. A. FOR MEDICAL ECONOMICS

An "Eastern Interstate Conference on Medical Economics" was held at the Hotel Roosevelt in New York City, October 13th, at which seven component societies of the American Medical Association participated (New York, Pennsylvania, Maryland, Indiana, Michigan, District of Columbia, New Jersey), and one of the officers of the A. M. A. was present. (Jour., Med. Soc. of N. J., Nov. 1935, p. 660.)

This conference was called by New Jersey as a special committee of the Board of Trustees of The Medical Society of New Jersey * had been formed for the *specific purpose* of *formulating a broad general program of Medical Economics* to be submitted to this Conference.

The proposals of The Medical Society of New Jersey met with the spontaneous and unanimous approval of the members of the conference and New Jersey was requested to memorialize the Trustees of the A. M. A. and to circularize the separate states.

"The Board of Trustees of The Medical

* J. Med. Soc. New Jersey, 32:720, (Dec.) 1935.

Society of New Jersey unanimously resolved that the Board of Trustees of the A. M. A. be and hereby is respectfully but earnestly petitioned to consider the attached proposal and particularly the suggestion made that a special meeting of the House of Delegates be called by your Honorable Board to meet in January or February (1936), this *meeting to be devoted solely to medical economics.*" [4]

Two states, Maine, Louisiana, and one county society, and the Nassau County Medical Society of New York,—the Hawaii Territorial Medical Association approved the suggestions for a special meeting and the economic programs; fourteen states referred the matter to their executive committees, one state disapproved all suggestions, and another state urged no hasty action.*

NEW JERSEY'S REQUEST FOR A SPECIAL SESSION IN 1937

On November 21, 1937, the Trustees of The Medical Society of New Jersey again memorialized the Board of Trustees of the American Medical Association: *"Whereas,* the activities of the American Medical Association during the year are largely controlled by the actions taken by the House of Delegates at the annual meeting, and,

"Whereas, during the annual meeting there are so many activities and scientific sessions, so that time can hardly be found by committees and the House of Delegates to thoroughly study all problems before the medical profession." [5]

"Therefore, be it resolved that the Board of Trustees of The Medical Society of New Jersey petitions the Board of Trustees of the American Medical Association to call this year (1937) a *mid-year meeting of the House of Delegates of the American Medical Association, for the purpose of discussing the socio-economic problems that confront the profession."*

"A large portion of the medical profession is convinced that a definite program must be adopted and an effort made by the profession to solve some of the inequalities in the distribution of medical care, rather than to have attempted solutions forced upon the profession by lay groups.

It is further suggested that in issuing the call to the various state delegations, the state medical societies be requested to present any plans which they may have in mind or which in certain cases may be already operating in individual states."

At that time The Medical Society of New Jersey through its Economic Committee had a definite, well-worked-out plan — formulated over a succession of years by Drs. Charles H. Schlichter, Spencer T. Snedecor, E. Zeh Hawkes, and Thomas K. Lewis—which it felt would interest many states.

The letter of August, 1938.—At the August 4, 1938, meeting of the Trustees of The Medical Society of New Jersey discussed:

"There is no doubt that American Medicine is being led into opposition to the Interdepartmental Committee program. Legislation to enforce it will be introduced in Congress next year, and will have the support of all organizations except the American Medical Association. Our first duty is to save the medical profession from such a calamity. For organized medicine should have been the proposers.

"New Jersey is in a particularly favorable condition to help American Medicine. Twice before, once in 1935, again in 1937, it petitioned the Board of Trustees for an ad interim meeting of the House of Delegates to discuss only medical economical problems. Both times the Board of Trustees have said it was unnecessary, but now they must know that it is very necessary. The Board of Trustees of The Medical Society of New Jersey should now repeat that call, specifying that it is made for the purpose of asking all the states to bring their particular problems and their particular solutions of the problems to this general meeting of the House of Delegates with the idea of putting the American Medical Association as a whole behind the government's program and to have incorporated in it the words so frequently used 'all schemes shall be formulated by organized medicine and all monies shall be administered by it in the county, municipalities, or state in which the services are rendered'."

At the meeting it was decided to have our President write to the Secretary of the A. M. A. with the request that a special meeting be called.

I went to the Special Session with the following objectives, which summarize what New Jersey has been doing:

1. In the first place, New Jersey was most desirous that there be no recriminations about responsibility for the former attitude of organized medicine in relation to the government as regards the need of adequate medical care.

2. The Federal Government is planning to take care of the medical needs of many who are today unable to pay for it, and the doctors in many communities should be relieved of the care of the indigent, which the medical profession as a whole has so adequately and splen-

* Communication, LeRoy A. Wilkes, M.D., Executive Officer of Med. Soc. New Jersey on A.r. 20, 1938.

didly provided for in the past. New Jersey wants to aid both the government and many individual doctors who are in need of the assistance of organized medicine. To do this, New Jersey believes that organized medicine must present a united front in trying to help the government to formulate a medical policy which will be of the greatest assistance to the nation, and still preserve those customs which have guided ethical medical practices in the past.

New Jersey recognized the seriousness of the problem in some localities but feels that it is much more urgent in some states than in others and more in some districts than in others of the same State. In New Jersey, by the coöperation of the local medical societies with the E. R. A., the problem has been largely solved. Such coöperation should be the aim of both the profession and the government for *cases in actual need of medical assistance.*

4. We believe in (a) *subsidized medicine,* not socialized medicine; (b) to be applied only to the indigent poor and families in the lower income bracket.

The principles of the suggestions offered were that (1) the Medical Society of each county in every State, which contain members who alone know the medical needs and conditions of each separate district, and thus the only ones who can properly perform the work, shall (2) (without compensation to themselves) (3) suggest to the Federal and State governments as to how to furnish adequate medical care to all indigent and lower income bracket families that may be in need of it, and thus to (4) remove from the medical profession, the burden of care of the indigent, which it is now carrying almost alone. (5) That all plans shall be formulated, administered and operated by organized medicine, for it is only by some such action that the development of a large political medical bureaucracy will be prevented.

THE NECESSITY FOR (1) AN AD INTERIM MEETING TO BE HELD ANNUALLY AND (2) THE HOUSE OF DELEGATES TO CONTROL ITS OWN MONEY

Having served the House of Delegates of the A. M. A. for several years, I am persuaded that the next objective of New Jersey must be to have (1) an ad interim meeting of the House of Delegates of the A. M. A. annually. This meeting to be devoted solely to formulation of medical policies. It will thus have time to speak for the whole profession. Furthermore, (2) to give the House of Delegates proper authority to enforce its will and decrees, it should have control of its own money.

The A. M. A. is such a large organization, and the ethical, economic, educational, and public health problems that must be solved by the medical profession are now so important that its House of Delegates should have an ad interim meeting at least once yearly.

"The House of Delegates meets at a time during which every member's mind is naturally in some one of its scientific sections. It more or less perfunctorily transacts business, necessarily largely prepared for it, and elects its officers, which in the past has been the chief interest and activity of its members; then adjourns to hand over the interest of the profession for a whole year to a Board of Trustees. No small body of men, no matter of how high degree of integrity, can properly reflect the general sentiment of the profession, unless they are in frequent contact with its individual members as represented by the House of Delegates.

"It is not generally appreciated by the members that all moneys and the Journal of the A. M. A., which is the chief source of income, are beyond the direct control of the House of Delegates. For Chapter VI. By-Laws of the A. M. A. 'Board of Trustees', Section 1, p. 15, reads:

"All resolutions or recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board of Trustees before the same shall become effective."

This must be amended, and the funds of the organization placed under the control of the House of Delegates.

All democratic governments that have been a force in the growth of representative government are based on the English system on which our own Congress is modeled. The power of true democratic government ties in the representatives of the people holding the purse-strings, and thus have the means to enforce and further their decisions.

REFERENCES

1. Minutes of the House of Delegates, San Francisco Session, Jour. A. M. A., 81; (July 14) 1923, page 120.
2. Jour. Med. Soc. of N. J., Oct., 1923, p. 375.
3. Jour. Med. Soc. of N. J., Nov., 1923, p. 412.
4. Trans. Trustees' Meeting, New Jersey Medical Society. J. Med. Soc. N. J., 32:720, (Dec.) 1935.
5. Jour. Med. Soc. of N. J., Nov., 1937.

OPINIONS OF CONGRESSMEN TOWARD FEDERAL PLANS FOR MEDICAL SERVICES

On September 13, 1938, President Carrington mailed a copy of the following letter to each of the fifty-six candidates who had filed their applications to be included in the lists of New Jersey candidates for U. S. Senators or members of the House of Representatives, to be chosen at the primary elections:

September 13, 1938.

My Dear Senator (or Congressman):

The Medical Society of New Jersey, representing nearly 4000 physicians in this State, is in agreement in principle with the general aims and purposes announced by the National Health Conference recently held in Washington. The members of the Society do, however, question the practicability and effectiveness of some of the proposed ways and means suggested for the accomplishment of these aims.

Our members have always been, not only sympathetic to the needs of the poor, but very active in meeting those needs in a practical and effective way and often at great personal sacrifice.

The statement made recently in Washington that "one-third of the people of America are ill-housed, ill-fed, and ill-cared-for in sickness" certainly does not apply to the great State of New Jersey. We in New Jersey are already being heavily taxed, to meet not only our own neds, but those of other States less efficient or less thrifty. We believe that many of the States have widely varying needs, and that the conditions under which these needs must be met in each State vary even more widely. The most successful procedure, therefore, must be determined locally and not on a national basis. Eligibility of certain persons to receive necessary medical services at the cost of the taxpayer or of the doctor must first be carefully established or the total cost will become unbearable.

Compulsory insurance to cover sickness costs is frequently miscalled "health insurance", and is proposed by some for government legislation and underwriting. The cost, which will undoubtedly be great, is to be paid for by taxation. Would you favor such a procedure? or would you prefer that such insurance be voluntary and paid for by the individual so protected? If you would favor compulsory insurance, should all, or part of the expenses become a Federal Government responsibility? and would such compulsory insurance apply to citizens in all economic levels in spite of the enormous cost to government? or would you urge its application only to indigent and low-wage earners?

Would you favor a State plan similar to the New Jersey E. R. A., and the Coöperative Medical Service Plan developed jointly by this agency and The Medical Society of New Jersey for the medical care of those E. R. A. clients who were financially unable to engage the services of a private physician?

This plan in brief allowed E. R. A. approved clients to select the physician of their own choice, who was supervised by the County Medical Society as to his professional practice and charges. The fees agreed upon were $1 in the office, and $2 in the home, and $25 for complete obstetrical care outside of hospitals.

The Medical Society of New Jersey was founded more than 172 years ago. It is the oldest Medical Society in this country. We salute our founders, and rededicate ourselves to do our full part as citizens and physicians. We ask only your fair consideration of health matters which come before the Federal Government, and we stand ready to aid you in arriving at a clear understanding and a just decision on health matters at all times.

As candidate for the Federal Congress, we would be pleased to know your attitude on the present tendency to centralize more and more all activities, including those of medical practice, in the Federal Government, rather than in local agencies, official and non-official.

Sincerely,

William J. Carrington, M.D., *President*,
The Medical Society of New Jersey.

Thirteen, or one-quarter of the candidates, answered the letter; and their replies were as follows:

SECOND DISTRICT

Walter S. Jeffries, Margate City:

"I am an avowed home-ruler, and through this stand I naturally support the theory of state's rights. Therefore, not being trained or informed regarding the medical profession, I necessarily must be advised, and follow the leadership of the best source in that particular occupation.

"I will ask the advice and follow the stand of The Medical Society of New Jersey of which you have the honor of being President, because your Society is the true representative organization of the medical profession."

THIRD DISTRICT

William H. Sutphin, Matawan, N. J.:

"I have always been opposed to the Federal Government competing with private industry, and would prefer to support legislation permitting the Government to coöperate with medical associations and other private organizations providing medical relief to those in need."

James K. Allardice, Toms River, N. J.:

"With reference to furnishing not only medical services, but also dental services, I believe that the best interests of the taxpayers and also of both professions can best be served by each state instituting its own plan or program. I would favor a plan similar to the old New Jersey E. R. A. plan to include both medical and dental care of all those who

are financially unable to engage the services of a private doctor or dentist."

FOURTH DISTRICT

D. Lane Powers, 955 Bellevue Avenue, Trenton, N. J.:

"I believe you are acquainted with my record in public life, and from it, I hope you can adduce the assurance that I shall always, as I have in the past, fight against further centralization of power in Washington. There are many things the Government cannot do, and one of them is to run the medical profession. I am content and happy to leave matters medical in the hands of those trained to cope with them—the physicians of our nation, and our State."

FIFTH DISTRICT

Franklin W. Rice, M.D., 184 South Street, Morristown, N. J.:

Medically, I advocate:

"1. Complete medical service to the poor, under local control in each State.

"2. Government aid in places where the State has insufficient funds to help the sick.

"3. Government assistance to hospitals whose funds are so low that the poor are not properly cared for.

"4. Hospital insurance as locally used in Morristown.

"5. Also cash indemnity insurance for meeting sickness costs under each State law.

"6. Home should be under the family doctor."

SIXTH DISTRICT

Donald H. McLean, 125 Broad Street, Elizabeth, N. J.:

"In general, I am in accord with the ideas expressed in your letter; and my attitude toward matters in which the New Jersey Medical Society is interested would be along the line of their general objectives.

"I have been in Congress for six years, and the members of the medical profession in Union County know my attitude; and I would suggest that for an answer to the question propounded in the concluding paragraph of your letter you take it up with the members of your Society in Union County."

Richard F. Green, 7 West Grand Street, Elizabeth, N. J.:

"I do not think that a purely voluntary and privately paid-for system of insurance would be of any assistance to those in the lower income brackets, where the real need lies. I would of course prefer a State plan to one involving Federal participation and control. However, I believe that where Federal action is indicated in any field, it is as futile to appeal to an emotional slogan such as "States Rights", as it would be for a doctor to allow the intrusion of emotion in a matter of diagnosis or treatment. In other words, local action is preferable, but centralization must be accepted if it proves necessary, as it has in some other fields. I sincerely trust that it may not prove necessary in medicine, but the question should be treated objectively.

"In closing, I hope that you will excuse a personal note. My father and grandfather were Presidents of the State Medical Society, and it reminded me of old times to see the Society's letterhead again."

SEVENTH DISTRICT

J. Parnell Thomas, Allendale, N. J.:

"In reply to your letter of September 15th, you may be certain that I am 101 per cent opposed to what we call for a better term, the "Socialization of Medicine". As far as I am concerned, it is just another step of the jitterbug New Deal to put the government in the medical profession.

"You ask in your letter how I stood. I think this first paragraph clearly explains my stand; but now I would like to ask what the doctors in New Jersey are going to do about it. Are they going to take it lying down as many other businesses have? or are they going to step out and work for political candidates who are courageous enough to openly oppose the socialization of medicine?"

Edward W. Wildrick, Blairstown, N. J.:

"I am fundamentally a Democrat, and believe in States' rights and in avoiding centralizing in the Federal Government activities that would be much better handled by the States.

"I am in sympathy with the aims of your Society. If I am elected to Congress, you must rely on my good sense and the principles stated above."

EIGHTH DISTRICT

George N. Seger, Paterson, N. J.:

"I am opposed to the present tendency towards bureaucracy in Washington. I hope the Federal Government and local agencies will be able to get together on some effective plan having the support of your organization."

NINTH DISTRICT

Frank C. Osmers, Haworth, N. J.:

"It is my intention to take this matter up with our Bergen County Medical Society just as soon as time will permit. My Primary Campaign ends next Tuesday, and I believe that shortly thereafter I will have time to discuss it with them.

"I have made it a practice to coöperate closely with our County Medical Society in matters affecting the public health."

Vincent Clausen, Rutherford, N. J.:

"I will be willing at all times to discuss matters of interest to physicians and am certain that our views will never be greatly divergent."

(Continued on page 643)

COMMITTEE OBJECTIVES

THE OBJECTIVES OF THE COMMITTEE ON NURSING AND NURSING EDUCATION

By A. Charles Zehnder, M.D., Chairman, Newark, N. J.

Two years ago the Committee on Nursing and Nursing Education planned as its objective two major items. The first was the *training of nursing attendants.* This has now been established in three of New Jersey's girls' vocational schools. This course is well organized and progressing nicely. It does require publicity so as to attract more young women to enter this field; for it is necessary to have more students take this course. It is a one-year course, and qualifies the nursing attendant to care for the mildly sick in the home, the post-operative home patient, the mother and newborn infant, and the aged.

Our committee is now arranging for the technical training of the nursing attendant in institutions. The committee thinks that the best place to give this training is in convalescent homes, day nurseries, homes for the aged, and wherever it does not conflict with the training of the graduate nurse. Our aim this year is to provide as many institutions as possible for this purpose, and the committee members are now scouting for as many as we can get.

Our second objective is that the pupil nurse who is in training in the graduate nurse's course receive her didactic instruction before she enters upon her bedside training; thereby permitting the pupil nurse's bedside training to be uninterrupted by classroom work, except insofar as it is necessary to amplify the bedside instruction. This plan would have the advantage of having the pupil nurse's bedside training uninterrupted while caring for the patient during the latter part of her training.

The instituting of this objective is more complicated than it would seem on first thought, but many of the obstacles can be overcome, and the committee is striving to make a start in this matter during the present year.

MATERNAL WELFARE PROGRAM FOR 1938-39

By A. W. Bingham, M.D., Chairman, East Orange, N. J.

The Committee on Maternal Welfare plans to work more intensively during the coming year in carrying out a program similar to that of last year, which is as follows:

1. Adequate provision for prenatal care:

a. By physicians in their offices;

b. In prenatal centers to be established where needed.

Although provision for prenatal care has been stressed in New Jersey for several years, there are still many patients who do not get adequate prenatal care. A greater effort should be made to cover this important detail.

2. More hospitals with isolated maternity departments.

There are still some hospitals in New Jersey which do not isolate their maternity patients. While it is difficult to do this in a small hospital, plans should now be made to provide for this urgent need.

3. More open hospitals where general practitioners may bring their patients subject to supervision and with rules for consultation in abnormal cases.

If physicians cannot attend their maternity patients in our good hospitals, they must treat them at home or in a nursing home where they have no supervision and where it is more difficult to obtain a qualified consultant.

4. Regular conferences of maternal welfare groups with all physicians interested in obstetrics.

Some of the hospitals have regular obstetrical conferences and have found them to be very valuable. Some of the County Medical Societies devote a meeting to maternal wel-

fare occasionally. These conferences should be held more regularly in all hospitals caring for maternity cases, and should be open to all physicians. If requested, a member of the Committee on Maternal Welfare will attend these conferences and take part in the discussion.

5. Investigation of every maternal death in each county, not for criticism, but in search of knowledge to prevent another.

The committee greatly appreciates the cooperation of all those physicians who have been interviewed.

6. Continue to have a field physician for every county who will assist the physicians in every way possible to enable them to do better work.

He is the contact man between the State and County Maternal Welfare Committees, the State Department of Health, and the practicing physicians. He may be consulted at any time regarding any problems related to obstetrics.

7. Free nursing delivery service for the low-wage group.

The field physician will explain how to obtain this service.

8. Free consultation for the low-wage group.

The field physician will explain how to get a consultant.

9. Free consultation for midwives in the low-wage group.

10. Distribution of literature to improve maternity care which suggests methods for better prenatal care, delivery, and post-partum care.

11. Continue the short Refresher Courses.

More physicians should take advantage of this opportunity to observe modern obstetrical procedures at Margaret Hague Maternity Hospital. Information may be obtained from the field physician or any member of the Committee on Maternal Welfare.

12. Continue to publish a maternal welfare article each month in The Journal of The Medical Society of New Jersey.

At the end of each maternal welfare paper there will be a brief case history entitled, "A Lesson from a Death Certificate". Much can be learned from death certificates, and it is hoped that these case histories will prove to be of value in preventing some future complication.

The Chairman and members of the Committee on Maternal Welfare are eager to attend as many obstetric conferences as possible and are ready to do what they can to help reach our goal: *"Adequate supervision and care for every expectant mother in New Jersey".*

PUBLIC RELATIONS

By JOSEPH H. KLER, M.D., Chairman, New Brunswick, N. J.

The need for effective public relations work by the medical profession seems so apparent that there should be no necessity for stressing it. Its purpose is, of course, to:

1. Acquaint the public with the medical profession;
2. Make its motives understood;
3. Convince the public that organized medicine is capable of delivering and willing to deliver medical services that are satisfactory to everyone at a price he can afford to pay.

It is necessary for us to make this clear because allegations are being made in various quarters that private medicine is incapable of providing everyone with adequate medical care without a drastic revision in the system of distribution of medical services.

Physicians are organized in three general groups: *National, State,* and *County.* If private medicine is to retain public support, each of these groups should conduct a public relations program within its own sphere. If a program can be integrated, the medical profession can improve its status in the public eye on three fronts: *National, State, and County.*

The cause of effective public relations can be best served if the county and State Society Public Relations Committees have fairly well defined spheres of action.

In line with establishing a parallel organization between State and county medical societies, every county medical society which does not now have a Public Relations Committee should create one.

At the last meeting of the State Society's Public Relations Committee it was decided to turn the distribution of the weekly health feature, *"The M.D. Says:"* over to the county medical societies. This provides an opportunity for the county medical societies to publicize themselves. In most of the counties the secretary is taking over this work. This feature is a good type of publicity. It is a weekly reminder to more than half a million readers that there is a State and county medical society. Nearly a third of the weekly papers in the State are now publishing the feature. We urge the county societies to continue to supply this feature regularly to the weekly papers within the county. It is important that there should be no interruption in the regularity and continuity of the publication of this feature.

TELEPHONE DIRECTORY LISTINGS

During the last year the State Society's Public Relations Committee has acted to improve the methods of listing physicians in telephone directories. The New Jersey Bell Telephone Company has been very coöperative. The legal division of the telephone company advises that the company has no legal right to investigate the authenticity of a man's claim that he is an M.D. when he subscribes for telephone service. Only the State Board of Medical Examiners can do so. Therefore, it is recommended that each county medical society have a special committee to investigate each new issue of the telephone directory and report such names to the Board of Examiners.

In order to combat unlicensed practitioners, a new plan of advertising is proposed: It is recommended that each county medical society have an advertisement in the directory which states its code and principles so that people may know that membership in a county medical society qualifies the physician as professionally qualified and ethically trustworthy. Then each physician will have a line under his name, in the classified directory, stating that he is a member of the county medical society.

May I therefore urge the county societies to appoint this committee to study each new issue of the telephone directory?

LIBRARY COMMITTEE

It is recommended that each county society appoint an advisory committee to each library in the county to consult with librarians concerning books and magazines dealing with medical topics. This would give the profession an advisory influence in the selection of material concerning medicine which is presented to the lay reader.

SPEAKERS' BUREAU

The County Society Public Relations Committee is best able to make contacts with lay groups within the county, because they are more intimately related to those groups. But in contacting state-wide lay organizations or regional organizations comprising several counties, the State Society committee is in a better position to make the contacts. More active county speakers' bureaus are desirable. The speakers' bureau can very properly contact different men's organizations, such as service clubs, and advise them that the bureau is prepared to provide speakers on medical topics. The Woman's Auxiliary is better able to contact women's organizations, with the bureau selecting the speakers.

RADIO

The State Society's Public Relations Committee has for some time been working on the possibility of a radio program for the State Society over a large station. This is expected to be made into a reality during the coming year. There are fourteen radio stations divided among ten counties in New Jersey. These stations are willing to provide time for county medical society programs. Some of the county medical societies have been conducting excellent radio programs for some time. It is suggested that county medical societies with a radio station within the county, invite representatives of neighboring county societies without a station to make use of this media so that the radio will be available to all county societies. For the purposes of these programs the State might be divided into radio districts with two or three county societies in certain districts. The State Society's Public Relations Committee is prepared to supply material to the county societies for these programs.

CONTACT WITH LAY HEALTH ORGANIZATIONS

County medical societies are urged to participate in all activities of lay organizations which are related to health. If a lay organization embarks upon a health program or project, let us, as county societies, offer to aid in whatever way we can, rather than remain skeptically aloof. In a friendly way we can properly guide such activities.

STATE SOCIETY ACTIVITIES

FIRST TRAINING CONFERENCE FOR COUNTY SOCIETY OFFICERS

The First Training Conference for the Officers of the County Medical Societies of New Jersey was held on Sunday afternoon, September 11, 1938, at the Stacy-Trent Hotel, Trenton, N. J., with sixty county society representatives present. Dr. William J. Carrington, President of the State Society, presided at the conference, which was opened with a luncheon.

The following officers were in attendance:

Atlantic: William J. Carrington, President State Society
Hilton S. Read, Chairman, Welfare Committee
Bergen: George M. Knowles, Vice-President, Bergen
G. Barton Barlow, Secretary, Bergen
Samuel Alexander, Trustee, State Society
Spencer T. Snedecor, Past-President, State Society
Mr. F. Edward Whitehead, Executive Secretary, Bergen
Burlington: J. Howard Hornberger, Trustee, State Society
E. R. Mulford, Past-President, State Society
Camden: H. Wesley Jack, President, Camden
Thomas K. Lewis, Second Vice-President, State Society
R. B. Betancourt, Chairman County Medical Care of Indigent Committee
A. Y. Schellenger, Chairman County Scientific Work Committee
Cape May: H. H. Tomlin, President, Cape May
Cumberland: Dare Woodruff, President Cumberland
J. Franklin Reeves, Vice-President, Cumberland
E. S Corson, Reporter, Cumberland
Essex: David A. Kraker, President, Essex
Royal A. Schaaf, President-Elect, Essex
Harry N. Comando, First Vice-President, Essex
Marcus H. Greifinger, Secretary, Essex
Arthur W. Bingham, Chairman, State Maternal Welfare Committee
Alfred Stahl, Secretary, State Society
Julius Levy, Director, State Bureau Maternal and Child Health
E. Zeh Hawkes, President-Elect, State Society
Gloucester: Chester I. Ulmer, Secretary, Gloucester
Dorothy Rogers, Historian, Gloucester
Ralph K. Hollinshed, Chairman, Board of Trustees, State Society
Hudson: Reeve L. Ballinger, President, Hudson
Frederic J. Quigley, Trustee, State Society
Hunterdon: J. J. Cartisser, Vice-President, Hunterdon
Mercer: A. Dunbar Hutchinson, Secretary, Mercer
D. Leo Haggerty, Member State Medical Care of Indigent Committee
Middlesex: Joseph H. Kler, Chairman, State Public Relations Committee
George Fithian, Chairman, State Medical Care of Indigent Committee
Monmouth: C. Byron Blaisdell, President, Monmouth
Stanley Nichols, Chairman, State Public Health Committee
Morris: Ervin McElroy, Vice-President, Morris
Byron G. Sherman, Past President, Morris
Ocean: Emanuel M. Sickel, President, Ocean
William E. Dodd, Secretary, Ocean
Passaic: Elias J. Marsh, State Society Treasurer
Louis G. Shapiro, President, Passaic
Wayne W. Hall, First Vice-President, Passaic
Irving Okin, Reporter, Passaic
Andrew F. McBride, Trustee, State Society
Salem: H. F. Suter, President, Salem
James S. Dunn, Secretary-Treasurer, Salem
Somerset: Lancelot Ely, Past-President, State Society
Edgar T. Flint, President, Somerset
A. W. Pigott, Vice-President, Somerset
Lewis C. Fritts, Secretary, Somerset
Frank L. Field, Member State Society Committee Medical Care of Indigent
Sussex: Edward K. Hawke, Reporter, Newton
Union: Norman W. Burritt, Chairman County Public Health Committee
Watson B. Morris, First Vice-President, State Society
Warren: W. R. Bostwick, Vice-President
Also: Frank Overton, Editor of The Journal
LeRoy A. Wilkes, Executive Officer
Mr. Donald Benson, Publicity Representative of the Public Relations Committee of the State Society

PART ONE. GENERAL CONFERENCE

Dr. Carrington stated that the purpose of the conference was to assist the county society officers in the administration of the work to be done in their counties by giving them information which has been found useful through experience in the work of the State Society. He said that no matter how much initiative, good judgment, and executive ability a leader had, all would be useless without information and knowledge of the task to be done.

Dr. Carrington outlined the objectives he wished to accomplish during his term of office, and told the method and procedure he would use in carrying them out.

He suggested that the county society leaders use a similar plan in carrying out their work in the coming year.

Dr. Carrington set forth the following *primary* objectives which every county society should consider:

1. Increase county society memberships.
2. Develop friendly relations with legislators.
3. Strengthen relations with coöperating health and welfare agencies.
4. Use more publicity in strengthening public relations.
5. Arrange county health conferences, such as the state-wide meeting called by Governor Moore. Include representatives of industry, education, welfare, institutions, allied professions, etc.

Dr. Carrington suggested that every county medical society have the four following basic committees like the State Society:

Public Health,
Public Relations,
Medical Practice,
Legislation.

In addition to these, many must be added from time to time in order to carry out broad programs of the Society.

THE WELFARE COMMITTEE

Dr. Hilton S. Read outlined the make-up of the Wefare Committee, and pointed out that it was essential to have the local representatives of the committee attend the meetings in order that they may bring back to the county societies the reports of accomplishment and progress.

LEGISLATION

Dr. Samuel Alexander, chairman, told of the power of the legislators, and that it is the duty of the county society leaders, and each individual member, to get that power to work in their behalf. This could be accomplished, but required concerted effort to bring good results.

THE MEDICAL PRACTICE COMMITTEE

In Dr. Allman's absence, Dr. Lewis set forth the aims and activities of the seven sub-committees of the Medical Practice Committee as follows:

The Contract Practice Committee is attempting to arrive at some definite procedure in the control of contract practice.

Nursing and Nursing Education Committee is seeking to raise the standards for practical nurses, because regular nurses want all members of their profession to have a college education for entrance into their training schools. Practical nurses, properly trained, will have to fill the shortage.

The Hospital Relationships Committee is summing up findings in questionnaires which had been sent to hospitals. The necessity for improving the relationship of doctors to hospital boards is seen, as well as the need for more doctors on hospital governing boards.

The Pharmaceutical Committee is a combination of pharmaceutical committee and medical committee established for the purpose of circumventing the proprietary medicine racket. Individual physicians may coöperate by using formulas developed by committee, and thus save patients unnecessary expense for medicinals.

The Medical Care of Indigent Committee has developed a plan similar to that of the E. R. A. plan of 1934, and is awaiting funds to start its operation.

The Auxiliary Medical Services Committee is concerned with the removal of the medical service clause from policies issued under hospital plans.

The Workmen's Compensation Committee is rewriting the Act, but find it necessary to have additional help from membership to explain the purpose of the Act to legislators. This must be done before the Act can be brought before the Legislature.

THE PUBLIC RELATIONS COMMITTEE

Dr. Kler explained the necessity that every county society seek publicity, and that it could well follow the methods of other publicity seekers. It is necessary for counties to help carry out the State Society publicity program, as well as its own line of work. Have publicity tell the ideas, ideals, and aims of the medical profession. The most effective method of publicity is still secured through personal contact.

Use local newspaper columns, and have the articles sponsored by the county society.

Radio stations are glad to devote time to medical programs. Counties need only to contact radio stations, and the State Society Public Relations Committee will furnish talks whenever possible.

Have well-organized speakers' bureau. Get appointments on programs of state-wide cooperating agency meetings, and ask the State committee to furnish the speaker. The best approach for appointments on local programs is through the Woman's Auxiliary. Men's clubs

to be approached by members of the county society.

Appoint a committee to clean up libraries of medical literature not suited for public consumption.

Counties are to publicize summer round-ups for immunizations, thereby benefiting individual practitioners.

The State Public Relations Committee is anxious to receive ideas from counties.

THE PUBLIC HEALTH COMMITTEE

Dr. Nichols re-stated the objectives of the Public Health Committee as printed in The Journal of June, 1938, p. 374, and that this work should be carried out by each county society Public Health Committee. He stressed the permanent objective of the committee—to make every physician's office in New Jersey a health center for the practice of preventive medicine for the preservation of private practice.

Dr. Nichols told of a New Jersey Health Committee to be created to consider the National Health Conference recommendations in their relation to New Jersey.

COUNTY SOCIETY COMMITTEES

Dr. S. T. Snedecor discussed the need of County Medical Societies for strong leadership and active working committees. He stated that a program is not a program until it is carried out by the County Medical Societies.

The Journal of the Society, which carries complete programs of aims and objectives, and ideas of how they can be best carried out, should be read and referred to constantly.

The selection of members of committees is most important, and only workers should be chosen. Do not keep committeemen or chairmen from year to year, but develop new leaders. Sit down with appointed committees and find out what they intend to do, and help them develop their programs. Keep in constant touch with what they are doing and attend their meetings.

Establish an *executive committee* in every county to discuss reports, progress, and problems of the committees.

COUNTY SOCIETY MEMBERSHIP

Dr. E. Z. Hawkes asked the county society leaders to remember that the strength of an organization is dependent on the size of its membership, and that this is especially true in the medical profession, where the doctor is not only a medical adviser but is consulted on personal and private matters. All physicians must therefore be informed, and in agreement on all medical and social questions.

Dr. Hawkes gave the following reasons why county society membership is valuable to the individual physician:

1. Increases his professional friendship.
2. Develops his social contacts with fellow-physicians.
3. Promotes education and scientific inspiration from attendance at meetings and listening to papers of distinguished guests.
4. Develops consciousness of being affiliated with one's own organization.
5. Helps in obtaining hospital staff appointments.
6. Gives opportunity for getting accident and health insurance at lower cost.

SURVEY OF MEDICAL NEEDS AND SUPPLY

Dr. Wilkes told of the survey now being made by the State and County Medical Societies according to the plans laid down by the A. M. A. The cost of the survey is being borne by the State and county societies, and it is therefore the obligation of every member to be interested in obtaining the best and most accurate survey possible. This is the first survey of medical needs to be made by medical men and coöperating health agencies; and the future plans of supplying medical care will be judged by the results of this survey.

The survey includes the following questions asked of the specialized groups:

1. Amount of free care by physicians and dentists.
2. Facilities for indigent and low-income groups in hospitals.
3. Nursing services to the sick in their homes and those provided by nursing organizations.
4. Vital statistics through health departments.
5. Medical care in private, governmental and relief agencies.
6. Relations between elementary and secondary educational institutions concerning health supervision of pupils, and of schools.
7. Health supervision of students, faculty, and employees of universities and colleges.
8. Plans and organized methods by which patients are brought into contact with physicians in fraternal organizations and industrial plants.
9. How many prescriptions are filled at reduced cost? and how many customers ask pharmacists to give them free medical advice?

Every questionnaire is being filled out with the assistance and supervision of a physician.

PART TWO. CONFERENCE FOR PRESIDENTS AND VICE-PRESIDENTS

1. THE ART OF PRESIDING

By Thomas K. Lewis, M.D., Second Vice-President, Camden, N. J.

The presiding officer at county society meetings should look upon himself as the *servant* of the organization over which he is called upon to preside. All personal interests should be submerged. The welfare of the whole profession is the goal, but protection of minority interests must also be carefully considered. Every effort must be made to prevent any appearance of "railroading" a foregone conclusion on any subject by any individual or group. The presiding officer should at all times be master of the situation to insure fair and full hearings. His usefulness depends upon:

1. A thorough understanding of parliamentary rules (Roberts Rules of Order) and procedure.

2. A meticulous adherence to the rules in order to:

a. Maintain order;

b. Expedite conduct of the business under consideration;

c. Avoid general dissatisfaction with the outcome of debate.

d. Insure fair play;

e. Avoid disruption within the organization (most people are willing to abide by the decision of the *majority,* provided there has been fair play).

Orderly motions, clearly stated, and the proper handling thereof, constitute the basic means of proper procedure.

It is the duty of the presiding officer to state correctly and concisely any motion that has been seconded, before a vote is taken. A motion is not open to debate until this is done. Discussion of the wording or framing of a motion before it has been finally stated is permissible; and the form may be challenged without consent of the seconder so long as it has not been stated by the presiding officer. A motion may be withdrawn by its proposer without consent of the assembly.

Once the motion has been stated by the presiding officer and seconded when necessary, debate is then opened and the only method of altering the motion at *that* time is by way of amendment.

DISCUSSING THE MOTION

Priority in discussion goes to the sponsor of any debatable question.

Keep discussion focused on the matter in hand.

Discussion should ordinarily be limited to about ten minutes.

Any member may speak twice, but not a second time until anyone wishing to discuss has had his first chance.

A vote should not be taken until everyone who wishes has had his fair opportunity to speak on the motion.

Efforts to expedite matters should be constantly made by the presiding officer.

In questionable issues on the floor where sufficient data is not readily available or where new information is needed, it is well to refer the matter to a committee, or defer action, or table the motion.

Interruption of the one who has the floor may be made on:

1. Point of order;
2. Objection to consideration of the question;
3. Motion to reconsider;
4. Call for orders of the day;
5. Question of privilege;
6. Demand that a question be divided when there are two distinct phases to its consideration;
7. Parliamentary inquiry or request for further information.

On motions made or proposed methods for changing the matter, or for delaying precipitate action (secondary motions made when original motion is on floor), the procedures generally followed are as follows:

1. Modify or amend—

a. Amend;

b. Commit or refer for future consideration.

2. To defer action—

a. Postpone to certain time;

b. Make motion consideration of a motion a special order or specify the day or hour. This requires two-thirds vote;

c. Lay on the table (take up at any time by majority vote).

3. To suppress or limit debate—(two-thirds vote)—

a. Call for previous question to close debate now—requires two-thirds vote—or

b. To limit debate—two-thirds vote also required.

4. To suppress the question—

a. Objection to its consideration—two-thirds vote;

b. Call for previous question and then reject question;

c. Postpone indefinitely—two-thirds vote—(if passed, dead for session);

d. Lay on table. (Recall at any time when no other matter is before the house.)

5. To consider a question the second time—

a. Take from table (anytime);

b. Reconsider (same day or any session);

c. Rescind previous action — (two-thirds majority of enrolled membership—intention previously announced).

6. To prevent final action (because attendance is unusually small)—

Motion is to reconsider and this action must be entered on the minutes.

Undebatable motions:

1. Fix time at which to adjourn;
2. Adjourn;
3. Take a recess;
4. Call for orders of the day;
5. Appeal;
6. Suspension of rules (not when changes in rules, of constitution, or of higher body);
7. Objection to the consideration of a question;
8. Incidental motions;
9. Lay on table;
10. Previous question and motions to close, limit, or extend debate;
11. Amend an undebatable motion;
12. Reconsider an undebatable motion.

To convene in "Executive Session" is usually a desirable procedure when an issue arises of which public knowledge is not desirable at the time. This procedure, in brief, is as follows:

1. A motion to hold an "Executive Session" must be voted and declared passed by presiding officer;
2. A Sergeant-at-Arms is appointed to guard the door and admit only those qualified to sit in "Executive Session".
3. Voting for exceptions for certain persons not authorized members of the assembly whose presence is desired;
4. Recess called, room emptied, reassembly with Sergeant-at-Arms inspecting all who enter and excluding unauthorized individuals;
5. Executive session brought to a close by vote;
6. Executive session declared "at an end" by presiding officer;
7. Return to regular open session before adjournment.

CONDUCTING A SCIENTIFIC PROGRAM

Scientific program should be conducted according to the outline furnished by the Program Committee. Debate on scientific program should be limited to the recommendations of that committee. Strict adherence to this rule will save many headaches. Time limit to papers should also be established prior to the meeting, and the time allowed should be made known to essayists when they are asked to prepare papers.

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2. DIRECTING DISCUSSIONS IN COUNTY SOCIETY MEETINGS

By Watson B. Morris, M.D., First Vice-President, Springfield, N. J.

Speakers at a county society meeting belong to two groups:

1. Those on the program, whose subject is announced and whose trend of thought may be anticipated from the announced subjects.

2. Impromptu speakers, many of whom wander widely in thought and expression.

It is the function of the presiding officer to guide the remarks of those who are inclined to ramble, or are really confused. The President can assist the diffident speaker and by leading questions can direct the trend of his remarks to the satisfaction of both the speaker and his audience. He can cut in on the long-winded speaker with a kindly question as to whether he agrees or disagrees with a previous speaker. If a debate becomes involved or personal feeling is aroused, the President can inject the suggestion that the subject be referred at once to a small committee who shall give an opinion after hearing the speakers privately or suggesting that it be made a subject of discussion at a later meeting.

The bane of a meeting is to listen to speakers who merely repeat what has been said before. The President can interject the remark—"Then you agree (or disagree) with the other speakers." Practically every new question can

be quickly settled in this way; or it can be referred to a small committee to report at the next meeting; and in the meantime the committee can find out whether or not the subject is worthy of further discussion.

The President is pretty well informed regarding the attitude of the members toward any problem that comes up for discussion. He can take a lesson from the system of reference committees of the House of Delegates, which are appointed for the purpose of listening to the arguments of the proponents and opponents of a proposition. Most random speakers are satisfied if they can "get their views off their chests", even if it be only before a small reference committee. Some such system will work in any county society, be it large or small.

The President of a county society is well informed beforehand regarding the attitude of practically every member, and can arrange for one or two speakers to talk briefly for and against any proposition that may come up. He can anticipate what attitude a speaker will take, and whether or not the remarks are likely to be interesting or boresome.

Reading communications is likely to be commonplace and uninformative. Most communications had best be read by title only; and any that concern an important subject can be referred to a committee for consideration, or in most instances a mere acknowledgement.

A major duty of a President is to "keep things moving" during a debate, and to cut it short by referring the subject to a committee to report later or at another meeting.

It is essential that the presiding officer shall give every member the opportunity to express himself;—but also to see that his talk is brief, and to the point.

One of the most disconcerting situations arises during the discussion of a scientific paper. When a discussion begins to drag, the President makes a mistake by asking if anyone else wishes to say something. Inevitably someone who has nothing to say will rise and hypnotize himself by droning on and on in an aimless way. The wise President will call on two or three members to discuss a paper,—one speaker who is likely to agree with the speaker, and one to oppose his attitude,—and close the debate with these two speakers. If a small group still wishes to dispute over a problem, they can talk to their hearts' content after the meeting. If they are full of pep and ginger, they will be sure of an audience of supporters and opponents after the meeting is closed. Acrimonious debates usually end in good feeling when the disputants talk one another down in an *after-meeting* smoker.

It is essential that the President avoid taking sides during an acrimonious debate. The speakers on both sides of a question will usually come to an agreement to discuss the problem at a subsequent meeting, when the question has resolved itself into its simple elements, and each side has had time to consider the point of view of the opposing group.

The interest and profit arising from a debate will depend largely upon the skill of the presiding officer in directing the discussion away from personalities and in stating a common ground on which the speakers are agreed.

PART THREE. CONFERENCE OF COUNTY SOCIETY SECRETARIES, HISTORIANS AND REPORTERS

The County Society Secretaries, Historians, and Reporters met in conference on Sunday afternoon, September 11, 1938, at the Stacy-Trent Hotel, Trenton, N. J., as part of the program of the Training Conference for the Officers of the County Medical Societies. Dr. Alfred Stahl, Secretary of the State Society, presided, and eleven counties were represented. The attendance was as follows:

Bergen: G. M. Knowles, Vice-President

Camden: R. R. Betancourt, County Public Health Committee member
E. A. Y. Schellenger, County Scientific Work Committee Chairman

Cumberland: E. S. Corson, Reporter

Essex: Alfred Stahl, State Society Secretary
Marcus H. Greifinger, Secretary

Gloucester: C. I. Ulmer, Secretary
Dorothy Rogers, Historian

Mercer: A. Dunbar Hutchinson, Secretary-Reporter

Ocean: W. E. Dodd, Secretary

Passaic: Irving Okin, Reporter
Elias J. Marsh, State Society Treasurer

Salem: John S. Dunn, Secretary

Somerset: Lewis C. Fritts, Secretary

Sussex: Edward K. Hawke, Reporter

LeRoy A. Wilkes, Executive Officer, State Society
Frank Overton, Editor of The Journal
Mr. Donald Benson, Publicity Representative for State Society Public Relations Committee
Mr. F. Edward Whitehead, Executive Secretary and Editor, Bergen County Medical Society

1. COUNTY SOCIETY MEETINGS

Dr. Stahl suggested that all counties issuing bulletins should send copies to practitioners who are not members of the society, but who are elegible for membership, as a means of interesting them in the society. Dr. Stahl stressed the necessity for getting every licensed practitioner to join the county societies, for it is essential at this time, more than ever before, that the medical profession present a united front in the solution of their problems, and this is dependent on an all-inclusive, well-knit internal organization.

Dr. Wilkes related how the bulletins render assistance in getting the programs of the State Society, and the work of its committees to the county society members; and that the bulletins were helpful in that they presented the objectives in the manner in which they relate to the individual county societies. The reports of the work done in the county on proposed programs and how the county committees carried out the objectives laid down by similar State Society committees are of great assistance to the administrative organization of the State Society in determining if the ideas and plans proposed are workable in the counties.

The types of bulletins issued in the various counties were described by the representatives present. The method of collecting and assembling news, the cost of publication, obtaining advertisments, and the purposes of the bulletins were discussed. In some counties bulletins are not issued because the doctors find little time for the work entailed. Others handle large bulletins with little help. The necessity for outlining the sources of news, and the gathering of these items regularly was stressed. Information is usually forthcoming, and the coöperating agencies especially appreciate the publication of news items in the bulletins. Some bulletins use items of local interest only, while others publish, in addition to local news, State Society items, minutes of county society meetings, executive and regular committee meetings, abstracts of special articles, hospital notes, other society notes, and coöperating agency items.

It seemed that in all instances advertising was accepted only to defray publishing costs, so that the members would not be unduly taxed for the bulletin.

2. PLANNING COUNTY SOCIETY MEETINGS

Several inducements to have county society meetings more regularly and fully attended were offered, among which were the following:

1. The appointment of a large number of committees to foster greater interest in the work of the Society.
2. More meetings where pertinent controversial subjects are discussed in open forum, allowing an opportunity for every member of the Society to express his views and thereby aid in the solution of a problem.
3. Greater publicity for the program of each meeting with the publicization of the speaker by giving highlights of his talk, his connections and authority for delivering his address.
4. Notices of meetings sent by letter, postcard, or bulletin—which-ever medium brought the best results.
5. Some counties find that a luncheon or dinner in promoting interest and good-fellowship is most profitable.
6. A variety of programs is essential. It was suggested that a meeting where a lengthy paper is read should be followed by something of a different nature, say—a round-table discussion on medical economics.
7. An evening where several very short papers are presented by local county society members, or those from a neighboring society.

3. PREPARATION OF COPY FOR THE JOURNAL

By Frank Overton, M.D., Editor

Reporters for county societies were established by the State Society on May 14, 1822. Their work underwent three stages of development:

1st Stage.—To report "Health Conditions" in the county, particularly the weather and prevailing diseases.

2nd Stage—To report the scientific work of county society meetings.

3rd Stage—To report the administrative activities of county societies.

The Journal was established in September, 1904. The first formal report of a county society was in the issue of December, 1904, p.

101—Camden, by Dr. E. B. Sharp. Volume I of The Journal reported 29 meetings of 20 county societies.

Statistics of county society reports in The Journal of 1937:

Number of meetings held	151
Number of meetings reported	138
Pages of Journal filled with reports (10 per cent of pages of the year)	108

Average length of each report—12 inches, or two-thirds of page.

Examples of subjects discussed in the reports during 1937:

Cancer	16 reports in	5 counties
Contract Practice	3 reports in	2 counties
Field Physicians	4 reports in	4 counties
Medical-Dental Ser. Bur.	16 reports in	5 counties
Post-Graduate Education	14 reports in	9 counties
Public Health	10 reports in	5 counties
Public Relations	7 reports in	5 counties
Speakers' Bureau	10 reports in	7 counties
Tuberculin Testing	4 reports in	4 counties
Venereal Disease	14 reports in	11 counties

Meetings to report:

1. Of County Societies.
2. Of committees.
3. Of allied medical organizations, hospital staffs, eac.

Subjects to report:

1. Scientific subjects.
2. Administrative subjects.

Send full programs of all meetings.

Do not prepare an abstract of a scientific paper. Send a good paper to the Editor to be abstracted by the author, and published in the scientific part of The Journal.

Method of Reporting.—In the opening sentence state *Who? What? When? Where?* The rest of the report will tell *How* and *Why* an event took place. Look at any news article in a newspaper and note how completely this plan is followed in its opening sentence.

WRITING NEWS ITEMS

The reporter, to send facts.

The Editor, to write up the facts for The Journal.

4. CORRESPONDENCE

It was felt that correspondence having to do with intra-county and State Society matters, and which is the task of the county society officers, should be cared for immediately upon receipt whenever possible, and that replies be as brief as possible. The enclosure of a self-addressed stamped envelop for immediate reply, and when necessary, a special delivery stamp, resulted usually in the receipt of a prompt response.

5. COUNTY SOCIETY HISTORIES

Dr. Overton outlined Dr. Carrington's plan for publishing a History of The Medical Society of New Jersey during his term as President, and stated that an integral part of the History would be an account of the establishment and development of each county society.

Dr. Overton asked that the county historians,—in counties where such a post was established,—and the secretaries in the other counties, collect and assemble their county society history material as soon as possible. This data is to be ready for printing by the end of the fiscal year. Dr. Overton offered to help the various county historians by providing them with the information that is available in the records of the State Society.

PUBLIC HEALTH COMMITTEE

A meeting of the Public Health Committee was held on Wednesday, September 7th, 1938, at the Academy of Medicine, Newark, at 3 p. m. Dr. Nichols, Chairman, presided. Those present were Drs. Nichols, Lathrop, Blaisdell, Ireland, Jaffin, Knight, Levy, Murphy, Teimer, Hawkes, Mr. MacDonald, Mr. Benson and Dr. Wilkes, Secretary.

PNEUMONIA CONTROL COMMITTEE

Mr. MacDonald, of the State Department of Health, reported that as yet there have been only a few responses to the request of the Pneumonia Control Committee for County Societies to devote a part or a whole meeting to the pneumonia program.

He stated that the current program of typing and dispensing serum had proved workable, and that there are now over eighty approved typing stations and about thirty distributing stations throughout the State. The requests for more distributing stations have not been met because of limited funds. However, physicians are as yet not using the serum as much as they should, but the carrying out of this educational program should bring a greater demand for the serum.

It was suggested that possibly the Field Physicians could be used to help in removing misunderstandings and fears which prevent physicians from making greater use of the serum.

It was suggested that a letter from Dr. Carrington to the County Societies urging them to quickly take up this educational program on pneumonia control might prove to be of great help.

Dr. Wilkes asked the committee to consider the sending of copies of an outline of the address prepared by Dr. Roberts, of the Lederle Laboratories, on the pneumonia film available for County Society meetings, to the Program Committee of each County Society. He felt that this might tend to stimulate interest in the film and in having Dr. Roberts invited to come to the County Society meetings to speak. It was pointed out that first the Pneumonia Committee of the State Society must decide whether to press the Lederle film rather than the one of the State Department of Health of New York. Mr. MacDonald reported that the State Department of Health had a sound projector which was available for pneumonia films when not in use by the Venereal Disease Division. The borrower would have to pay an operator. This expense could probably be included in the budget of the Public Health Committee.

Dr. Hawkes felt that stressing the use of serum was accentuating the program in the wrong way. There is some scepticism toward the use of serum especially among the older men. It is the typing that should be emphasized, and the use of serum will naturally follow. Dr. Hawkes suggested that hospitals should be urged to introduce a regulation whereby a routine uniform typing procedure for all pneumonia cases coming to the hospital be adopted. Dr. Wilkes was asked to express this recommendation to the Pneumonia Control Committee.

It was suggested that the Post-Graduate Committee should know of what the Public Health Committee is contemplating; and in view of this it would be profitable to have the Chairman of the Post-Graduate Committee attend the meetings of the Public Health Committee. It was suggested that Dr. Kilduffe should be asked if he would like to have the Post-Graduate Committee assist in the pneumonia control program.

VENEREAL DISEASE CONTROL COMMITTEE

At a conference held, it was agreed that clinics be established in Morris County, and the County has now officially approved this project.

Dr. Blaisdell suggested that teachers in venereal disease be made available at clincis for those members who wish information in venereal disease work, such as the Wassermann test. This would be for doctors working in the venereal disease clinics. Other doctors working on private cases could attend the clinics to see how the work is done if they so desired. It was suggested that the technic of taking a Wassermann test might be displayed at the Clinical Conference in October.

It was also suggested that Field Physicians might be utilized to aid in giving instructions to general practitioners in certain types of venereal disease work, especially to the rural physician. Dr. Nichols felt this was the work of the Post-Graduate Committee, and that it presents a fine opportunity for the committee to offer education to the doctors on actual issues now confronting them.

PRE-MARITAL TEST FEE

The question as to what would be a fair charge to make for the pre-marital test was discussed. Dr. Blaisdell suggested three dollars for taking the specimen, making the examination and filling out the certificate. It was reported that there was some feeling against setting any definite fee, leaving this to the

discretion of the individual physician. On the other hand, it was pointed out that this test was made because the law demanded it and not from personal choice, and for that reason there might be some right in limiting the charge to be made. From another point of view, if there is a fee established, it might look to the public as though the law was merely a money-making scheme for the profession, and we now want to appear before the public in the light of the public's interest as never before. In view of this we should make the charge for the pre-marital tests as low as possible. This subject is to be brought before the Medical Practice Committee.

SOCIAL SECURITY

Dr. Nichols called attention to a newspaper article giving the text of a speech by President Roosevelt on August 16th on Social Security with regard to public health.

STATE HEALTH CONFERENCE

Dr. Wilkes read a letter from Governor Moore concerning the proposed State Health Conference for New Jersey. Several members of the Society have been appointed to serve in an advisory capacity in determining whether such a conference should be called. It was felt by Dr. Nichols that there is no doubt of the advisability of calling such a conference.

STATE BOARD OF CHILDREN'S GUARDIANS

The State Board of Children's Guardians has requested, through Dr. Wilkes, that the Public Health Committee create for them an examination blank for the children who are under the New Jersey State Board of Children's Guardians, and give some ideas as to the proper charge for such an exxamination. Dr. Levy, Dr. Ireland and Dr. Lathrop were appointed to serve as a committee to create such a blank after they have discussed the matter with Mr. Alloway, Acting Director of the State Board of Children's Guardians, and Dr. Wilkes. This committee was asked to present the blank at the next meeting of the Public Health Committee for its consideration, and also to recommend a fair fee for the consideration of the Medical Practice Committee.

TUBERCULOSIS COMMITTEE

Dr. Jaffin, Chairman of the Tuberculosis Committee, presented for discussion the fourth objective of the Tuberculosis Committee as follows:

> Advocate extension of chest x-ray examinations to all available adults—
>
> 1. As a part of private periodic health examinations.
>
> 2. By urging x-ray surveys on all adult groups, especially as encountered in the various industries, custodial institutions, police and fire departments, school personnel, transportation employees, food-handlers, waiters, domestics, W. P. A. workers, recipients of public relief, and all groups in the lower economic levels. These x-rays should be provided at nominal cost or free.

Objection was made to the last sentence of the recommendation, *"that the x-rays be provided at nominal cost or free"*. The committee decided to leave this economic detail for consideration of the Medical Practice Committee.

The advisability of the project of adult x-ray surveys was questioned, and especially that everyone should be x-rayed even though a Mantoux test may have a negative return. Dr. Jaffin explained that in actual practice the Mantoux is routinely done, and that the purpose of the objective was to promote case-finding in pre-clinical cases and in those in whom the disease had been overlooked. This work is not to be done free except for those of the low-wage class who would hesitate to spend money for an x-ray when they were not ill, and those who have no funds. A nominal sum is asked for those who can pay. This work is done in mass examinations, for the sake of efficiency and economy.

Dr. Nichols asked that this matter be put on the agenda for the next meeting of the Public Health Committee, and asked that the members meanwhile consider the presentation carefully. The important thing is first to decide the value of such a program.

LEROY A. WILKES, M.D.,
Secretary.

OBITUARY

DR. PHILIP MARVEL

Dr. Philip Marvel, a noted practitioner of Atlantic City and leader in organized medicine, died on September 6, 1938, near Bethlehem, Pa., where he had been living for several months with his daughter, Mrs. Joseph Bonshall. He lacked only nine days of being eighty-two years of age.

Dr. Marvel was born in Kent County, Delaware, on September 15, 1856. He received his medical degree from the University of Pennsylvania in 1884, and practiced medicine during nearly all the rest of his lifetime.

Dr. Marvel was extremely active in organized medicine and in civic life. He was one of the outstanding leaders in the Atlantic County Medical Society and in The Medical Society of New Jersey. He served the State Society in its subordinate offices, and was elected its 131st President in 1916, serving a term of one year with honor and efficiency. He was made an honorary member in 1935.

Dr. Marvel was also extremely active in the American Medical Association. In 1900 he was Third Vice-President of the Association and Chairman of its Committee on Arrangements, and through his efforts the Association met in Atlantic City for the first time.

Dr. Marvel served as a Trustee of the A. M. A. for 1904-1920. He represented New Jersey in the House of Delegates in 1902, 1923, 1928-30, and 1934 and 1935. He served as Trustee of the A. M. A. from 1904 to 1920.

Dr. Marvel was also active in the American College of Physicians and the American Clinical and Climatological Association; and was a founder of the New Jersey Tuberculosis League.

Besides a daughter, Dr. Marvel leaves a son, Dr. Philip Marvel, Jr., who is a prominent practitioner of medicine in Atlantic City.

At its meeting on October 2, the Board of Trustees of The Medical Society of New Jersey passed the following memorial resolution:

Whereas, an all-wise Providence has seen fit to remove from our midst our beloved and esteemed colleague and friend, Dr. Philip Marvel, who for many years lived in the practice of his profession a life of kindliness and service, of charity and wisdom; and,

Whereas, these same qualities which made him distinguished as a physician applied also to his personal life and endeared him to all who were privileged to know him; and,

Whereas, his passing will be felt deeply by the entire membership of The Medical Society of New Jersey because of the great respect and devotion the Society had for his gentleness, his courage, his high principles, and his deep wisdom; and,

Whereas, the Society has lost a member who was a former President and Fellow of the Society, one who was most active for many, many years in all of the Society's activities, one who was keenly interested in everything that meant for progress in the Healing Art and the welfare of the members of the Society; therefore,

Be it resolved, that we record the deep sense of our loss at his passing, that these resolutions be included in the minutes of our Society, and that a copy be forwarded to the bereaved family.

ANDREW F. MCBRIDE, M.D.,
WELLS P. EAGLETON, M.D.,
WALT P. CONAWAY, M.D.,
Committee.

(Continued from page 628)

TENTH DISTRICT

Fred A. Hartley, Jr., Kearny, N. J.:

"I am a vigorous opponent of the constant tendency to extend the authority of the Federal Government over almost every phase of the lives of our citizens.

"I am not in favor of socialized medicine or socialized insurance. I still believe in the democratic form of government under our Constitution, and I believe that we will go much further as individuals and as a nation by encouraging individual initiative, rather than by pampering our people into believing that the government owes everyone a living and can provide a panasea for their every problem."

Lindsay H. Rudd, Newark, N. J.

"I favor local medical aid plan similar to the E. R. A. Each individual should carry his own health insurance as the cost would be too much for the taxpayer to carry on a national basis. This is purely a local problem and should be so handled."

ELEVENTH DISTRICT

Madeleine Edison Sloane, West Orange, N. J.:

"I am definitely not in favor of centralization of all activities in the Federal Government."

Edward L. O'Neill, 40 Hazelwood Avenue, Newark, N. J.:

"In answer to your letter of September 16, I do not favor the centralization of any service, medical or otherwise, in the Federal Government except where it has been indicated that the States of themselves cannot meet the problem involved."

Albert L. Vreeland, East Orange, N. J.:

"I am against centralization of power in Federal Government, and believe in local option. Any matters affecting the medical profession will be referred by me for advice to your Society."

TWELFTH DISTRICT

Frank W. Towey, Jr., 1172 Raymond Blvd., Newark, N. J.:

"I may state to you, in response to the inquiry in the last paragraph of your letter, that I am still a firm advocate of the view that local institutions and local men are better equipped to handle local problems than centralized bureaucracies."

Robert W. Kean, Livingston, Essex County, N. J.:

"The Washington bureaucracy must be decentralized to bring the people's government nearer the people."

FOURTEENTH DISTRICT

Edw. J. Hart, Jersey City, N. J.:

"I believe in as much self-government for the individual as is possible, and favor home rule as against the centralization of authority in Washington. Consequently, it would have to be proven to me beyond a doubt that the Federal Government should interest itself in or undertake any expense in connection with advanced problems relating to medical service to our people, beyond a point which it has already reached.

"I have great respect for your Society, the oldest in this country, and would certainly consult with its representatives upon any legislation relating to the practice of medicine."

CANDIDATES FOR UNITED STATES SENATE

W. Warren Barbour, Red Bank, N. J.:

"In problems involving medical care and public health, the medical profession should have a qualified voice in determining what method should be evolved for meeting medical and public health problems. The medical group, as a proportionate part of our system, is entitled to the respect and the consideration due to any group in any chosen field of industry, labor, or profession.

"I firmly believe that the sick and the crippled should receive adequate medical care, whether or not they have the means of paying for that care. Those that are self-supporting, I feel, should be self-sufficient in obtaining medical care, just as they are self-sufficient in paying for their electric light or their telephone or perhaps their automobile.

"Plans of government should be to the end of providing means for public and individual health only to that portion of the population unable to secure it for themselves. A State plan, such as we have in the State of New Jersey, provides an adequate way for meeting the needs of the people in the various states; and I further believe that such plans should be developed locally, taking into consideration the sectional needs of the people, rather than trying to blanket the whole country with one plan.

"I appreciate the splendid work that has been done by the Medical Society in this State. I realize the demands that are made upon your time, your energy, and your material resources, and I am conscious of the numerous sacrifices made by the medical profession throughout the entire country. It is because of this ever-present consciousness of the service that you render that I feel that your voice must be duly heard and seriously considered."

William H. J. Ely, 10 Ames Avenue, Rutherford, N. J. Donal C. Fox, Secretary, replied:

"In the light of the deep importance and broad scope of the questions propounded by you in your letter, it will be necessary for the Senator to give them deep and sincere consideration.

"May I therefore assure you that after he has had sufficient time to digest your letter and go into the facts required for such answer, you will promptly receive his reply."

RECORD OF VOTES IN LEGISLATURE ON MEDICAL BILLS

The vote of the members of the Assembly on the Uniform Medical Practice Act,—A-511,—on May 23, 1938, was as follows:

Affirmative—32.

Ajamian, D., Hudson
Beronio, D., Hudson
Bischoff, D., Hudson
DeVoe, D., Middlesex
Ellis, R., Camden
Farley, R., Atlantic
Featherer, D., Salem
Freund, R., Bergen
Hand, R., Essex
Haneman, R., Atlantic
Hargrave, R., Essex
Herbert, R., Monmouth
Irwin, R., Monmouth
Johnson, D., Middlesex
Kerner, R., Union
Lance, R., Hunterdon
McClave, R., Bergen
Osmers, R., Bergen
Pascoe, R., Union
Platts, R., Essex
Pyne, R., Somerset
Sanford, R., Essex
Schroeder, R., Essex
Shepard, R., Union
Scholl, R., Gloucester
Smith, M. M., R., Bergen
Stokes, R., Burlington
Vasbinder, D., Sussex
Vogel, D., Middlesex
Wickham, R., Ocean
Young, R., Essex
Zink, R., Essex

Negative—19.

Allen, R., Camden
Artaserse, D., Hudson
Boswell, R., Cape May
Browne, D., Mercer
Cohen, D., Hudson
Connolly, D., Mercer
Eber, R., Essex
Ferster, R., Essex
Hancock, R., Cumberland
Maloney, D., Hudson
Muir, R., Union
Paul, R., Essex
Pesin, D., Hudson
Pierson, R., Morris
Pilch, R., Morris
Salandra, R., Essex
Szadkowski, D., Hudson
Ward, D., Mercer
Williamson, R., Essex

The Senate did not vote on the Bill.

The Senate vote on the Chiropody Act,—S-237,—on May 17, 1938, was as follows:

Affirmative—12.

Bowers, D., Somerset
Clee, R., Essex
Durand, R., Monmouth
Foran, R., Hunterdon
Gardner, D., Passaic
Kelley, R., Morris
Loizeaux, R., Union
Powell, R., Burlington
Scott, R., Cape May
Stanger, R., Cumberland
Stout, D., Hudson
Taggart, R., Atlantic

Negative—None.

The Bill did not reach the Assembly for a vote.

APPROVED PUBLIC HEALTH LABORATORIES

1. SUPPLEMENTAL LIST FOR TYPING PNEUMOCOCCI SEPTEMBER 15, 1938

A full-page list of approved laboratories for typing pneumococci was published in this Journal of August, 1938, page 514. Since that date seven more laboratories have been approved, as follows:

Atlantic County

Atlantic City: Kurland Lab. (118 Dewey Pl.)
J. S. Hunt Laboratory (805 Atlantic Ave.)

Camden County

Camden: Bellevue Hospital (5th and Linden Sts.)

Essex County

Newark: Hospital and Home for Crippled Children (Park and Clifton Aves.)

Hudson County

West New York: General Research Laboratory (441 16th St.)

Mercer County

Trenton: Clinical Laboratory of David A. Fluck, M.D. (548 W. State St.)

Middlesex County

Perth Amboy: Laboratory of Clinical Pathology

Union County

Cranford: Hampton Clinical Laboratory (201 Hampton St.)

MEETING OF FIFTH COUNCILOR DISTRICT

A District Meeting of the five County Societies in the Fifth Councilor District (Atlantic, Cape May, Cumberland, Gloucester and Salem Counties) will be held on Tuesday afternoon, November 15th, at 2:30 o'clock, at the Hotel Cumberland in Bridgeton.

An interesting program of the Fifth Councilor District is being arranged. The legislators from the five counties will be invited to attend the meeting.

SPEAKERS

The principal speaker for the occasion will be Dr. Allan A. Stockdale, of New York, whose subject will be "Foundations of American Life".

Other speakers will include Dr. William J. Carrington, President of the State Society; Dr. Hilton S. Read, Chairman of the Welfare Committee, and Dr. Dare Woodruff, President of the Cumberland County Medical Society. Dr. Chester I. Ulmer, Councilor of the Fifth District, will preside at the meeting.

NUMBER OF CHILDREN RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1938

DIPHTHERIA TOXOID

County	Total to July 31	Month of Aug.	Total to Aug. 31	Average per Month
Atlantic	4	7	11	5.5
Bergen	284	548	832	416.
Burlington	4	4	8	4.
Camden	98	46	144	72.
Cape May	112	39	151	75.5
Cumberland	4	14	18	9.
Essex	1403	1104	2507	1253.5
Gloucester	3	4	7	3.5
Hudson	745	202	947	473.5
Hunterdon	0	4	4	2.
Mercer	470	104	574	287.
Middlesex	11	266	277	138.5
Monmouth	104	82	186	93.
Morris	50	67	117	58.5
Ocean	0	0	0	0.
Passaic	338	238	576	288.
Salem	1	4	5	2.5
Somerset	7	6	13	6.5
Sussex	0	0	0	0.
Union	191	108	299	149.5
Warren	1	2	3	1.5
Total	3830	2849	6679	3339.5

SMALLPOX VACCINE

County	Total to July 31	Month of Aug.	Total to Aug. 31	Average per Month
Atlantic	3	7	10	5.
Bergen	199	492	691	395.5
Burlington	28	52	80	40.
Camden	165	162	327	163.5
Cape May	12	40	52	26.
Cumberland	24	81	105	52.5
Essex	351	422	773	386.5
Gloucester	5	57	62	31.
Hudson	23	571	594	297.
Hunterdon	2	9	11	5.5
Mercer	137	70	207	103.5
Middlesex	425	347	772	386.
Monmouth	48	19	67	33.5
Morris	94	117	211	105.5
Ocean	0	1	1	.5
Passaic	182	319	501	250.5
Salem	8	67	75	37.5
Somerset	8	35	43	21.5
Sussex	0	0	0	0.
Union	42	165	207	103.5
Warren	23	33	56	28.
Total	1779	3066	4845	2422.5

NEW JERSEY PHYSICIANS DYING IN AUGUST, 1938

Data Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Charles W. Cropper	90	Aug. 8, 1938	Jersey City	Same	Arterio sclerosis.
Peter Hoffman	78	Aug. 1, 1938	Jersey City	Same	Gastric carcinoma.
Louis Mackler	39	Jan. 11, 1938	Bradshaw, Md.	Atlantic City	Drowning. Accident.
William G. Moore	54	Apr. 30, 1938	Philadelphia	Camden	Septicaemia.
Charles H. Randall	73	Aug. 3, 1938	Newark	Same	Arterio sclerosis.
Harry L. Russell	71	Aug. 21, 1938	Newark	Same	Coronary occlusion.
Robert D. Schimmelpfennig	56	Aug. 10, 1938	Belmar	Montclair	Coronary occlusion.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

October, 1938				November, 1938			
4	Camden	14	Atlantic	1	Camden	10	Essex
4	Cape May	14	Salem	1	Hudson	10	Passaic
4	Hudson	18	Warren (Annual Meeting)	8	Bergen	11	Atlantic
11	Bergen	19	Middlesex	9	Mercer (Banquet)	11	Salem
11	Cumberland	20	Gloucester (Social Session)	9	Ocean (Annual Meeting)	16	Middlesex
12	Mercer	20	Morris	9	Union	17	Gloucester
12	Ocean	25	Hunterdon	10	Burlington (Annual Meeting)	17	Morris
13	Burlington	26	Monmouth			23	Monmouth
13	Essex						
13	Passaic						
13	Somerset						

ATLANTIC COUNTY

E. H. Nickman, M.D., Reporter

The *Atlantic County Medical Society* met at the Ambassador Hotel, Atlantic City, September 9, 1938, the President, Dr. James H. Mason, presiding.

A letter from Dr. E. L. Shore was read regarding the sale of pamphlets on socialized medicine. He suggested the proceeds of such a sale be donated to the Children's Seashore House Building Fund.

A notification of a vacancy in the Northside Baby Keep-Well Station was referred to the Public Health Committee for report at the next meeting.

There is also a vacancy to be filled as Field Physician in Maternal Welfare Work. This will also be reported upon at the next meeting by the Public Health Committee.

Dr. J. S. Irvin's appointment to the Rehabilitation Commission was announced.

Dr. E. L. Shore reported for his committee for the investigation of inadequate medical care that it had found more economic difficulties than actual lack of medical attention.

Dr. D. W. Scanlon, reporting for the Public Health Committee, thanked the physicians who worked at the Atlantic County Fair.

TRAINING CONFERENCE FOR COUNTY SOCIETY OFFICERS

The Officers of each County Society met with the State President, Dr. William J. Carrington, on September 11 at the Stacy-Trent Hotel, Trenton, N. J., in the First Training Conference of Officers of County Societies. (See p. 632.)

Dues for the year 1938-39 were set at $18.00.

MEMORIAL TO DR. PHILIP MARVEL

Dr. Mason mentioned the untimely death of Dr. Philip Marvel, Sr., and requested the members to attend the funeral on Saturday, September 10. Drs. H. L. Harley, R. A. Kilduffe, and D. B. Allman were appointed to draw suitable memorial resolutions to be spread on these minutes, and to be sent to the bereaved family.

SCIENTIFIC

The scientific program for the evening was presented by Dr. Samuel Stern, of Atlantic City, who spoke on "Recent Advances in the Treatment of Arthritis". The paper was discussed by Drs. Crane, Martin, and Whims.

OCTOBER MEETING

Dr. Mason announced that the scientific program for the meeting on October 8th would be presented by Dr. Leonard Averett, of Philadelphia, who will speak on the advantage of vaginal over abdominal approach in gynecological operations.

ESSEX COUNTY

ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

Franklin P. Tobey, M.D., Secretary

The November schedule of meetings of the Academy is as follows:

Council meeting, Thursday, November 3, 1938.

Section on Obstetrics and Gynecology, Thursday, November 3, 1938. Speaker, Dr. Thurston Scott Welton, Clinical Professor of Obstetrics and Gynecology, Long Island College of Medicine, Brooklyn; Editor of the American Journal of Surgery. Subject to be announced later.

Section on Eye, Ear, Nose, and Throat, Monday, November 14, 1938. "Can Sinus Diseases Be Cured?" by Dr. Max Halle; "The Plastic and Reconstructive Surgery of the Head".

Stated meeting under the auspices of the Section on Medicine and Pediatrics, Thursday, November 17, 1938. "Endocrine Disturbances and Present-Day Endocrine Therapy", illustrated with lantern slides. Dr. Samuel Loewenburg, Professor of Clinical Medicine, Jefferson Medical College. Discussion will be opened by Dr. Rita Finkler.

GLOUCESTER COUNTY

H. B. Diverty, M.D., Reporter

A regular meeting of the *Gloucester County Medical Society* was held on Thursday evening, September 15, 1938, at the Homestead Coffee Shop, Woodbury, with the President, Dr. William Crain, presiding.

The following members and delegates were present:

Pitman: Victor I. Barrows, W. J. Burkett, I. W. Knight, H. W. Wright.

Woodbury: J. H. Underwood, R. L. Moore, F. G. Sherman, C. D. Bowersox, J. P. Burkett, W. E. Crain, E. E. Downs, H. B. Diverty, J. F. Hughes, Harry Nelson, Paul Pegau, Dorothy Rogers.

Westville: R. K. Hollinshed, Guy S. Campo, I. N. Patterson, George Booth.

Williamstown, H. M. Fooder; Swedesboro, B. A. Livengood; Paulsboro, H. H. Hunter, H. L. Sinexon, O. R. Wood; Mantua, Louis Ruttenberg; Wenonah, D. B. Weems, R. D. Zapf; Gibbstown, Chester I. Ulmer.

Burlington County Delegate, H. P. Shipps; Salem County Delegate, Franklin Church.

DR. E. ZEH HAWKES

Dr. E. Zeh Hawkes, of Newark, President-Elect of The Medical Society of New Jersey, spoke of the objectives of The Medical Society of New Jersey, and in the main confined his remarks to the Society's three principal objectives, as follows:

1. Make available to very man, woman and child in New Jersey adequate personal and sympathetic medical care, preventive and curative, at the lowest cost compatible with efficient service.

2. Preserve for all the people of New Jersey, regardless of income, the free choice of physicians from among those licensed by the State to engage in the healing art.

3. Advance medical science; elevate professional standards; foster friendly relations between doctors; and promote mutual understanding between doctors and the public.

SCIENTIFIC

The next speaker was Dr. William T. Lemmon, of Philadelphia, who spoke on "Surgery of the Sympathetic Nervous System". His talk was illustrated by slides and motion picture films.

PUBLIC RELATIONS

Dr. Ralph K. Hollinshed, Chairman of the Committee on Public Relations, outlined the objectives of that committee for the coming year. He stated that the broad objective is to improve relations between the medical profession of the county and the general public. He stressed the thought that the committee will continue to use every ethical and practical means to acquaint the public with the work of the Medical Society in accordance with the principle that improved public relations are dependent upon the extent of the knowledge and understanding which the people have regarding the profession.

PUBLIC HEALTH

Dr. I. W. Knight, of Pitman, Chairman of the Public Health Committee, reported that its two general objectives are:

1. Each member physician, as an individual, to be aided in improving the practice of preventive medicine in his own office and private practice.

2. Each member physician to coöperate, as a loyal member of his county society, in its objective of assuming the public health needs of the county and providing medical service, where needed, for the indigent and low-wage groups.

TUBERCULOSIS

Dr. H. M. Fooder, of Williamstown, Chairman of the Committee on Tuberculosis, spoke of the attempt to formulate a plan whereby the children of high school age could be tested and x-rayed for tuberculosis.

After considerable discussion, during which the cost of the problem was discussed, it was decided to lay this matter over until a later meeting for further consideration.

ANNUAL SOCIAL SESSION

Dr. Chester I. Ulmer, Secretary of the Society, made the announcement that the Annual Social Session would be held at the Pitman Golf Club on Thursday evening, October 20, and briefly outlined the program for the meeting.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

A regular meeting of the *Passaic County Medical Society* was held Thursday, September 8th, 1938, at the Masonic Club, Paterson, N. J., with the President, Dr. L. G. Shapiro, presiding.

RESOLUTIONS

Resolutions on the death of Dr. Harold J. Durant were read by Dr. Norman Dingman.

NEW MEMBERS

One application for active membership and six applications for associate memberships were read.

LOAN TO CANCER COMMITTEE

A loan of fifty dollars to the Passaic County Committee for the Control of Cancer was passed.

DR. E. J. MARSH

A resolution was also accepted to place the name of Dr. Elias Marsh as a candidate for the position of Second Vice-President of the State Medical Society.

ADDRESS BY PRESIDENT-ELECT HAWKES

Dr. E. Zeh Hawkes, President-Elect and member of the Board of Trustees of The Medical Society of New Jersey, and consultant to the Committee on the Medical Care of the Indigent and Low-Wage Group and the Committee on Public Health, spoke on "The Objective and Administrative Policies of The Medical Society of New Jersey".

Dr. Hawkes brought out the fact that the ideals of the Society at its inception were the same today,

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GYNECOLOGY—Two Weeks Course starting October 10th. Gynecological Pathology by Dr. Schiller starting October 24th.

OBSTETRICS—Two Weeks' Intensive Course starting October 24th. Informal Course starting every week.

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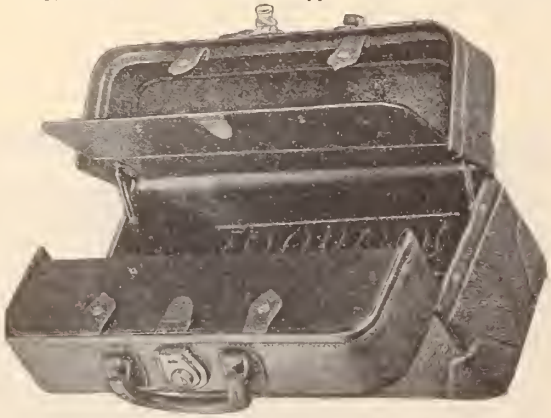

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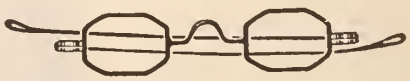

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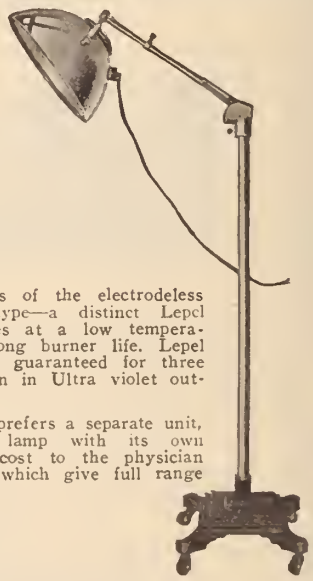

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THE JOURNAL

OF
THE MEDICAL SOCIETY OF NEW JERSEY

Editorial and Executive Offices of the Society
143 EAST STATE STREET, TRENTON, N. J., TEL. 9330

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William Henry Varney, *Vice-Chairman* .....Washington
Edwin Grafing Dewis .....Interlaken
Robert Martin Grier .....Pleasantville
Edward Caffron Klein .....Newark
Augustus S. Knight .....Far Hills
Watson Budlong Morris, *Consultant* .....Springfield

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Annual Meeting

Charles Butcher Kaighn, *Chairman* .....Atlantic City
Clarence Ladelle Andrews, Chairman, Sub-Com. on Scientific Program .....Atlantic City
Asher Yaguda, Chairman, Sub-Com. on Scientific Exhibits .....Newark
Thomas McGrath Brennock .....Jersey City
John Clifford Clark .....Asbury Park
William John Carrington, *Consultant* .....Atlantic City

Meetings

Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Auxiliary Medical Service

William Wallace Maver, *Chairman* .....Jersey City
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Arturo Raymond Casilli .....Elizabeth
Eugene Garfield Herbener .....Lakewood
Sigurd Walter Johnsen .....Passaic
Jerome Howard Samuel .....Newark
Walter Albert Taylor .....Trenton
Alfred Stahl, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Cancer Control

William Gettier Herrman, *Chairman* .....Asbury Park
Henry Boylan Orton, *Vice-Chairman* .....Newark
Harold Stern Davidson .....Atlantic City
Ellwood Emerson Downs .....Woodbury
John Butler Faison .....Jersey City
Otto Rudolph Holters .....Asbury Park
Joseph Henry Kler .....New Brunswick
Charles B. Woodman .....Morristown
Thomas Benjamin Lee, *Consultant* .....Camden

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Child Health

Stanley Nichols, *Chairman* .....Long Branch
Walter Blair Stewart, *Vice-Chairman* .....Atlantic City
Arthur Fowler Ackerman .....Summit
Chester Brown .....Arlington
Ernest Garfield Hummel .....Camden
Irving Okin .....Passaic
Louis Charles Rosenberg .....Newark
Aldrich Clements Crowe, *Consultant* .....Ocean City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Constitution and By-Laws

James Francis Norton, *Chairman* .....Jersey City
David Kraker, *Vice-Chairman* .....Newark
Herbert William Nafey .....New Brunswick
George N. J. Sommer .....Trenton
David H. Bartine Ulmer .....Moorestown
Frederic James Quigley, *Consultant* .....Union City

Meetings

Trenton.....Aug. 7, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.

Contract Practice

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Frank William Ash .....Paterson
John George Decker .....Hasbrouck Heights
Henry Haywood .....New Brunswick
Harvey Theodore Herold .....Newark
Edward Frederick Klein .....Perth Amboy
Jennings Howard Hornberger, *Consultant* .....Roebling
Andrew C. Ruoff .....Union City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Crippled Children

Barclay Wellington Moffat, *Chairman* .....Red Bank
Elmer Peter Weigel, *Vice-Chairman* .....Plainfield
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William Greenfield .....Hackensack
Emanuel Harrison Nickman .....Atlantic City
Toufick Nicola .....Montclair
Herbert William Nafey, *Consultant* .....New Brunswick

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Finance and Budget

HARRY ROSS NORTH, *Chairman* (1939) .....Trenton
HERSCHEL PETTIT (1942) .....Ocean City
WELLS PHILLIPS EAGLETON (1943) .....Newark
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FLORENTINE MILTON HOFFMAN .....New Brunswick
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GEORGE O'HANLON .....Jersey City
THOMAS KRAPFEL LEWIS, *Consultant* .....Camden

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Industrial Injuries and Occupational Diseases

J. IRVING FORT, *Chairman* .....Newark
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ROY GRIFFITH, *Technical Adviser*, representing the Manufacturers' Association of New Jersey .....Glen Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Legislation

BERTHOLD STEINBACH POLLAK, *Chairman* .....Secaucus
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SAMUEL ALEXANDER, *Consultant* .....Park Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
Others at call of Chairman

Maternal Welfare

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JOHN CARLISLE BROWN, *Vice-Chairman* .....Atlantic City
SAMUEL ALLISON COSGROVE .....Jersey City
GEORGE BURTON GERMAN .....Camden
CARL HALLER ILL .....Newark
JULIUS LEVY .....Newark
ROBERT ABBE MACKENZIE .....Asbury Park
WALTER BARCLAY MOUNT .....Montclair
JAMES HARRIS UNDERWOOD .....Woodbury
HARRISON BETTS WILSON .....Hackensack
THOMAS BENJAMIN LEE, *Consultant* .....Camden

Meetings

Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
January, 1939, Joint Meeting with County Maternal Committees and Field Physicians; date, hour, and place to be selected by Chairman, Dr. Bingham.

Medical Care of Indigent and Low-Wage Group

GEORGE WASHINGTON FITHIAN, *Chairman* .....Perth Amboy
DAVID WRIGHT GREEN, *Vice-Chairman* .....Salem
FRANK L. FIELD .....Far Hills
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WARREN DAVID ROBBINS .....Cape May
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EDWARD MATHIAS ZEH HAWKES, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Medical Defense and Insurance

CHRISTOPHER CHARLES BELING, *Chairman* .....Newark
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JOHN CHARLES MCCOY .....Paterson
GEORGE THOMAS TRACY .....Beverly
WILLIAM CARTER WESCOTT .....Atlantic City
WELLS PHILLIPS EAGLETON, *Consultant* .....Newark

Meetings

Atlantic City....May 19, 1938.....4 p. m.
Interim meetings at the call of Chairman
Trenton.....Apr. 16, 1939.....4 p. m.

Medical Practice

DAVID BACHARACH ALLMAN, *Chairman* .....Atlantic City
SPENCER TREADWELL SNEDECOR, *Vice-Chairman*....Hackensack
HARRY NOAH COMANDO .....Newark
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CHESTER ISAAC ULMER .....Gibbstown
ANTHONY CHARLES ZEHNDER .....Newark
THOMAS KRAPFEL LEWIS, *Consultant* .....Camden

Meetings

Atlantic City....May 19, 1938.....4 p. m.
Trenton.....Apr. 16, 1939.....4 p. m.
For meeting of Advisory Committees see their schedules

Mental Hygiene

JAMES STUART PLANT, *Chairman* .....Newark
MARCUS ALBERT CURRY, *Vice-Chairman* .....Greystone Park
WILLIAM COLE DAVIS .....Atlantic City
BARCLAY STOKES FUHRMANN .....Flemington
ALLEN GILBERT IRELAND .....Trenton
EDWARD SHEAFE KRANS .....Plainfield
CLARENCE MORTON TRIPPE .....Asbury Park
HERBERT WILLIAM NAFEY, *Consultant* .....New Brunswick
AMBROSE DOWD, *Technical Adviser*, representing Commissioner Ellis, N. J. Department of Institutions and Agencies .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
One or two other meetings at call of Chairman

Nursing and Nursing Education

ANTHONY CHARLES ZEHNDER, *Chairman* .....Newark
GEORGE MILTON KNOWLES, *Vice-Chairman* .....Hackensack
HORACE WESLEY JACK .....Camden
VICTOR KNAPP .....Asbury Park
FRANK LESLIE PERRY .....Woodstown
HARRY SUBIN .....Atlantic City
THOMAS J. FRANCIS WALSH .....Elizabeth
WELLS PHILLIPS EAGLETON, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Traffic Accidents

Elbert Stetson Sherman, *Chairman* ..... Newark
Millard Freeman Sewall, *Vice-Chairman* ..... Bridgeton
Thomas Simon Paddock Fitch ..... Plainfield
Christian Peter Segard ..... Leonia
George John Young ..... Morristown
Jesse Lynn Mahaffey ..... Haddonfield
Watson Budlong Morris, *Consultant* ..... Springfield
Arnold Vey, *Technical Adviser*, representing A. W. Magee, Commissioner of Motor Vehicles of N. J. ... Trenton

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Oct. 2, 1938 ..... 11 a. m.
Trenton ..... Dec. 4, 1938 ..... 11 a. m.
Trenton ..... Feb. 19, 1939 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

Tuberculosis

Abraham Ezra Jaffin, *Chairman* ..... Jersey City
Samuel Budd English, *Vice-Chairman* ..... Glen Gardner
Norman Wyvell Burritt ..... Summit
Leo Berthier Drake ..... Franklin
Clyde M. Fish ..... Pleasantville
Marcus Ward Newcomb ..... Browns Mills
Harold Simon Hatch ..... Morristown
John Edmunds Runnells ..... Scotch Plains
Harry Burton Walker ..... Vineland
Frederic James Quigley, *Consultant* ..... Union City

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Oct. 2, 1938 ..... 11 a. m.
Trenton ..... Dec. 4, 1938 ..... 11 a. m.
Trenton ..... Feb. 19, 1939 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

Venereal Disease Control

Charles Byron Blaisdell, *Chairman* ..... Long Branch
Marshall Davis Hogan ..... Boonton
Baxter Alfonso Livengood ..... Swedesboro
Stanley Martin McGeehan ..... Atlantic City
Robert Raymond Sellers ..... Newark
Stanley R. Woodruff ..... Jersey City
William Francis Costello, *Consultant* ..... Dover
Arthur Jay Casselman, *Technical Adviser*, representing Dr. Jesse Lynn Mahaffey, Director of N. J. Dept. of Health ..... Camden

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Oct. 2, 1938 ..... 11 a. m.
Trenton ..... Dec. 4, 1938 ..... 11 a. m.
Trenton ..... Feb. 19, 1939 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

Welfare

Hilton Shreve Read, *Chairman* ..... Ventnor
William John Carrington, Ex-Officio ..... Atlantic City
Alfred Stahl, Ex-Officio ..... Newark
David Bacharach Allman ..... Atlantic City
Frank William Ash ..... Paterson
George Barton Barlow ..... Englewood
Arthur Walter Bingham ..... East Orange
Charles Byron Blaisdell ..... Long Branch
Wendall Jones Burkett ..... Pitman
Norman Wyvell Burritt ..... Summit
Edgar Parmele Cardwell ..... Newark
Harry Noah Comando ..... Newark
Marcus Albert Curry ..... Greystone Park
Walter John Farr ..... Teaneck
Frank L. Field ..... Far Hills
George Washington Fithian ..... Perth Amboy
Jacob Irving Fort ..... Newark
Barclay Stokes Fuhrmann ..... Flemington
Joseph Berkeley Gordon ..... Marlboro
David Wright Green ..... Salem
Daniel Leo Haggerty ..... Trenton
Donald Osborn Hamblin ..... Bound Brook
Henry Haywood ..... New Brunswick
Eugene Garfield Herbener ..... Lakewood
William Gettier Herrman ..... Asbury Park
Ernest Garfield Hummel ..... Camden
Allen Gilbert Ireland ..... Trenton
Abraham Ezra Jaffin ..... Jersey City
Sigurd Walter Johnsen ..... Passaic
Robert Anthony Kilduffe ..... Atlantic City
Joseph Henry Kler ..... New Brunswick
Isaac Warner Knight ..... Pitman
Frederic William Lathrop ..... Plainfield
Julius Levy ..... Newark
Charles Littwin ..... Teaneck
Joseph Francis Londrigan ..... Hoboken
Charles Wright MacMillan ..... Passaic
Jacob John Mann ..... Perth Amboy
William Wallace Maver ..... Jersey City
Charles Henry Mitchell ..... Trenton
Barclay Wellington Moffat ..... Red Bank
Herschel Stratton Murphy ..... Roselle
Leslie Edwin Myatt ..... Bridgeton
Stanley Hetfield Nichols ..... Long Branch
James Francis Norton ..... Jersey City
Berthold Steinbach Pollak ..... Secaucus
Warren David Robbins ..... Cape May
Millard Freeman Sewall ..... Bridgeton
Traugott John Schuck ..... Hoboken
Reuben Lore Sharp ..... Camden
Byron Grant Sherman ..... Morristown
Homer Isaac Silvers ..... Ventnor
Spencer Treadwell Snedecor ..... Hackensack
James Herbert Spencer, Jr. ..... Franklin
Samuel Emlen Stokes ..... Moorestown
*Theodor Teimer ..... Newark
Chester Isaac Ulmer ..... Gibbstown
Herbert Roy Van Ness ..... Newark
William Henry Varney ..... Washington
Harry Burton Walker ..... Vineland
William Crane Wilentz ..... Perth Amboy
Jacob Allen Yager ..... Paterson
George John Young ..... Morristown
Anthony Charles Zehnder ..... Newark

Meetings

Trenton ..... June 5, 1938 ..... 1 p. m.
Trenton ..... Oct. 2, 1938 ..... 1 p. m.
Trenton ..... Dec. 4, 1938 ..... 1 p. m.
Trenton ..... Feb. 19, 1939 ..... 1 p. m.
Trenton ..... Apr. 16, 1939 ..... 1 p. m.

Woman's Auxiliary

Gustav August Braun, *Chairman* ..... Newark
William King Campbell, *Vice-Chairman* ..... Long Branch
Louis Feinstein ..... Atlantic City
Gerald Ellsworth McDonnel ..... Mt. Holly
Joseph Rowlett Morrow ..... Ridgewood
Aldrich Clements Crowe, *Consultant* ..... Ocean City

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

Workmen's Compensation

Harry Noah Comando, *Chairman* ..... Newark
Joseph Francis Londrigan, *Vice-Chairman* ..... Hoboken
Henri Abel ..... Elizabeth
William Klipstein Harryman ..... Hackensack
V. Earl Johnson ..... Atlantic City
Henry Howard Kessler ..... Newark
Cedric C. Carpenter ..... Summit
Frederick William Shafer ..... Camden
Daniel F. Featherston ..... Asbury Park
Andrew Francis McBride, *Consultant* ..... Paterson
Stephen J. Lorenz, *Technical Adviser*, representing J. J. Toohey, N. J. Dept. of Labor ..... Trenton
Roy Griffith, *Technical Adviser*, representing the Manufacturers' Association of N. J. ..... Glen Ridge

Meetings

Trenton ..... June 5, 1938 ..... 11 a. m.
Trenton ..... Oct. 2, 1938 ..... 11 a. m.
Trenton ..... Dec. 4, 1938 ..... 11 a. m.
Trenton ..... Feb. 19, 1939 ..... 11 a. m.
Trenton ..... Apr. 16, 1939 ..... 11 a. m.

Gauch, William, Newark, General Chairman of the Local Committee on Arrangements for the Clinical Meeting of the M. S. of N. J.
Herrman, William Gettier, representing the M. S. of N. J. on the Board of Trustees of the Hospital Service Plan of N. J.
* Died Oct. 12, 1938.

Pharmaceutical Problems

Chester Isaac Ulmer, *Chairman* ..... Gibbstown
Reeve Leslie Ballinger, *Vice-Chairman* ..... Arlington
Jacob John Mann ..... Perth Amboy
Merwin Lester Hummel ..... Merchantville
Charles Joseph Murn ..... Paterson
Daniel Woolsey Teller, Jr. ..... Morristown
Ralph King Hollinshed, *Consultant* ..... Westville

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Pneumonia Control

Robert Anthony Kilduffe, *Chairman* ..... Atlantic City
Thomas Michael Kain ..... Camden
Henry Paul Dengler ..... Springfield
Marshall Flower Lummis ..... Pitman
Frederick Thomas Vosburgh ..... Passaic
Ralph King Hollinshed, *Consultant* ..... Westville
William MacDonald, *Technical Adviser*, representing Dr. J. Lynn Mahaffey, Director N. J. Department of Health ..... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Post-Graduate Education

David Fuller Bentley, *Chairman* ..... Haddonfield
Stuart Zeh Hawkes, *Vice-Chairman* ..... Newark
Albert William Pigott ..... Skillman
Ernest Francis Purcell ..... Trenton
Hammell Pierce Shipps ..... Delanco
Sloan Griffin Stewart ..... Atlantic City
Clarence Wilton Way ..... Sea Isle City
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.

Public Health

Stanley Nichols, *Chairman* ..... Long Branch
Frederic William Lathrop, *Vice-Chairman* ..... Plainfield
Arthur Walter Bingham ..... East Orange
Charles Byron Blaisdell ..... Long Branch
Jacob Irving Fort ..... Newark
Ernest Garfield Hummel ..... Camden
Allen Gilbert Ireland ..... Trenton
Abraham Ezra Jaffin ..... Jersey City
Robert Anthony Kilduffe ..... Atlantic City
Isaac Warner Knight ..... Pitman
Julius Levy ..... Newark
Barclay Wellington Moffat ..... Asbury Park
Herschel Stratton Murphy ..... Roselle
Henry Boylan Orton ..... Newark
James Stuart Plant ..... Newark
Elbert Stetson Sherman ..... Newark
Theodor Teimer ..... Newark
Edward Mathias Zeh Hawkes, *Consultant* ..... Newark

Technical Advisers

Ellen Potter and Emil Frankel, representing Wm. G. Ellis, N. J. Dept. Institutions and Agencies.
Henry Howard Kessler, representing J. J. Toohey, N. J. Dept. of Labor.
William MacDonald, representing Director Mahaffey, N. J. Dept. of Health.
Howard Dare White, representing Director Elliott, N. J. Dept. of Public Instruction.

Meetings

Long Branch.... July 10, 1938..... 3 p. m.
Newark..... Sept. 7, 1938..... 3 p. m.
Newark..... Oct. 5, 1938..... 3 p. m.
Newark..... Nov. 2, 1938..... 3 p. m.
Newark..... Dec. 7, 1938..... 3 p. m.
Newark..... Jan. 4, 1939..... 3 p. m.
Newark..... Feb. 1, 1939..... 3 p. m.
Newark..... Mar. 1, 1939..... 3 p. m.
Newark..... Apr. 5, 1939..... 3 p. m.
Newark..... May 3, 1939..... 3 p. m.

Public Relations

Joseph Henry Kler, *Chairman* ..... New Brunswick
Joseph Berkeley Gordon, *Vice-Chairman* ..... Marlboro
George Barton Barlow ..... Englewood
Edgar Parmele Cardwell ..... Newark
Homer Isaac Silvers ..... Ventnor
Jacob Allen Yager ..... Paterson
Elias Joseph Marsh, *Consultant* ..... Paterson

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Publication

Henry C. Barkhorn, *Chairman* ..... Newark
Edward Joseph Ill ..... Newark
James Lawrence Evans ..... North Bergen
William John Carrington, Ex-Officio ..... Atlantic City
Alfred Stahl, Ex-Officio ..... Newark
Frank Overton, Editor ..... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Newark..... July 27, 1938..... 4:30 p. m.
Newark..... Aug. 31, 1938..... 4:30 p. m.
Newark..... Sept. 28, 1938..... 4:30 p. m.
Newark..... Oct. 26, 1938..... 4:30 p. m.
Newark..... Nov. 23, 1938..... 4:30 p. m.
Newark..... Dec. 28, 1938..... 4:30 p. m.
Newark..... Jan. 25, 1939..... 4:30 p. m.
Newark..... Feb. 22, 1939..... 4:30 p. m.
Newark..... Mar. 29, 1939..... 4:30 p. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Exhibits

Asher Yaguda, *Chairman* ..... Newark
James Gordon Boyes, *Vice-Chairman* ..... Plainfield
Nicholas Mark Alter ..... Jersey City
William Wolf Hersohn ..... Atlantic City
Luther Agustus Markley ..... Teaneck
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Program

Clarence Ladelle Andrews, *Chairman* ..... Atlantic City
Robert Speer Gamon, *Vice-Chairman* ..... Camden
Louis Charles Lange ..... Weehawken
Harrison Stanford Martland ..... Newark
Paul Bryson Reisinger ..... Trenton
William John Carrington, *Consultant* ..... Atlantic City

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Study of Sterilization

Charles Wright MacMillan, *Chairman* ..... Passaic
Samuel Emlen Stokes, *Vice-Chairman* ..... Moorestown
Walter John Farr ..... Teaneck
Theodore Russell Robie ..... East Orange
Alfred Frederick Sferra ..... Bound Brook
Samuel Alexander, *Consultant* ..... Park Ridge

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

WOMAN'S AUXILIARY

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First Vice-President, Mrs. A. E. Jaffin .....Jersey City
Second Vice-President, Mrs. E. R. Mulford .....Burlington
Recording Secretary, Mrs. Banks S. Baker .....Camden
Treasurer, Mrs. T. P. Conaghy .....Camden

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BURLINGTON..	F. D. Fabrenbruch, Mt. Holly....	E. Warren Rodman, Beverly ..... Tel. 32	Carlton P. Hogan, Burlington
CAMDEN	H. Wesley Jack, Camden	George B. German, Camden ..... Tel. 7522	Harold D. Barnsbaw, Camden
CAPE MAY	H. H. Tomlin, Wildwood	Warren D. Robbins, Cape May... Tel. 67	Warren D. Robbins, Cape May
CUMBERLAND.	Dare Woodruff, Vineland	H. S. Branin, Millville ..... Tel. 84	E. S. Corson, Bridgeton
ESSEX	David A. Kraker, Newark	Marcus H. Greifinger, Newark ... Tel. Market 3-1918	Paul H. Hosp, Newark
GLOUCESTER..	William E. Crain, Woodbury	Chester I. Ulmer, Gibbstown ..... Tel. Paulsboro 18	Henry B. Diverty, Woodbury
HUDSON	Reeve L. Ballinger, Arlington....	Thos. McG. Brennock, Jersey City. Tel. Journal Square 2-0787	John N. Connell, Jersey City
HUNTERDON ..	Barclay S. Fuhrmann, Flemington	E. W. Lane, Bloomsbury ..... Tel. Phillipsburg 10-R-13	E. W. Lane, Bloomsbury
MERCER	W. R. Little, Trenton	A. D Hutchinson, Trenton ..... Tel. 3-5542	A. D. Hutchinson, Trenton
MIDDLESEX ..	John V. Smith, Perth Amboy	Charles H. Calvin, Perth Amboy.. Tel. 4-0891	L. R. Panigrosso, Perth Amboy
MONMOUTH ..	C. Byron Blaisdell, Long Branch..	Dan'l F. Featherston, Asbury Park Tel. 3809	O. R. Holters, Asbury Park
MORRIS	Thomas S. Thomas, Jr., Morrist'n	George J. Young, Morristown .... Tel. 4-0662	Marcus A. Curry, Greystone P'k
OCEAN	Emanuel Sickel, Lakewood	William E. Dodd, Beach Haven .. Tel. 205	J. B. Henriksen, Point Pleasant
PASSAIC	Louis G. Shapiro, Paterson	J. Allen Yager, Paterson ..... Tel. Lambert 3-6686	Irving Okin, Passaic
SALEM	H. F. Suter, Pennsgrove	James S. Dunn, Salem ..... Tel. 201	L. C. Hummel, Salem
SOMERSET	Edgar T. Flint, Raritan	L. C. Fritts, Somerville ..... Tel. 1624	Hayward F. Day, N. Plainfield
SUSSEX	James H. Spencer, Franklin	A. H. Groeschel, Sussex ..... Tel. 240	Edward K. Hawke, Newton
UNION	Henri E. Abel, Elizabeth	Lorrimer B. Armstrong, Westfield. Tel. 0077	R. J. Walsh, Roselle
WARREN	W. P. Bostwick, Blairstown	N. C. Marlett, Belvidere ..... Tel. 99	H. B. Bossard, Phillipsburg

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ATLANTIC	J. Carlisle Brown	101 S. Indiana Ave., Atlantic City	5-4979
BERGEN	Lyman Burnham	229 Engle St., Englewood	3-1810
BURLINGTON	F. D. Fahrenbruch	Mount Holly	237
CAMDEN	Edmund Hessert	Collingswood	607
CAPE MAY	Clarence W. Way	Sea Isle City	55
CUMBERLAND	J. S. Knowles	Millville	52
ESSEX	Alfred Muerlin	158 S. Harrison St., East Orange	Orange 5-9026
GLOUCESTER	Chester I. Ulmer	Gibbstown	Paulsboro 18
HUDSON	Joseph P. Donnelly	1 Madison Ave., Jersey City	Delaware 3-6682
HUNTERDON	P. W. Baker	High Bridge	170-R-2
MERCER	James R. Harman	824 W. State St., Trenton	3-0436
MIDDLESEX	James Grieve	88 Market St., Pertb Amboy	4-1036
MONMOUTH	William Heatley	Red Bank	80
MORRIS	George L. Nicoll	Dover	180
OCEAN	Harry Ivory	Point Pleasant	212
PASSAIC	Theodore K. Graham	279 Park Ave., Paterson	Sherwood 2-9422 and 1607
SALEM	William G. Hilliard	Salem	332
SOMERSET	Samuel H. Pogoloff	Manville	Somerville 1228
SUSSEX	August H. Groeschel	Sussex	240
UNION	Arthur E. Tator	57 DeForest Ave., Summit	6-0313
UNION (Colored)	C. DeFreitas	423 W. Fourth St., Plainfield	6-5332

When A Head Cold Begins

BENZEDRINE INHALER

A VOLATILE VASOCONSTRICTOR

'Benzedrine Inhaler' is particularly valuable when used at the onset of a head cold—at the very first sneeze. It improves respiratory ventilation promptly, thus helping to re-establish normal breathing. It also assists in maintaining drainage of the nasal accessory sinuses—an important factor in preventing acute attacks from becoming chronic. The early use of 'Benzedrine Inhaler' is especially indicated for your patients who catch cold easily.

Each tube is packed with amphetamine, S.K.F., 0.325 Gm.; oil of lavender, 0.097 Gm.; menthol, 0.032 Gm. 'Benzedrine' is S.K.F.'s trademark, Reg. U. S. Pat. Off., for their nasal inhaler and for their brand of amphetamine. Amphetamine was formerly known as benzyl methyl carbinamine, Pat. Nos. 1879003, 1921424 and 2015408.

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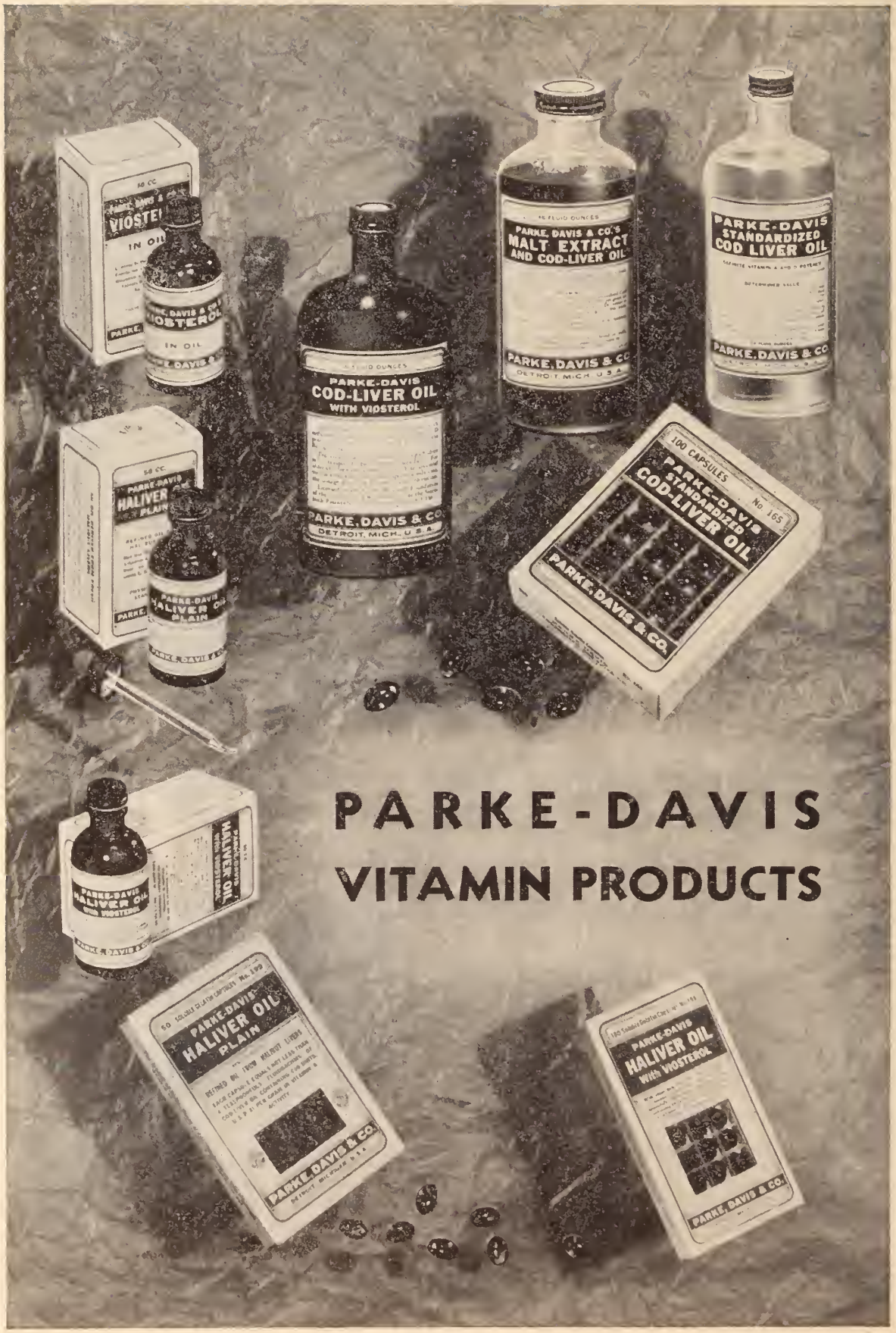
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VITAMIN PRODUCTS

RECENT ADVANCES IN THE SCIENCE OF NUTRITION

III. Some Attainments in the Fields of Vitamin A Research

● During the twenty-five years since its discovery, vitamin A has been the subject of much intensive research, first by the biochemist and physiologist, and later by the clinician and organic chemist. It may be of interest to describe briefly several of the achievements made in these various fields of research on vitamin A.

It has been found that vitamin A is unique among the vitamins thus far discovered. It is apparently the only vitamin produced solely by animal metabolism from precursors —certain carotenoid pigments—which are themselves solely the products of plant metabolism. The structure of the vitamin has been established and checked by syntheses of closely allied forms and probably of the pure vitamin itself (1).

Physiological and clinical researches have provided explanations of the mode of absorption of the vitamin and the mechanisms of transport and storage in the body (2). The specific pathological effects of varying degrees of vitamin A deficiency in humans have been extensively studied. Many of the older ideas concerning specific effects of vitamin A on man have been confirmed; some of the older beliefs have been dispelled (2).

Recent years have also brought improvements in assay methods for vitamin A (3). Common American foods have been surveyed and their vitamin A values tabulated (4). Last but not least, authoritative estimates are at hand as to the quantitative requirements of children and adults for vitamin A (5). Such, in brief, are only a few of the important additions which have been made to our knowledge of this essential dietary factor. Today, students of nutrition favor the practice of "protective nutrition" in which the individual is maintained upon a diet calculated to supply all known dietary essentials—vitamin A included—in optimal amounts insofar as these amounts may be known. In specific instances, such dietaries must be supplemented by vitamin-rich materials. However, the prime consideration is to provide a properly formulated basic diet. In this connection, commercially canned foods are worthy of mention.

Modern canning procedures are practically without effect upon the vitamin A values of raw foods (3). The commercially canned varieties of foods prized for their vitamin A contents, therefore, lend themselves admirably to the formulation of protective diets. Not only because of their contributions of vitamin A, but also because of their ready availability, convenience and economy, these commercially canned foods provide one of the most valuable means whereby the American public may secure an optimal supply of the important dietary essential, vitamin A.

AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

1. 1938. J. A. M. A. 110, 1748.
2. 1938. Ibid. 111, 144.
1938. Ibid. 110, 2072.
3. 1938. Ibid. 111, 245.
4. 1937. U. S. D. A. Bur. of Home Econ., Misc. Pub. 275.
5. 1934-1935. Amer. Pub. Health Assn. Year Book 25, 69.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the forty-second in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

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The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

THERE IS ONLY ONE INDUCTOTHERM

It is easy to recognize; its appearance is distinctive; nothing fancy hides its rugged construction. There are no gadgets to complicate its performance. It has strength of character; it sets out to do certain important things and does them consistently well.

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Probably 70% of all cases of
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WITH A RESULTANT saving of over 40,000 lives annually in the United States.

IN RECENT YEARS an average of 100,000* deaths per year have been attributed to lobar pneumonia alone.

Calculating from the known relative frequencies of the individual pneumococcus types, and from the mortality rate when no serum is given, 225,000 cases and 67,000 deaths are caused by Types 1, 2, 4, 5, 7, or 8, pneumococci.

19 out of every 31 deaths can be avoided* by adequate specific serum therapy, administered during the first four days of illness; in other words, more than 40,000 of these deaths are preventable.

Potent, refined and concentrated "Antipneumococcic Sera *Lederle*" are available in the following packages:

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A survey of the literature indicates that the types enumerated here are responsible for more than 70% of all cases of pneumococcic infection, no matter how manifested (lobar or bronchial pneumonia, empyema, etc.).

*Horsfall, F. L., Canadian Pub. Health J.; October, 1937.

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LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK

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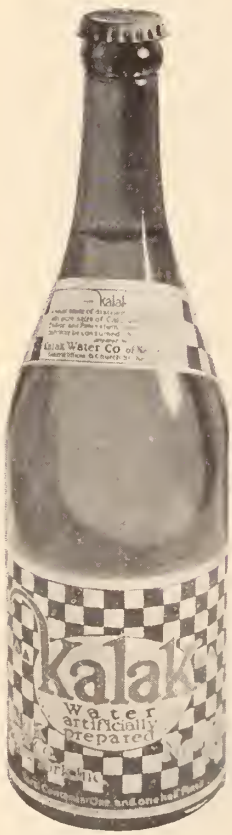

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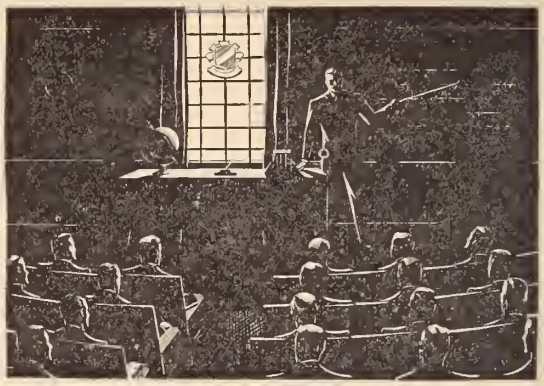

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Volume XXXV.
Number 11

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

Under the
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Executive Officer—LeRoy A. Wilkes, M.D.
Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. XXXV, No. 11 November, 1938 Subscription, $3.00 per Year
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EDITORIALS

Expanding Activities

The principal object of *The Journal of The Medical Society of New Jersey* is to record the activities of the State Society and of its component county societies. If *The Journal* has an increasing appeal to the members—as it evidently has—the basic reason is that the officers and members have expanded their fields of activity along the newer lines of medical practice.

No longer is the Publication Committee compelled to search for activities worthy of record; and no longer can it prepare The Journal a month in advance of the time of its publication. There was no lull in the activities of the State Society during the summer months; but on the contrary, the months of July, August, September, and October were among the most active in the long history of the Society.

PUBLIC RELATIONS

The great field of activity of The Medical Society of New Jersey and its component county societies is now that of the *Public Relations of Medicine.* Equally important with the department of *scientific articles* in The Journal is the opening up and promotion of those fields of practice in which the coöperation of *Welfare Agencies* is essential.

The great medical problem today is—Shall the great welfare agencies dictate the fields and methods of the practice of medicine?—Or shall the medical profession itself evolve the means by which medical services shall be made readily available to all classes of the people?

The medical schools and the hospital internships have been efficient in teaching their students to diagnose and treat the ills of *individuals;* but they have scarcely touched the greater fields of preparing the newly licensed practitioners for discharging their relations to the *community,* represented by the governing officials of the townships, the villages, the cities, the counties, the state, and the nation. While some of the medical schools have offered major courses in Public Health, their students have principally been those who never expect to practice medicine as "Family doctors"; but who will confine their activities to salaried positions in government employ.

The task of teaching practitioners of medicine the newer practice of public health and preventive medicine has therefore devolved upon the *Medical Societies* of the counties and the states. The Journal of The Medical Society of New Jersey is becoming known as an up-to-date text-book in this newer field of practice.

The First Medical Legislation in New Jersey

Medical legislation was the first project that was undertaken by The Medical Society of New Jersey. It was first discussed in the Fall meeting of the Society on November 1, 1768, when the minutes read:

Ordered that Doctors Cochran, Bloomfield, and Burnet be a Committee to meet on the fifteenth day of this instant, at Woodbridge, to prepare a petition to be presented to the General Assembly, to obtain a law to regulate the practice of physic and surgery in this Province, a copy of which petition shall be transmitted to each member of this Society as soon as possible; and Doctors Stites, Newel, and Smith are appointed to attend the next meeting of Assembly for the presentation of the same.

The next record on legislation was that of November 7, 1769, which reads:

Upon enquiry, it appeared that sundry forms of a petition to the Legislative body of this Province, had been transmitted to a number of the members of this Society, according to an order of the Board; a part of which, Doctors Newel and Stites informed the Society, they, in conjunction with Dr. Smith, had presented to the General Assembly of this Province; and that they were read and ordered a second reading. A number of other petitions, since come to hand, are ordered to be presented with all possible expedition.

On May 1, 1770, the Society voted:

The Society being of opinion that a general petition from the practitioners of physic and surgery in this Province, to the several branches of the Legislature, would be productive of good consequences as to the issue of a number of petitions from the inhabitants of various parts of the Colony, some time since laid before the General Assembly; have requested Doctor Cochran to procure to be drawn such petition or petitions as may be thought best, and to hand them round among the Faculty as speedily as may be convenient, that they may be ready to be laid before the House, at their next session; when it was agreed that Doctors Cochran and Bloomfield shall attend and present the same.

The minutes of the Fall meeting on November 13, 1770, contain the following entry:

The petitions from the practitioners of physic to the several branches of the Legislature, for corroborating a number of petitions of the inhabitants of various parts of this Colony, some time since laid before the General Assembly of this Province, with respect to the practice of physic and surgery, were not presented; and Doctor Cochran informed the Society that the said affair has not succeeded; and that in consequence of counter-petitions brought in, the said petitions were ordered to be left upon the table.

Note the record about "Counter-petitions".

The record of the Spring meeting held on May 14, 1771, contains the following entry:

Whereas, it was agreed upon last meeting, that the members should make the following matter the subject of their deliberations, viz., Whether it will be proper to revive the affairs of petitions to the Assembly for regulating the practice of physic and surgery; or, to omit reviving said petitions at present, and make application to the Governor and Council for a Charter? The Society enquired of the present members what were their sentiments of the matter; and as there was some difference in their opinions concerning said affairs, it was left to vote, and it was determined by the majority, to revive the petitions. The Society, therefore, appointed Doctors Cochran and Bloomfield to be a committee to consider of the best method of addressing the Legislative body, with respect to this matter, and prepare a petition, or petitions accordingly, and present them, if proper, as soon as they can, and make report to this Society at our next meeting, with respect to their proceedings and success therein.

The Fall meeting held on November 12, 1771, voted:

Voted, that a petition for the regulating the practice, be sent into the House of Assembly, and that Doctors Smith, Stites, and Newel do deliver in the said petition.

On May 12, 1772, the Society voted:

Resolved, that the members of the Society get petitions signed by the respectable inhabitants of their neighborhoods, for regulating the practice of physic, and send them some time before the next session of the Assembly, to Doctors Cochran or Bloomfield, and they are desired to deliver them unto the Legislature.

Note the petitions of "Respectable inhabitants".

On November 10, 1772, the records of the Society contain the following entry:

A motion was made and seconded, that the thanks of this Board be given to Doctors Cochran and Bloomfield, for their attending the House of Assembly, and obtaining a law for the regulation of the practice of physic and surgery in this Province.

The law had been passed on September 26, 1772, and provided that:

No one whatsoever shall practice as a physician or surgeon within the colony of New Jersey unless he shall first have been examined in physic or surgery, approved of, and admitted by any two judges of the Supreme Court for the time being, taking to their assistance for such examination such proper person or persons as they in their discretion shall see fit.

The "Proper persons" were members of the State Medical Society.

HISTORY REPEATS ITSELF

The object of these quotations is to show that human nature is still the same in 1938 as it was in 1772; and that the methods used by the Founders of The Medical Society are fundamental, and are as necessary today as they were 166 years ago. The founders understood the value of popular petitions. The first attempt of the doctor to obtain a medical practice law failed because a counter petition against it was circulated and was signed by many laymen. The medical leaders at once circulated their own petition among the citizens generally, and obtained so many signers that the legislators almost at once passed the proposed Act.

An additional reason for the doctors' success in securing the passage of the first medical practice act was the fact that many of the physicians of that time were members of the Legislature and Congress, and some were judges of the highest courts, both State and Federal. They habitually took an *active* part in civic affairs and in politics. They understood the ways of getting votes, and were willing to work for support among the voters. When an opposing group presented a petition against the passage of the first proposed Act, the proponents of the Law also circulated a general petition, and obtained an imposing array of signers from among the leading citizens.

Today, an array of names of prominent citizens attached to a petition will have the same effect as in 1772. The physicians of New York State found this to be so in 1926 in securing the passage of the amendments which eliminated the chiropractors and other cultists from practicing medicine.

The New Jersey Formulary

For several years the physicians and the pharmacists of New Jersey have shown an increasing degree of coöperation in solving the problem of "Mass production". With pharmacists the problem has developed to serious proportions during the past two decades, until now a good-sized volume is needed to merely list the great variety of "Ready-made preparations" which the pharmacist is compelled to carry on his shelves. With practicing physicians the problem has suddenly become acute with the threat of the Federal Government to control the practice of medicine among half of the population. Wherever this governmental control has been seriously tried, the practice of medicine has degenerated into prescription writing, for the people expect that the mere taking of a mysterious prescription will restore them to strength and vigor of mind as well as body.

Both the trained pharmacists and the scientific physicians realize the importance of this threat, and are taking active measures to combat it.

The legitimate stock of pharmaceutical products which a druggist is expected to carry may be divided into two classes:

1. Biologicals.
2. Chemicals and drugs.

BIOLOGICALS

Biologicals—the serums, the antitoxins, the vitamines, and the vaccines—are unstable and must be made by reputable manufacturers. The druggist cannot prepare them, or mix them from a large stock; but they come to him in sealed containers, which he must store in a refrigerator, and exchange for a new stock at periodic times. Yet with the active coöperation of physicians and reputable manufacturers, the druggist can easily arrange to carry a stock sufficiently large and varied to supply the legiti-

mate needs of the community. An exception to this principle is that class of biologicals which are used on a large scale for immunizations and treatments of public health conditions, such as antitoxins and serums for the detection, prevention, or cure of communicable diseases, such as diphtheria, tuberculosis, and pneumonia. Druggists and physicians now recognize the public need that these be dispensed by Departments of Health.

CHEMICALS AND DRUGS

In contrast with biologicals, chemicals and drugs are stable and do not change their composition or potency under ordinary conditions, and a druggist is able to carry them in stock in sufficient variety and amount to supply the legitimate needs of the people, at reasonable prices.

THE NEW JERSEY FORMULARY

Pharmacists, like physicians, are trained scientists, and each group in New Jersey maintains its own organization for the purpose of promoting the legitimate practice of its profession to the mutual benefit of the practitioners and the people whom they serve.

For several years, The Medical Society of New Jersey and the New Jersey Pharmaceutical Association have maintained a *Joint Committee on Professional Relations,* one of whose major accomplishments has been the preparation of the "New Jersey Formulary", containing over forty standard prescriptions for drugs and chemicals which scientific physicians commonly prescribe in their daily practice. Since the ingredients of these prescriptions are stable, and comparatively few and inexpensive, the druggist can compound them on the doctor's prescription and dispense them at a reasonable price; while the patient can be assured of a product of real usefulness *for his particular condition.*

Every member of The Medical Society of New Jersey has received a copy of the New Jersey Formulary as a part of the benefits which he receives from his membership in the Society. The daily use of this "Formulary" by every physician will be to the benefit of the physician, the druggist, and the public.

THE ART OF PRESCRIPTION WRITING

It is to be regretted that prescription writing is almost a lost art among physicians, for it is seldom taught in a practical manner by medical schools; while during his interneship, the young physician simply chose his medicine, ready compounded and designated by number. Those physicians who are not trained in writing prescriptions which combine "Elegance" with "Potency" will find the New Jersey Formulary to be indispensable, while they can adapt its amount of the essential article to the individual needs of their patients.

The Annual Banquet of a County Society

Every county society has a personality as distinct as that of its individual members; and this personality is expressed in the care with which the arrangements are made for the annual banquet and the preparation which the speakers make for their addresses.

The annual banquet, which is an eminently proper feature of most county medical societies, takes extreme forms. It may be an affair in which masculine fun and the humorous side of intimate medical associations prevail. Or it may be the occasion for revealing those human traits of which the doctors' wives may be proud.

It is the doctor's forte to bring cheer and dignified humor into the sick room, where all the finer traits of his character are displayed. It is always gratifying to attend an annual banquet in which the doctor's wife is the central figure, as it was in the social meeting of the Gloucester County Medical Society, which is reported on page 686 of this Journal.

ORIGINAL ARTICLES

DIAGNOSIS AND TREATMENT OF SOME COMMON SKIN CONDITIONS IN CHILDREN

By Bart M. James, M.D., Newark, N. J.

Read before the Section on Pediatrics of the Annual Meeting of The Medical Society of New Jersey, May 18, 1938.

I propose to discuss a few of the common skin diseases seen in children. These are acne, impetigo, verrucae, ringworm, scabies, eczema, and urticaria. Skin disorders in infants and children are important conditions, but many doctors are prone to treat them as trivial and to pass them over with some such remark as "the child will get over it when older" or "all children at this age have pimples".

ACNE

I have chosen acne as the first condition to be discussed, as it usually begins late in childhood, is of tremendous importance to the patient, and much can be done at its beginning to keep it under control, if not to cure it entirely. A little reflection will show us that while a few acne pustules and comedones may appear of little consequence to the physician; to the youthful patient it may be a keen source of grief, of profound emotional disturbance resulting in inferiority complexes, and in the avoidance of social contacts. If the condition is not corrected or adequately treated, numerous disfiguring scars, both mental and physical, may result. Pediatricians can do much to avoid these consequences by treating acne when it is beginning—at the onset of puberty in many cases. Acne is no doubt fundamentally due to some endocrine factors. Whether it is due to too much of certain substances or too little of others, we do not know, but we can in most instances adequately treat the manifestations of the underlying disturbances. These present themselves as oily skins with comedones. The sebaceous glands become overactive, their oily secretion is increased, and at the same time hyperkeratosis of the follicle mouths takes place which sooner or later blocks the gland outlet and produces a comedone. This consists of dried horny and sebaceous material. The part exposed to the air undergoes chemical changes and becomes black. The common belief among the laity is that the blackness is entirely due to dirt, which is not the case. The comedone in time acts as a foreign body in the skin and produces with the staphylococcus and the acne bacillus an inflammatory reaction which results in a pustule. This in turn destroys tissue and scar formation results. I would like to emphasize here that it is acne itself which produces scarring, whether treated or untreated, but that proper treatment including x-ray will minimize the scarring.

In treating these early cases, it is necessary to keep the skin dry and exfoliating. Soap and water should be used freely, in general, creams should be avoided, and lotions or pastes of varying strengths of resorcin and sulphur used to combat the oiliness and hyperkeratosis. Attention should be paid to the diet since the overabundance of carbohydrates seems to increase the pustular element. Constitutional disturbances such as anemia and constipation should be corrected. If these measures are carried out over a long period, much can be done to keep the acne under control and to prevent undue scarring.

In the past few years estrogenic substances have been used in the treatment of acne with more or less disappointing results. Some patients have shown a lack of estrogenic substances in the blood. When these elements were administered, there was improvement in some

which was only temporary. The glandular treatment of acne at the present time is too experimental to advise its general use as more harm than good may be done. In older adolescents there is no substitute for judicious x-ray treatment. This causes a diminution in the glandular activity of the skin, and corrects the oiliness and hyperkeratosis, after which the comedones and pustules disappear.

IMPETIGO

Impetigo of the newborn is often a very vexatious problem. Both the staphylococcus and the streptococcus have been causative agents at different times. The disease is highly infectious and contagious. Doctors and nurses with furuncles and acne pustules are at times the carriers. Isolation should be enforced as soon as the disease is recognized. One of the reasons for the rapid spread of impetigo in nurseries is that the disorder is frequently not recognized as such when it begins. It has often been mistakenly treated for "prickly heat", "intertrigo", "diaper rash", etc. This form of impetigo usually begins in some of the body folds as a follicular eruption which rapidly becomes vesicular and bullous. The contents of the bullae are frequently, but not always, frankly pustular. The bullae are flaccid and rupture easily.

My opinion is that ointments are not well tolerated in these conditions. Each pustule should be opened and a solution of five per cent silver nitrate immediately applied, after which a powder consisting of twenty per cent calomel in talc should be freely used. Irritation of the skin should be avoided. An irritated skin makes a good soil for the growth of microörganisms. If it is found that soap and water disagree with the skin and produce irritation, cleansing should be done with oil.

Pemphigus neonatorum is a variant of bullous impetigo which spreads rapidly, is usually accompanied by severe constitutional symptoms and results in a high mortality. This condition must be differentiated from congenital syphilis of the bullous type. In syphilis the bullous lesions are seen for the most part on the palms and soles, and macules, papules, snuffles, and a positive Wassermann are usually present. The treatment of a mild case of pemphigus neonatorum is the same as that of ordinary impetigo. Severe cases, however, may require permanganate baths, autogenous vaccines, and sulfanilamide.

Impetigo in older children is recognized by the superficial stuck-on appearance of the lesions and the honey-colored discharge. It is usually best treated by scrubbing with soap and water, mechanical removal of the crusts and the thorough application of three to five per cent of ammoniated mercury ointment. It is important that the crusts be removed, as otherwise the ointment will not reach the point of greatest activity and the organisms will flourish unmolested.

WARTS

Many children are afflicted with one or the other of the various types of warts or verrucae. These are epithelial new growths. It has been proved by inoculation experiments that the causative agent in the production of warts is a filterable virus. The lesions are transferable and autoinoculable. The varieties usually seen are the filiform, the vulgaris, and the juvenile or flat warts. The juvenile type, which by the way is not confined to children, is flat-topped, flesh-colored, and but slightly elevated. The lesions are usually seen on the face or the hands and one or a hundred or more may be present. The filiform type is long and slender and protrudes well above the surrounding skin. It usually appears where the skin is fine, such as the eyelids and genitals. The common wart has a broad base and a papillomatous surface. It is most commonly seen about the nails and elsewhere on the hands. Its "roots" extend deeply into the skin.

Occasionally warts disappear spontaneously. They can also be made to disappear by suggestion or hypnosis, but in many cases active treatment is necessary. When warts disappear following suggestion therapy, the explanation is that a change takes place in the blood supply to the lesions due to nervous action causing a vasoconstriction. The nourishment of the growth is thereby reduced, following which the lesion shrinks and falls off. In using destructive methods for the removal of verrucae, care

should be taken not to cause damage to the skin. Among the methods used may be mentioned the scalpel, electrodessication, cautery, acid, and x-ray in selected cases. The x-ray is especially useful in treating the painful plantar warts and warts situated about the nails.

Molluscum contagiosum is a form of epithelial new growth which is sometimes confused with warts. It is, however, less common than warts although contagious and also caused by a filterable virus. The lesions appear as small, pearly globules with umbilicated centers. They are sometimes pedunculated and occasionally become infected. The lesions may be removed by puncturing the center of each one, expressing the plug of cheesy material, and inserting a small swab wet with tincture of iodine into the cavity. No lesion should be overlooked, for if any are left behind, new ones are likely to appear.

RINGWORM

We come next to the subject of ringworm infections of the skin. Some are difficult to treat, others respond to simple remedies.

Ringworm of the scalp presents a serious problem in children, involving as it does isolation and removal from school. In these cases the response to treatment varies with the nature of the organism which is found by culture of the affected hairs. If the microsporon lanosum, which is usually carried by dogs and cats, or if another animal fungus is the causative agent, the infection can often be cleared by local application of antiparasitic lotions or salves, repeatedly applied over a period of weeks. The hair should be cut short, and a paper cap should be worn to catch the loose hairs. This cap should be burned and a new one worn daily. If the organism is the microsporon audouinii, a fungus as a rule pathogenic only to children, epilation with the x-ray is almost always necessary to effect a cure. This usually takes about eight weeks. A mild antiparasitic ointment should be used during this time, a paper cap should be worn, and the epilated hairs destroyed to prevent reinfection.

Diagnosis of ringworm infection of the scalp can be easily made by using the Woods filter, which is a special glass attached to the ultraviolet light. Under this filter the affected hairs fluoresce a brilliant green or blue. Diagnosis may also be easily made by removing a suspicious hair and examining it microscopically after the application of a drop of twenty per cent solution of sodium hydrate. Spores or filaments may be seen in or on the hair. The differential diagnosis of the "animal" and "human" types can be made only by cultures or animal inoculation. Clinically the affection may vary from one slightly scaling patch with a few broken-off hairs to numerous patches which are nearly bald. Cases not treated with x-ray epilation should be epilated manually under the Woods filter. Thallium acetate has been used with success in many cases, but there have been reports of toxic polyneuritis, nephritis, and fatalities due to its use. I personally would not advise the use of this dangerous drug. Ringworm of the scalp usually disappears spontaneously with the approach of puberty and permanent baldness does not result. Treatment, however, should not be delayed for the arrival of puberty on account of the contagiousness of the disease to others. The affection is rarely seen in adults, but I have at the present time a case of microsporon audouinii infection in the father of a child with the same condition.

Ringworm of the glabrous skin usually begins as a pinkish macule which gradually spreads peripherally and clears in the center. On close examination, tiny vesicles may be seen around the borders of the lesion. There is a moderate amount of scaling. One patch or many may be present. Diagnosis may be easily made by microscopic examination of the scales. The disease is usually contracted from other children or from household pets. It is easily amenable to treatment, responding readily to repeated applications of tincture of iodine, or ammoniated mercury ointment.

Dermatophytosis is the term used to designate ringworm infections of the hands and feet. The causative organism is usually an epidermophyton or trichophyton, although various other fungi such as yeasts or molds are included in the group. This condition is not common in very young children. It is seen in older children and adults very frequently.

There are two main types, the intertriginous

and the eczematoid. The intertriginous type manifests itself as a chronic scaling and maceration between the toes, producing at times painful fissures and severe itching. In other cases there are no subjective symptoms. The eczematoid type produces the entire picture of eczema with erythema, vesicles, scaling and crusting. The patches are usually sharply defined. Acute outbreaks, which occur mainly in hot weather, are characterized by sudden appearance of numerous close-set minute vesicles, especially seen on the lateral surfaces of the fingers. These conditions are sometimes extremely disabling.

Acute eruptions require the use of wet dressings of potassium permanganate, Burow's solution, or boric acid. The chronic type should be attacked with exfoliating and anti-eczematous agents such as salicylic acid, resorcin, sulphur, and tar. It is practically impossible to destroy the fungi in the skin. One can only hope to reduce the number of fungi by causing the superficial layers of the skin to peel, and to depend on the immunizing ability of the skin to keep the infection under control. Selected cases respond well to x-ray treatment.

SCABIES

Scabies, although usually considered to be a manifestation of poverty, is frequently found in the best families and is no respector of persons. When typical, it is easily recognized. Many cases of scabies have been mistakenly treated for drug eruptions, pemphigus, erythema multiformi, food sensitization, urticaria, and eczema. I have encountered several patients afflicted with scabies who were undergoing skin tests and subsisting on elimination diets. The disease was not recognized owing to the fact that the eruption had been present for some time and the clinical appearance was that of a generalized eczema. The acarus scabiei, the itch mite which is the cause of scabies, is barely visible to the naked eye, being but slightly larger than the point of a pin. Under the microscope it resembles a crab. The sites of predilection are the webs of the fingers, the wrists, the axillae, nipples, and genitals. The primary lesion is a burrow in the epidermis in which the mite lives, lays eggs, and deposits excreta. As a reaction to the presence of the parasite, inflammation results which produces a vesicle. The lesion is itchy and is soon scratched, producing an excoriated papule. In long-standing cases few typical lesions are seen, being replaced by papules and excoriations. In infants papules and pustules may appear on the face, palms, and soles. Lesions of scabies are practically never seen in these locations in adults In some cases urticarial wheals are seen. Occasionally albuminuria is found in association with scabies. Itching is most pronounced at night after the patient gets into bed. Due to the added warmth, the itch mite responds by attacking a new area and consequently produces more itching. Diagnosis is not difficult if the disease is kept in mind, regardless of the economic status of the patient. A history of more than one case in a family, the location of the lesions, and the story of their evolution, are signposts in the right direction. If the acarus is found, there can be no doubt about the diagnosis. There are some cases, however, in which the therapeutic test must be resorted to.

Treatment consists of thorough scrubbing with soap and hot water, so that the burrows and vesicles are opened up, and the application over the entire body from neck down of an ointment consisting of three to five per cent each of sulphur precipitate and balsam of peru. This should be applied on three successive nights, and the patient then examined for evidence of dermatitis. If there is none, treatment may be carried out for three more nights. All the affected members of the family should be treated at the same time, and all clothes cleaned and disinfected at the end of the course of treatment. If dermatitis occurs, calamine lotion or zinc paste is to be used. Overtreatment of scabies must be guarded against as it is possible to produce a dermatitis that is more annoying and persistent than the original condition

ECZEMA

I hesitate to open the subject of eczema in a brief paper of this sort as there is considerable controversy over this complex condition. The conflict concerns itself with what is and

what is not eczema, with the varying factors in etiology known and unknown, and the treatment which is none too satisfactory. I may say that any exudative condition of the skin which is not definitely something else may be called eczema. In former days, before scabies was understood and before fungus disorders of the skin were recognized, these conditions too were also classed as eczema. Today more and more skin disorders are taken out of the eczema group. Seborrheic dermatitis, intertriginous ringworm, and atopic dermatitis and many other forms of dermatoses, were also classed as eczema. Today when the pediatrician speaks of eczema in infancy and childhood, it would be well if he confined himself to the concept of an erythematous scaly, crusted eruption which appears in the first few months of life, usually on the face, but also frequently on the neck, chest, back, arms, and legs. This disorder can sometimes be traced to sensitivity to some particular element in the diet such as milk, wheat or eggs, or to some external irritant such as silk, wool, cotton, feathers, rubber, soap, powder, etc. It may be more accurate to say that these substances have been found to account for many eczemas, but that it is not always easy to determine the exact cause in a given case. A careful history is necessary, patch, scratch, or intradermal tests may be carried out, and elimination diets tried. In many cases, as the child gets older, he may overcome his sensitivity and the eczema may disappear never to recur. On the other hand, he may develop a polyvalent sensitivity and go through most of his life with eczema, atopic dermatitis, or some related condition such as asthma or hay fever.

The local treatment of eczema resolves itself into attention to details. In the acute case the child should be treated as a sick one and confined to bed. Scratching and irritation should be avoided. Soap and water should not be used. If the eruption is vesicular and oozing, wet dressings of dilute Burow's solution or boric acid, or lotions of the calamine type should be used freely and often. When the acute condition has subsided, a paste such as Lassar's zinc paste without salicylic acid should be applied. If this agrees with the skin, mild stimulants may be added to the paste, such as naftalan, oil of cade or crude coal tar. These should be used in concentrations of about two per cent to start with, after which the strength may be increased depending upon the tolerance of the skin. Each case must be individualized as to what should and should not be eliminated from the diet and environment. This requires careful study and coöperation.

DERMATITIS VENENATA

In the spring and summer we see many cases of dermatitis venenata which is due to contact with poison ivy. This condition is due to an irritating principle of the plant which is contained in the leaves and berries and even in the smoke given off when the plant is burned. The prompt use of soap and water followed by alcohol, if used soon after exposure, may help to abort an attack, or prevent an outbreak. The administration of poison ivy extract confers an immunity of short duration on some individuals, and occasionally an acute eruption may be made to subside rapidly with one or two injections. On the other hand, some patients will develop more generalized eruptions after administration of the extract. This possibility should be kept in mind when injections are given. Local treatment consists of wet dressings in the severe cases and soothing lotions in the mild ones.

URTICARIA

Urticaria in children is usually an acute condition which may last from a few days to one or two weeks. The causes range from sensitization to internal agents such as foods, drugs, focal infections, and metabolic and endocrine disturbances to external agents such as cat hair, dog hair, silk, and wool. The common food offenders are popularly supposed to be strawberries, and shell fish, although any food may cause urticaria. The chronic types are more apt to be due to focal infections and metabolic disturbances rather than to food. The wheal or hive is caused by an increase in the permeability of the capillaries due to the action of the sensitizing agent which is believed by many to produce a histamine-like substance. This permeability manifests itself in an exuda-

tion of fluid which is under tension. It is perhaps the tension in the skin which produces the violent itching.

This pruritis may be relieved temporarily by adrenalin. Calcium may be given for its supposed effect on the reduction of capillary permeability. A purgative is usually helpful at the onset. Chronic cases require careful study to determine the etiologic factor. A detailed history is necessary, and elimination diets, food tests, search for foci of infection, and constitutional disturbances may require investigation. Non-specific desensitization with whole blood injections, milk protein, or typhoid vaccine may also be required.

PAPULAR URTICARIA

Similar to urticaria in name only is papular urticaria or lichen urticatus. The cause of this condition is not known. It begins as a wheal or red macule upon which a hard papule develops, which persists. Occasionally a vesicle develops on top of the papule. The lesions may be generalized but are most frequently seen on the arms and legs. An attack may last for several weeks and may be prolonged for one or more years with outbreaks of new lesions. Itching is very severe in these cases and secondary lesions such as excoriations, crusts, lichenification, pustules, and adenitis are common. These cases are sometimes mistaken for scabies, eczema, lichen planus, and the vesicular type may suggest chicken pox. The early stage of prurigo may not be distinguishable from papular urticaria.

Treatment must be directed to improvement in the general health of the patient, and to the relief of itching. Antipruritic lotions and salves with menthol are helpful. Change of environment is sometimes strikingly beneficial. I have found that injections of spleen extract are also useful in these cases.

SUMMARY

1. Some of the diseases common in infancy and childhood such as acne, impetigo, verrucae, ringworm, scabies, eczema, and urticaria are discussed.

2. Their importance to the welfare of the patient has been pointed out.

3. The treatment of these conditions has been outlined.

31 Lincoln Park

DISCUSSION

BY F. I. KRAUSS, M.D., CHATHAM, N. J.

The majority of the skin lesions that a pediatrician sees belong to the type known as atopic dermatitis. This sensitivity to foreign protein has probably some hereditary predisposition. Contact dermatitis is a sensitivity to a non-protein substance, is not hereditary, and there is no association with hay fever and ordinarily not with asthma.

Much progress has been made in the classification of the so-called eczemas. Methods of skin testing, either by scratch, intra-dermal, or patch, have aided greatly in determining the atopic and contact types. While in the diagnosis of atopic dermatitis there is still room for vast improvement, we can confidently expect great assistance from tests in from 60 to 70 per cent of the cases. While the number of tests which may be made can run into the hundreds, in most infants a few only are necessary. A comparatively limited number of foods cause most of the cases. Unfortunately the most important food of all—milk—is the most common offender, and of the proteins in the milk, the lact albumen causes the highest percentage. This lact albumen can be somewhat modified by heat, consequently drying milk, boiling, or evaporating it has a limited usefulness. This is the reason for the hypo-allergic milks sold commercially. Where the casein also is an etiological factor, which cannot be modified by heat, it is necessary to find a substitute. Goats' milk is of no value here, because the caseins of the two milks are biologically alike. Fortunately some very satisfactory substitutes for cow's milk made from the soy bean have proven their value over a period of years. Infants raised on these artificial milks have shown normal growth and development. Next to milk come egg, wheat, orange, potato, oats, barley, spinach, peas, tomatoes, and other foods in decreasing importance.

The removal of foods giving marked positive reactions is of distinct value in infants, but less so in older children. When these foods cannot be determined by testing, the Rowe elimination diets offer great assistance. Results, at the best, are often none too good, because our knowledge of immunology is so limited.

Next to atopic dermatitis the pediatrician sees numerous cases of seborrhoeic dermatitis. The two types are often intermingled. The seborrhoeas usually start earlier in infancy,—within the first three months, and are much more easily cured, local treatment being usually sufficient.

I am also seeing many more cases of papular dermatitis in the new-born since the baby oils have

come into popularity. Soap and water and powder have gone out of vogue, and my cases of dermatitis in the new-born have correspondingly increased. These yield quickly to a change in the routine care of the skin.

Impetigo in the new-born caused us constant trouble in the maternity department until we reduced the room temperature to 72 degrees, kept the bedclothing looser so that the infant is free to squirm and kick, and used less oil, and more soap and water. We go on the assumption that a sterile skin is impossible; and that a dry skin, well ventilated, is less susceptible to infection.

Among the older children comedones and acne are of great importance,—largely from the mental distress involved. It is exceedingly important to do all we can, not only in local or general treatment, but also in psychological morale. I have yet to see satisfactory treatment by anybody, and I say this with all deference to very excellent dermatologists and internists,—like eczema,—we have a long ways to go. I particularly wish to stress caution in the use of x-ray. This is a powerful weapon, and should not be used by amateurs.

I have seen some excellent results obtained by Dr. James, but I would hesitate to allow treatment by anyone with less skill. We are also reading reports on the use of the hormones, both female and male. They have not been anything to boast about, and here again we are dealing empirically with weapons whose effects on the growing organisms are not well understood and may be distinctly harmful. At best it is a prolonged, expensive method, and is likely to cause the too enthusiastic doctor a lot of embarrassment.

PERIPHERAL ARTERIAL DISEASE

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Abstract of a lecture delivered before the Mercer County Medical Society at Trenton, N. J., on April 8th, 1938, in co-operation with the Rutger's University Extension Division (Jour., Apr., 1938, p. 236).

Endarteritis of the deep vessels, particularly of the aorta, and coronary, and cerebral arteries, was well understood by our medical forefathers. But that peripheral endarteritis may exist as a local regional entity, without marked involvement of the deep arteries, has become generally recognized in comparatively recent times.

Endarteritis may be defined as a progressive inflammatory proliferation of the cells of the intima, with the new cell growth so exuberant that it chokes off its own nutrient blood supply. This results in a round-celled, fibrous or calcareous degeneration of the intima. The degenerated products and superimposed clot slowly fill up, and finally obstruct the lumen of the artery.

The usual clinical types are:

1. Senile.
2. Diabetic.
3. Buerger's or thrombo-angiitis-obliterans.

The cause is a chemical or microbic irritation of the intima. The irritant is usually carried in the blood stream. In the senile type, it is the chemical irritation of the acidosis products of old age. In the diabetic type, it is the chemical irritation of the excess blood sugar. In the Buerger type the pathological picture is that of a microbic toxin, possibly a spirochaetae.

Specific Pathology.—In the senile type, ultimate calcification occurs which extends into the vessel lumen, and is limited peripherally by the adventitia. In the diabetic type ultimate fibrous degeneration occurs which extends into the vessel lumen and is limited peripherally by the adventitia. In the senile and diabetic forms the deep vein is rarely involved. In the Buerger type the initial granulation tissue and soft clot finally goes into fibrous tissue. The inflammatory change involves first the lumen; then extends peripherally through all the vessel coats into the common sheath; finally matting artery, vein and nerve into one inflammatory mass. Canalization of the clot may occur. The lumen of the deep vein finally is occluded. Mixed types are not unusual.

End Results in All Types.—There is a tendency toward self cure. If the process is slow, life is maintained in the affected member by a compensatory hypertrophy of the superficial veins and capillaries. Once a viable peripheral circulation is attained and the systemic disease controlled, a functional member may persist for

life. Superficial skin infection is now the outstanding danger. Such an infection from an ulcerating callus, ingrowing toenail, or trauma, may result in a thrombo phlebitis of the healthy superficial veins and gangrene of the part.

Signs and Symptoms.—The outstanding symptom is pain. In the beginning pain on walking, spoken of as *intermittant claudication* (limping or lameness). Later as the member approaches a pregangrenous state, rest pain is present. The limb takes on a purplish-red color when dependent, spoken of as *erythromelalgia* (painful red limb) and blanches out to a corpse-like whiteness when held vertical. The skin develops keratoses. The nails become dry and striated. The anterior and posterior pulses disappear. A compensatory pulse may appear in front of the external malleolus from the interosseous artery.

Clinical Diagnosis.—The senile type—usually seen in men past sixty. The course is slow. Pain is moderate. Erythromelalgia is slight. The arteries are pipe stem, with beaded radials. Arcus senilus is present. Keratosis and dry striated nails are marked. Gangrene develops slowly, and is of the dry type.

The diabetic type is equally frequent in men and women past mid-life. The average age is sixty-six years.[1] Its course is often fulminating following a superficial infection. It is the least painful type. Glycosuria and hyperglycemia are diagnostic. Peripheral neuritis is common. Perforating foot ulcer is occasionally present. Gangrene develops rapidly, and is of the wet type.

The Buerger type is usually seen in young Jewish males from twenty-five to forty-five years of age. Pain is extreme, often agonizing. Its course is slow. Intermittant claudication and erythromelalgia are marked. Migratory phlebitis common. Gangrene is of a mild wet, going on to a dry type.

TREATMENT

Indications in treatment:

1. Specifics in order to check the underlying constitutional disease.

2. Local and general measures in order to assist nature's effort toward self cure; i. e., encourage the compensatory dilatation of the healthy superficial veins and capillaries.

Plan of treatment can best be approached in a concise clinical manner by attempting to answer, as a series of questions, the "Directions for Routine Treatment" furnished to the internes at Temple University Hospital. These directions are as follows:

Buerger Type

1. Routine examinations of blood and urine. Blood Wassermann and blood sugar. Examine for toxic foci.
2. No smoking.
3. Put patient to bed with a hot light cage over the lower half of the body—temp. 90° F. No bathroom privileges.
4. Soap poultice to the feet for six hours. Following which keep the feet wet with mineral oil,—saucer alongside bed.
5. House diet,—restrict fats. In the overfat subject, give thyroid extract, watching the pulse rate.
6. Mag. sulph. saturated sol. f., one and one-half ounces in a. m.,—P. R. N. S. S. enema daily P. R. N.
7. Rest pain—phenacatin, gr. v; pil. migrain—powdered q. four hours. Codein at night P. R. N. for one week only. Then if rest pain persists, prepare for a nerve bloc.
8. Buerger's postural exercises three times daily. Have the foot, if ulcers are present, immersed in hot saline—Temp. 90° F. when in the three-minute dependent position. As local improvement occurs, use the exercises every two hours.
9. Lugol's iodine sol., m. x., T. I. D., P. C.
10. Sodium citrate intravenous daily. Begin with gr. xx; increase gr. x daily until gr. 60 are given.
11. Neo salvarsan,—three gm. on admission. Repeat every two weeks.
12. Intramuscular bismuth once each week.

Senile Type, the same as Buerger's except

1. Omit the neo and bismuth.
2. Give spts. glonoin M. II, q. three hours.
3. Digitalis, if the heart action is rapid or feeble.

Diabetic Type, the same as Buerger's except

1. Omit the neo and bismuth.
2. Give a diabetic diet, and the necessary insulin.

1. *Why clear up toxic foci?*

Peripheral vaso dilatation is desired. Low grade, afebrile, systemic toxins, whether pyogenic or chemical, cause a peripheral vaso constriction. This is shown clinically by the skin pallor of the "run-down" individual, afflicted with infected teeth, tonsils, gall-bladder, prostate or with chronic constipation or colitis.

2. *Why no smoking?*

Nicotine does not cause peripheral endarteritis. It does, however, produce a vaso constriction of the peripheral vessels.[2, 3, 4] Denicotized cigarettes have a less marked but similar action. In arrested cases recurrence of symptoms is usually traced to resumption of smoking. It is our practice to refuse treatment to those who persist in smoking.

3. *Why complete bed rest in the pregangrenous case?*

First, to promote peripheral vaso-dilatation. A general skin pallor is seen in the individual suffering from chronic pain, worry, or physical exhaustion. Rest relieves pain. Pain relief is followed by the return of normal general and local skin color.

Second, to prevent the increased local metabolism and tissue oxygen consumption incident to muscular exercise. Physiologists tell us that pain in the anemic arteriosclerotic member is due to anoxemia—insufficient tissue oxygen. Or that "pain is the cry of a suffering nerve for blood".

Why place the lower half of the body in a continuous hot air bath?

Local heat produces a peripheral vaso dilatation. The electric hot air bath is a continuous even heat night and day. The patient's foot comfort is the best temperature guide. Usually begin with 90° F. and slowly over a course of several weeks bring up to 100° F. Excessive initial heat, as in muscular exercise gives pain, because of increased local metabolism and tissue oxygen consumption.

4. *Why a scrupulous foot toilet?*

There is a tendency to ulceration under scales, crusts, and overgrown toenails. Such ulcers may produce a local thrombo phlebitis, which if it spreads, destroys the superficial veins and capillaries on which the member depends for its life. Soften and remove primary crusts by a soap poultice; and prevent their reformation by keeping the skin oiled. Cleanse existing ulcers, and promote drainage by warm saline foot soaks.

5. *Why restrict fats in the diet?*

It is a clinical fact that the overfat individual is the type least responsive to treatment, probably because faty degeneration of the intima is the first step in many forms of arterio sclerosis.

6. *Why a daily bowel movement by salines or enema?*

Absorbed toxins from retained fecal matter predisposes to peripheral vaso-constriction, as noted by the skin pallor in the habitually constipated individual.

7. *Why control rest pain by some of the proven, non-depressing coal tar products?*

Every advanced arterio sclerotic is a potential drug addict. Opiates at night are allowed only for one week. Then if pain persists, a peripheral nerve bloc in the mid-calf is done. Nerve bloc for rest pain relief, while a functional peripheral circulation is being established, is probably the outstanding advance in treatment of the past decade. Some authors claim a drop of 60 per cent in the necessity for major amputations following its use.[5]

8. *Why Buerger's postural exercises?* [6]

The simplicity and efficiency of this method of applying positive and negative venous pressure keeps the patient interested, and gives him a sense of doing something for himself. The legs are held vertical for three minutes, and then held down over the side of the bed for three minutes. Repeat the procedure three times. In the beginning use three times daily. Later as improvement shows, use every two hours.

9. *Why iodine therapy?*

Clinically, iodine was recognized by practitioners of the past century as their most important drug in the control of arterio sclerosis. Recently research workers, by animal experimentation,[7, 8] have shown that arterio sclerosis follows cholestrol—fatty—deposits in the intima; and that iodine, when given with experimentally administered cholestrol, acts in some way to prevent its deposit in the arterial wall, or dissolves deposits already formed. The iodides are always well borne.

10. *Why intravenous sodium citrate?*

Mayesima in 1915 showed that there was a constant high viscosity of the blood in all types of gangrene. Acting on this suggestion, Koga gave Ringer's solution by hypodermoclysis, and reported many cures. In conjunction with Ringer's solution Meyer[9] was the first to give

sodium citrate intravenously. We have during the past twenty years given sodium citrate in some seven hundred cases of arterio sclerosis. Originally used in Buerger's disease,[10] it was later given with success in the diabetic and senile types.[1, 11] Recent reports from other clinics [12] indicate that citrate is being used successfully in the treatment of all types of obliterating endarteritis. That it is the citrate and not the bulk of saline used is shown by equally good results following concentrated solutions. Reactions from contaminated distilled water rarely occur, since the original two per cent solution has been abandoned. Jablons [13] showed that intravenous injections of sodium citrate resulted in: a peripheral vaso dilatation; a lengthening of the blood clotting time; a lessening of blood viscosity; an increase in the oxyhaemoglobin content of the peripheral venous blood; a lowering of blood acidity; and an inhibitory effect on bacterial growth. Peripheral vaso dilatation is probably the most important action. We have had no deaths or serious complications in well over 50,000 injections.

11. *Why neo salvarsan and bismuth in the Buerger type?*

Twelve years ago we demonstrated that the local inflammatory symptoms of acute migratory phlebitis yielded in twenty-four to forty-eight hours to intravenous neo-salvarsan; whereas the same painful areas took from one to two weeks to subside naturally. This suggested that a spirochaetae might be the cause of Buerger's disease. Since arsenic and bismuth have been given routinely, our per cent of relapses have diminished. But only one positive Wassermann reaction has been found in our Buerger's series. One cannot say whether this phenomenon is accidental, or what may be its pathological significance. In any type of arterio sclerosis with persistent high blood pressure we have noted that intramuscular bismuth given weekly over a long period, is a helpful adjunct to accepted methods of treatment in reducing and holding a stubborn hypertension.

Other vasodilator methods.

Those of proven value are intravenous hypertonic saline,[14] typhoid vaccine fever therapy,[15] alternate negative and positive pressure,[16, 17] and hypodermic tissue extract.[18] It is not within the scope of this paper to discuss these procedures. But it would seem, if these methods alone are depended upon, that the local relief following them, particularly in the Buerger type, tends to give a false sense of security, and delays the use of those specific and associated measures which combat the constitutional disease and which we believe tend to prevent relapse and ultimate gangrene.

Amputation.

Major amputation is done for spreading gangrene with toxic symptoms, or localized gangrene so extensive that a weight-bearing foot cannot be salvaged. Amputation below the knee is rarely satisfactory. In the stationary senile and Buerger types, a Gritti Stokes patella splitting amputation above the knee is the operation of choice. In the diabetic type, drainage is the keynote of success. Even with perfect sugar control there is something in the blood of a diabetic which will necrose surrounding tissues in a poorly-drained pocket. The guillotine operation in the lower one-third of the thigh gives perfect drainage, but offers difficulties in drawing the flaps together later. A satisfactory technic is to make short lateral flaps by transfixion of skin muscle and fascia in one piece, and cut the bone flush with the soft tissues. Do not suture. Later when the flaps are covered with granulation tissue, draw them together by adhesive plaster, and union by third intention may be expected.[1]

Artificial legs.

The perfectly healed stump is usually tolerant to pressure. The problem is the remaining leg, the blood supply of which is always affected to some degree by the general arterio sclerosis, and whose resistance is proportionately diminished. A good working rule is: No artificial leg shall be worn until the patient has had from one-half to one year's systemic treatment following amputation. Following this period he should be free of pain in the calf and foot while walking on crutches; the dependent foot color should be reddish-purple, not blue; the foot should show visible veins and be warm to the touch; when the foot is held vertical for one minute and then brought to the horizontal the

color should return in the foot in less than thirty seconds. A color return of over forty-five seconds means a pregangrenous foot. Beware of applying an artificial leg on the fat, overweight, self-indulgent individual.

Management of the advanced case.

For one month the pregangrenous case is kept in bed under the treatment previously outlined.

RESULTS OF TREATMENT IN 100 CONSECUTIVE CASES

Time under observation	9–2 yrs.
Sex:	
Male	97
Female	3
Race:	
Jew	90
Non-Jew	10
Age of onset:	
Average	42
Oldest	65
Youngest	19
Complications:	
Glycosuria	5
Plus Wassermann	0
General senile sclerosis	10
Arm thrombosis	2
Cerebral symptoms	1
Intravenous sodium citrate:	
Average injections first year	88
Largest total injections	280
Results:	
Leg amputations	19
Toe amputations	28
No amputations necessary	53
Functional leg	81%
Patients resumed work	79
Relapses	31
Died	9
Myocarditis	3
Nephritis	2
Embolism	1
Intraäbdominal cancer	2
Suicide	1

During the second month, the citrate injection is given every second day,—then twice each week for the first year. He gets neo-salvarsan once a month, and bismuth every two weeks during the first year.

After the first month he receives daily leg massage, and is put in a wheel chair with the legs hanging down each morning; or if the case is not advanced, some walking is allowed. Increased walking is permitted as the symptoms subside and evidence of a functional collateral circulation appears. On resuming his occupation or taking up a new one, he should work for one-half day only, and that in the morning. He sleeps in his hot air electric light bath for one year. Fleece-lined shoes and woolen socks are worn during the cold weather.

During the second year neo salvarsan is given every two months; bismuth every two weeks; and the iodides daily. He should avoid excesses and all mental and physical fatigue. The early case consults the physician for calf or foot pain when walking. He is treated as an ambulatory case with as much rest as his business will permit. Drug therapy, hygiene and diet are enforced as in the pregangrenous case.

A personal experience of twenty years in treating 500 followed-up cases would indicate that obliterating endarteritis is not the hopeless condition usually pictured. While full functional regeneration in badly damaged members is rarely obtained, prolonged proper treatment is efficient in combating the agonizing pain, in lessening the number of amputations, in returning a high percentage of patients to active life, and in fitting others in some measure to help themselves.

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SKULL FRACTURE IN THE CHRONIC EPILEPTIC; ITS EFFECT ON FREQUENCY OF CONVULSIONS

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The writer is indebted to Drs. Dan S. Renner, R. C. Adams, M. L. Thomas, C. East, E. Lukats, and B. Baker for case records; and to Dr. A. W. Pigott for x-ray reports.

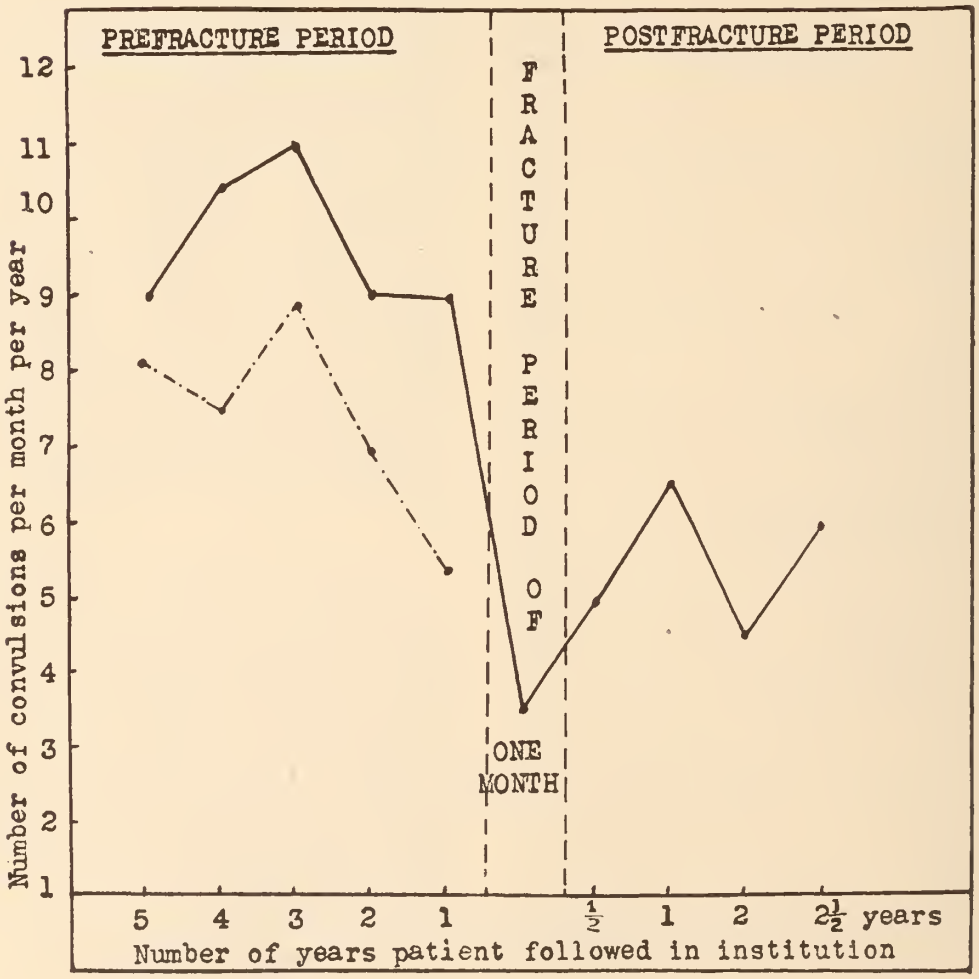

CHART 1.

The unbroken line shows the average number of convulsions per month per year for the group of fourteen epileptics who had a skull fracture during a convulsion in the institution. The prefacture period gives the number of convulsions per month per year that this group had for a period up to five years preceding the fracture. The fracture period illustrates the marked drop in the number of convulsions per month during the one-month period in the hospital immediately after the fracture. The postfracture period shows the average number of convulsions per month per year for the group during a period of from one-half to two and one-half years following the skull fracture.

The broken line shows the average number of convulsions per month per year during a five-year period for a control group of epileptics (fourteen) who did not receive a skull fracture.

Note that in the control group there is a tendency similar to that in the fracture group to a gradual decrease in the average number of attacks per month for the five-year period followed.

The writer wishes to report the effect of head injury with simple skull fracture on the frequency of convulsions in the chronic epileptic. No data on this condition could be found in the literature.

This report includes fourteen patients. There are ten males, and four females, with an average age of forty years. All are inmates at the New Jersey State Village for Epileptics, and received their skull fracture during a convulsion at that institution. The fractures were simple, nondepressed, and linear in type; and in 75 per cent of the injuries the parietal bone alone (invariably the posterior part), or in combination with the temporal bone, was involved. The patients exhibited the usual symptoms and signs of head injury with fracture, and in every case x-ray was positive. Spinal puncture was not done. Positive signs of cerebral irritation and suggesting focal pathological lesions were present in three cases; and six cases were reported as bleeding profusely from an ear. All patients were hospitalized for two to four weeks under conservative treatment by their respective physicians. They were then discharged to their cottages, where normal routine was resumed.

On chart one can be seen a composite graph for the entire fracture group of fourteen patients. It shows the average number of convulsions per month per year before fracture, during the hospital period, and after return to cottage routine. It can be seen that during the prefracture period (one to five years) the patients showed a fairly constant average per month. Following fracture and during the hospital period of from two to four weeks there was a marked decrease in the average number of convulsions per month. Three patients had no attacks in this period; ten showed a marked decrease, and only one exhibited an increase over the number during the prefracture period. During the total postfracture period of from two months to two and a half years, the group showed a marked decrease over the prefracture period. Only one epileptic had a slight increase in frequency during this period. Therapy was not considered as a factor in fluctuations in frequency because the routine anticonvulsion medication was changed in only two cases during all periods reported.

It appeared from the above data that head injury with simple skull fracture did not increase the frequency of convulsions in our series of epileptics. On the contrary, most cases showed a decrease in seizures. We have observed that, as a patient becomes institutionalized and grows older, there is a tendency to a decrease in the number of attacks with or without changes in medication. Perhaps this was the cause for the decrease in the fracture group. A control series of fourteen chronic epileptics who did not receive skull fracture was studied for comparison. There were ten males and four females with an average age of forty years. The average number of convulsions per month per year was plotted for each during a four to five-year period. The anti-convulsion therapy was changed in only three patients during the entire period. The mixed line in chart one shows a composite graph of all fourteen cases. It can be seen that this group also showed a tendency to decrease in frequency of convulsions as did the fracture group.

CONCLUSION

It seems reasonable to conclude from this analysis, that simple, nondepressed skull fracture occurring in the chronic epileptic during a convulsion does not tend to increase the frequency of convulsions following this type of direct cerebral trauma.

ROCKY MOUNTAIN SPOTTED FEVER

By Carlos A. Pons, M.D.; S. C. De Pons, M.D.; and W. A. Sweet, Ph. D.
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The impression still exists that Rocky Mountain spotted fever and typhus are medical rarities in the Eastern States. The increasing spread of tick-borne diseases makes it imperative that these diseases have more frequent consideration as possible causes in some of the unexplained febrile states, and particularly those associated with a rash, no matter how insignificant this might be.

THE CARRIERS

Only a few years ago, Dermacentor Andersoni, a wood tick limited to the Rocky Mountain region and adjacent areas, was the only known transmitting agent. Now, other ticks of wider distribution, such as the dog tick, Dermacentor variabilis, is a know transmitter of the disease, while the Dermacentor occidentalis of the West Coast, and Rhipicephalus sangineus in the Southeastern States, are unquestionably potential carriers to man. The rabbit tick, Haemaphysalis leporis palustris and Dermacentor marginatus, maintain the infection in nature. Parker is of the opinion that besides these ticks, proven to be actual and potential carriers, other species may be found.

According to Headlee, in New Jersey the following five species act as vectors in the propagation and maintenance of spotted fever in rabbits and many small rodents: the American dog and rabbit ticks, the lone star, the brown dog tick, and the ixoded tick. From these reservoirs the American dog tick infects man.

DISTRIBUTION

The distribution of spotted fever included Idaho, Montana, Wyoming, Nevada, Oregon, California, Washington, Colorado, and Utah. To these there have recently been added New York, Pennsylvania, Maryland, Delaware, Virginia, New Jersey, North and South Carolina, Georgia, Texas, Louisiana, and Oklahoma. Dyer estimates the incidence as not less than 750 cases in the Western area, and 200 in the rest of the country. According to Rumerich, it is probable that the earlier cases of typhus (1926-1930) reported from New York resembled, clinically, Rocky Mountain spotted fever more than any other disease. In this connection, it developed that cases of typhus-like fever occurring in the Eastern States can be divided into two groups epidermilogically. One is a predominantly urban disease of urban origin; while the second, and by far the more frequent, is of rural origin and indistinguishable from Rocky Mountain spotted fever.

THE VIRUS

The Rickettsia constitute a group of mirco-organisms definitely identified with Rocky Mountain spotted fever and typhus. Possibly psittacosis, trench fever, heartwater and dengue fever are due to Rickettsia. These organisms are much smaller than most bacteria, and have a varied morphology, resembling either cocci or bacilli. Although they are gram positive, they are better stained with Giemsa or Wright's stains. Wolbach and Schlesinger have described the cultivation of Rickettsia of typhus and Rocky Mountain spotted fever in tissue plasma. In man, although with difficulty, they may be found in the circulating blood, and in the testes of experimentally infected guinea-pigs, also in the bodies, salivary glands, and eggs of infected ticks.

The filtrability of Rickettsia is of special interest. Rickettsia of typhus, Rocky Mountain spotted fever, Rickettsia Prowazeki and Rickettsia dermacentroxenus are non-filtrable; other Rickettsia are filtrable. The situation is so confusing that Gay prefers to discuss, for the present, some of the so-called Rickettsia diseases in connection with filtrable viruses and vice-versa.

The virus in the case of Rocky Mountain spotted fever is pathogenic for monkeys, guinea-pigs, rabbits, ground squirrels, woodchucks, and man. The virulence of the virus varies considerably, so that the mortality rate may be insignificant or may reach to 90 per cent.

PATHOLOGY

The lesion observed is a proliferation of the endothelium of the arteries and veins of the skin and subcutaneous tissues, accompanied by a perivascular mononuclear infiltration, and by hypostatic congestion of the lungs, splenomegaly, fatty degeneration of the liver cells and congestion of the kidneys.

IMMUNITY

One attack establishes a high degree of immunity. Spencer and Parker have found a 0.5 per cent phenol emulsion of infected ticks highly effective to immunize man and laboratory animals. The serum of typhus and Rocky Mountain spotted fever patients agglutinate certain strains of Bacillus Proteus—Weil and Felix reaction.

CLINICAL FEATURES

The incubation period varies from two to twelve days. The initial symptoms are a chill or chilliness, headache, fever, and prostration. The fever may reach as high as 105° F., and is characterized by morning remissions. The roseolus macular rash appears about the fifth day after the onset. At first it is seen on the wrists, ankles, and back, then it becomes generalized, and by the middle of the second week is definitely petechial, and eventually purpuric. Rumerich, Dyer, and Badger found in 36 per cent of their cases that the spleen is enlarged. Rigidity of the neck with a positive Koernig was observed in 20 per cent. Lesions may occur in the oral and pharyngeal mucosa. The mortality rate is approximately 25 per cent.

DIAGNOSIS

In spotted fever a definite history of tick bite within two weeks prior to the onset was elicited in 50 per cent of the cases; while six per cent of the patients gave a history of having crushed engorged ticks from dogs. In all cases, conditions making tick bites possible existed. The seasonal occurrence, from the latter part of the spring to fall, is of importance.

The blood findings are not characteristic, often a leucocytosis, occasionally a leukopenia. The spinal fluid is normal.

The agglutination test for B Proteus X 19 is found positive in a titre of 1:160 or higher. Male guinea-pigs injected intraperitoneally with about four c.c. of citrated blood from the patient show (1) fever, (2) scrotal swelling which may progress to necrosis. Scrotal swelling may be absent in the less virulent strains. (3) The recovered guinea-pigs develop an immunity to injections with active virus.

DIFFERENTIAL DIAGNOSIS

Endemic typhus, formerly called Brill's disease, is a relatively mild form of typhus. Typhus and Rocky Mountain spotted fever bear such close resemblance that we believe the clinician's responsibility is fulfilled by recognizing the condition as the *typhus-Rocky Mountain spotted fever group*. The two are caused by Rickettsia, and the agglutination test with Proteus X 19 is positive in both.

Immunilogically, the two diseases are different. Animals immune to typhus are not immune to spotted fever, and vice-versa. If a history of insect bite is obtained, it is important to know that epidemic typhus is transmitted by lice, endemic typhus by rat fleas, and spotted fever by ticks. Maxey does not think the bedbug to be a factor in the transmission of typhus.

Spotted fever is more common in the spring and summer, typhus in the late summer and fall. Spotted fever is more common in rural areas.

The association with rat-infected premises can be elicited in 80 per cent of the cases of epidemic typhus.

In the early stages, meningococcus meningitis has to be excluded. The rash may simulate that seen in the secondary stage of syphilis.

TREATMENT

There is no specific treatment. Blood transfusions, particularly from a recovered donor, should be of some value.

PREVENTION

Tick control seems to be impractical. Avoidance of the tick bites, and vaccination, are the only measures offered. The vaccine prepared from infected ticks by the Rocky Mountain Laboratory of the National Institute of Health

at Hamilton, Montana, has been found to be of value. Two two-c.c. doses are given subcutaneously five days apart. The immunity, which lasts approximately a year, is proportionately less effective as the virulence of the infection increases. According to Parker, in areas where mild infections prevail, and the incubation period is prolonged, administration of the vaccine soon after the bite may produce amelioration of the infection. Removal of ticks attached to the body as soon as possible must be stressed, and the inspection of clothing twice a day in those who are exposed to ticks is strongly urged.

REPORTS OF CASES

Case 1

In the early part of the summer of 1936, I was called to do a blood count on an adult male, and noticed the presence of an unusual reseolus maculopapular rash about the face, arms, and chest. He complained of severe headache and fever which lasted approximately ten days. The blood count showed nothing significant. Because of the peculiar course of his disease, a consultant was called, who made a diagnosis of Dermatitis Multiformis.

A few days later, when a Widal was requested, five c.c. of citrated blood was injected intra-peritoneally in a male guinea-pig. In the course of five days or so the animal showed a distinct testicular swelling, and appeared ill. No search for Rickettsia was made. It was planned to send the animal to Dr. Parker, but fear of losing the animal in transit made us decide to ask Dr. Parker for some virus instead. As he anticipated, our control rabbits failed to show any evidence of infection; the virus having lost its potency in transit, it was then impossible to demonstrate immunity in our "recovered" guinea-pig.

No history of tick bite was obtained. Of significance was the fact that the patient owned a dog, and that he had moved to a home that had been closed for many months, with much underbrush about the grounds. No agglutination for X-19 was done.

The patient recovered. This case was of great significance to us. We became interested in the disease, and no doubt gave us better understanding for the recognition of the other cases that soon followed.

Case 2

H. K., a white male, approximately ten years of age, was first seen August 25, 1937, after four days of illness. Because of a rather atypical rash and fever, and enlargement of the lymph glands and spleen, his physician suspected infectious mononucleosis. The rash persisted, but the hematologic findings were negative: W. B. C. 5,500, P. 66, L. 21, M. 13 (no Downey cells), negative heterophile agglutination, negative typhoid, para A & B, and B. Abortus. Because of these findings Rocky Mountain spotted fever was suspected; and on September second, the Proteus X-19 agglutination was positive 1:1240 (National Institute of Health). The rash subsequently became purpuric.

This patient was never acutely ill, and made an uneventful recovery.

The patient had been away from home in a camp near Freehold, N. J., sleeping outdoors in a tent; and when he returned home, the mother noticed five bites in one arm. Whether these bites were produced by ticks is not known. Four or five days after his return from camp, the boy became ill.

Case 3

M. I. On the evening of May 30, 1937, after having picked laurel in the woods adjacent to Allenwood Hospital, her husband removed a tick from her neck. Symptoms began June 6th. Patient complained of chills, fever, headache, pains in the back, neck, and limbs. A rash is said to have been noticed on June 8th. When first seen June 10th, she had a rash on the exposed parts and it was evident the diagnosis rested between Rocky Mountain spotted fever,, meningococcus meningitis, or secondary lues.

The patient was admitted to the Monmouth Memorial Hospital, where she became acutely ill. The rash became purpuric, and after several weeks of illness she was discharged.

Laboratory Findings: On June 24th, Felix Weil was positive 1:1280. Typhoid, para A & B, and B. abortus were negative. Repeated blood cultures were negative. July 2nd, Felix Weil was positive 1:1280 (National Institute of Health). July 20th, Felix Weil was positive 1:1280 (State Laboratory). Blood Wassermann and Kahn tests were negative.

Case 4

M. G., white female, aged nineteen. Onset May 4, 1937, with general body pains, fever, sore throat, severe frontal headache, and chills. A rash appeared May 9th, first noticed on the back of the hands, spreading to the forearms and face. The patient was seen the day of admission to the Fitkin Hospital, May 14th, when she was critically ill, with a temperature of 104.8, and a rash not unlike that seen in secondary syphilis. It was most marked on the arms, forehead, and legs.

After three weeks of sustained fever, the rash, having become purpuric, disappeared, and the fever subsided for a few days.

Accompanied by a fresh crop of the rash, the temperature reappeared and lasted two weeks longer.

Laboratory Findings: May 14th, Hb. 78 per cent, R. B. C. 4,150,000, W. B. C. 13,300, P. 83 (28 unsegmented).

June 7th, Hb. 36 per cent, R. B. C. 2,360,000, W. B. C. 14,800, P. 92.

Three blood cultures were negative; and repeated agglutinations for typhoid, para A & B, and B abortus were negative.

May 21st, Felix Weil positive 1:40; May 25th, Felix Weil positive 1:80; June 9th, Felix Weil positive 1:40.

Cultures of urine and feces for typhoid were all

negative. Repeated blood Wassermann and Kahn tests were negative.

She was discharged June 25th, 1937. We were never able to obtain a history of being bitten by ticks. Patient had a dog which would go in the woods often and bring ticks. The dog was sick just prior to her illness, and while the patient was in the hospital the dog had to be killed.

Case 5

J. L., white male, aged thirty-six. While engaged in searching for blackberries in the outskirts of Lakewood, July 11, 1937, he was bitten by some insect. On July 14th, patient became ill with fever, headache, and malaise. Soon afterwards he developed a rash.

He was admitted to the Fitkin Memorial Hospital on July 20, 1937. He was then irrational, and had a profuse maculo papular rash involving the entire body, including the pharynx. Opisthotonus was present, with positive Koernig sign, the liver and spleen were palpable.

The patient became lethargic and expired July 30th.

Labortory Findings: W. B. C. 8,600, P. 73, L. 25, M. 2. Light cloud of albumen in urine. Blood urea nitrogen 14.2 mg., sugar 123 mg. Spinal fluid, 60 cells per cmm., 90 lymphocytes, 10 endothelial cells. No organisms on smears and culture. Agglutination with typhoid, para A & B, and B. abortus negative. Repeated blood cultures remained sterile.

July 22, Proteus X-19 agglutination positive 1:160 (National Institute of Health). Blood Wassermann and Kahn negative. Male guinea pig, injected with five c.c. of blood, intraperitoneally, developed testicular swelling, and died. At autopsy rickettsia were isolated from the tunica of the testis. This patient received a number of transfusions and adequate doses of prontylin and prontosil from June 21st to June 28th.

Cases 6 and 7

Mr. and Mrs. A. H. Their illness began suddenly on July 11, 1938, with headache, nausea, vomiting, chilliness, and fever. Typhoid or para typhoid infection was suspected.

The patients were first seen July 14th at the Fitkin Memorial Hospital. Mr. H. was too ill to give a history. He had a scanty, atypical rash, most marked on the back and buttocks.

Mrs. H. had a very suggestive extensive rash; and on asking her, "When were you bitten by a tick?", she replied, "I was not bitten by a tick, my husband removed a tick from me a few days previous to my illness." She did not recall having seen her husband crush the tick.

Mr. H., who worked in the gravel pits of Monmouth County, had a sustained temperature of 104, with evidences of profound toxemia. Laboratory findings: W. B. C. 12,200, P. 85 (54 unsegmented) on July 11th. July 18th, W. B. C. 16,900, P. 92 (32 unsegmented). July 17th, Felix Weil positive 1:800. Several agglutinations for typhoid, para A & B, and B. abortus were all negative. Feces for typhoid negative. Sedimentation rate 13 mm. in 45 minutes. Two blood cultures sterile.

Mr. H. died on July 19, 1938.

The history of the case of Mrs. H. was as follows: Her temperature fluctuated between 104.4 and 102 for several days; later it became sustained at 104. Her outstanding complaint was headache; but later on myocardial weakness was the main feature.

The rash, which was first seen July 14th, 1938, was most extensive but discreet. It involved the palms and soles of extremities, trunk, abdomen, and face. Subsequently it became purpuric, disappeared and reappeared. During her illness she had nine transfusions.

Labortory findings: July 11th, W. B. C. 6,600, P. 72 (26 unsegmented), L. 24. July 19th, W. B. C. 6,800, P. 90, L. 10. July 25th, W. B. C. 11,400, P. 86. July 16th, sedimentation rate, 43 mm. in 45 minutes. Several blood cultures were sterile. Repeated agglutinations for typhoid, para A, para B, and B. abortus, were negative. July 17th, Felix Weil was positive 1:80; July 22nd, Felix Weil positive 1:200; July 29th, Felix Weil positive 1:640; August 5th, Felix Weil positive 1:3200.

The patient died on August 5th, 1938.

Parker, in discussing prophylaxis, says: "Exceptional care should be used when two persons occupy the same bed. If an infected tick becomes detached from one and attached to the other, infection of the later may take place quickly, because the virus has already become reactivated. Instances of double infection are far from uncommon."

EPIDEMIOLOGIC INVESTIGATION
BY W. A. SWEET, PH.D., HEALTH OFFICER, MONMOUTH COUNTY

Field investigations carried out during 1937 showed that ticks have been present for some years in the wooded sections of Monmouth County; and that the ticks up to the present time had not been infected. Inquiry from the Department of Agriculture, and the State Fish and Game Commission, disclosed the possibility that two sources of animal hosts for ticks had been recently imported. The records indicate that the following number of animals were shipped from primary or assembling points into New Jersey,—6698 head from Illinois, 5151 head from Minnesota, 1598 head from Missouri. These cattle were shipped under the direction of the Agriculture Adjustment Administration, and were sent for immediate slaughter. Apparently they were killed within a few days after delivery to the packing centers. It is stated that no cattle were shipped into Monmouth or Ocean Counties under the

drought adjustment work. However, the following shipments were made into New Jersey pasture areas, i. e., the livestock were shipped from the West into the East and pastured for some time, and then transhipped to New Jersey plants. These shipments were made in the late Fall or Winter of 1934,—4981 head from Maine, 1636 head from Kentucky, 311 head from Arkansas, 7579 from North Carolina, 7869 head from South Carolina, 254 head from Minnesota, 976 from Tennessee. Of these 13,447 head shipped for slaughter and 23,606 head shipped for temporary pastureage before slaughter, 16,424 head of cattle are listed from three states that Dr. R. E. Dyer of the U. S. P. H. S. suggests are among those in which recent human cases of Rocky Mountain spotted fever have been reported. It is logical to suppose that ticks upon cattle shipped in from North and South Carolina and Tennessee might well be one source of infected ticks in New Jersey.

It was further learned that the New Jersey Fish and Game Commission undertook some years ago the stocking of our woods with rabbits to improve the native Jersey rabbit. That this was undertaken prior to 1926 is not admitted, but it is acknowledged that 10,000 rabbits from Missouri were released in New Jersey in 1926. One thousand two hundred sixty-six rabbits were released in Monmouth County in 1936, and 1618 rabbits were liberated in Monmouth County in 1937. It is known that these rabbits were shipped from Missouri, and they were released in January and February of each year. It is interesting to note that on May 19, 1936, a case of tularemia was reported in a twenty-year-old local resident of Monmouth County following the handling of a rabbit maimed by a family dog owned by the patient.

It is further admitted by the State Fish and Game Commission that fifty-nine rabbits were released in the vicinity of Manasquan and Point Pleasant in 1937, and eighteen rabbits in 1936. These are the areas where two of the four cases of spotted fever, acknowledgedly due to tick bites, were exposed in the summer of 1937.

It is possible that both these animal hosts of ticks,—domestic cattle and rabbits,—are responsible for the transfer of infected ticks in Central New Jersey. It seems likely the cattle might have been a vehicle of transfer from the standpoint of necessity to remove large numbers of animals promptly, thereby interfering with proper methods of disinfestation. It also is possible that rabbits were not entirely disinfested before shipment and release. It is hoped the attempts to prove the rabbit in New Jersey to be one host to infectious tick parasites be carried out. Undoubtedly local wood and dog ticks are now infectious in Monmouth and Ocean Counties.

SUMMARY

Seven cases of Rocky Mountain spotted fever from Monmouth County are reported; and in all the cases the infection was contracted in this locality. Six additional cases in which Rocky Mountain spotted fever was suspected were eliminated on the basis of single negative Weil Felix reaction. There is reason to believe that with repeated agglutination tests and animal innoculations, the diagnosis might have been confirmed in some.

Unless the clinicians become thoroughly familiar with the disease, and insist on more corroborative laboratory data, cases of typhus and Rocky Mountain spotted fever are going to be mis-diagnosed. As in typhoid, the agglutination test may be positive in the absence of infection; and conversely it may be negative in the presence of infection.

Finally we believe that Rocky Mountain spotted fever is such a clear-cut clinical entity that the diagnosis on purely clinical manifestations is justifiable, under some circumstances.

We wish to thank Drs. Albright, Featherston, Jordan, Maher, Pregnall, and Quirk for allowing us access to their cases.

501 Grand Avenue, Asbury Park, N. J.

CEREBRAL HEMORRHAGE IN THE NEW-BORN

MATERNAL WELFARE ARTICLE NUMBER THIRTY-ONE

By William Shanik, M.D., Asbury Park, N. J.

When one considers the hazards of the fetal head in its passage through the birth canal, it is surprising that there is not a more frequent occurrence of intracranial injuries, the most serious of which is *hemorrhage*. It is difficult to estimate the exact incidence of intracranial hemorrhage in the new-born, for there are naturally many gradations of bleeding. In some the bleeding may be so slight that the symptoms are few and fleeting, while in others it may not manifest itself until later in life, as the end results of hemorrhage into vital areas of the brain, producing mental deviations and motor incoördinations. Statistics as gathered from large clinics estimate that it occurs in about one per cent of all deliveries, and is found in about 40 per cent of all autopsies in still births.

CAUSES

Such bleeding can sometimes be of spontaneous origin, as is seen in normal, rather easy labors; or more likely traumatic in nature, as for instance where there has been a disproportion between the head and the pelvis, or in operative vaginal deliveries, either by forceps or version. In the latter cases the bleeding follows either compression of the underlying sinuses, or the tearing of the tentorium along the free edges.

Other causes include the hemorrhagic diseases of the new-born, or the hemorrhage which results from intracranial asphyxiation. Occasionally it is difficult to say whether the bleeding is of traumatic origin, or the result of a hemorrhagic diathesis, especially when the onset of symptoms occurs late, as on the third or fourth day.

The symptoms naturally are variable, depending on the site and degree of bleeding. Subdural bleeding is the most common form but not as serious as, for instance, hemorrhage into the ventricles, which, fortunately, is rather infrequent. Usually the symptoms come on within the first few days, and may include restlessness, convulsions, twitchings, high-pitched cry, inability to nurse, vomiting, irregular pupils, cyanosis and fever, rapid pulse and respirations, tense fontanels, and signs of local irritation. Oftentimes one is able to venture an opinion as to the location of the bleeding by the onset and the character of the symptoms. The earlier the symptoms occur, the more serious is the bleeding. With almost immediate symptoms, especially where the child is apathetic, cyanotic, breathing irregularly, and shows a bloody spinal tap, *subtentorial* bleeding should always be suspected, while, if the symptoms come on later, in the form of convulsions, twitchings, bulging fontanels, and a clear fluid, *subdural* bleeding is generally the cause. These cases do not always terminate fatally. Some apparently recover entirely but, nevertheless, even in these seemingly recovered cases, there has been irreparable damage which may assert itself in the years to come, in impaired mentality, epilepsy, paralysis, etc.

Since convulsions are one of the prominent symptoms of cerebral bleeding, may I call attention to a condition which also has convulsions as its outstanding symptom, namely, *tetany*. Tetany of the new-born occurs more frequently than is generally appreciated; and since its treatment is radically different from that of cerebral hemorrhage, requiring calcium as a specific therapy, one must not lose sight of this symptom complex. In many respects it simulates hemorrhage because of a cerebral edema with its resulting pressure symptoms, but it has also other characteristic symptoms like laryngospasm, carpo-pedal spasm, or generalized edema.

TREATMENT

The treatment of cerebral hemorrhage should be mainly directed at its *prevention*, which means a more enlightened guidance of a case in labor, which may call for the least amount of interference, or assistance at such a time when a more prolonged labor would be injur-

ious to the child. All operative vaginal deliveries impose additional trauma to an already vulnerable cranium, weakened by hours of vigorous uterine contractions, so that unless the indication for interference is tenable, one should exercise much restraint in the management of cases in labor. This warning of unnecessary artificial deliveries should be timely, since there is a growing desire on the part of men trained in the art of obstetrics and, unfortunately, men not as well trained, to render labor not only free of pain, but materially reduced in time. This limitation by men unskilled in the intracacies of these obstetrical procedures can only mean aggravated risks to both mother and child. A "hands off" policy is especially applicable to the management of a *premature* labor, where the cerebral vessels are abnormally fragile and extremely susceptible to slight trauma.

As to the actual treatment of cases of intracranial hemorrhage, one cannot lay down hard and fast rules that would be applicable to all cases. In general, efforts should be made along the following lines:

1. Avoid all unnecessary manipulations, especially when trying to resuscitate an asphyxiated baby. All these heroic maneuvers, like suspending the baby by its feet, spanking, Schultze swinging, etc., will accelerate intracranial bleeding.

2. Prompt intramuscular injections of either maternal or paternal whole blood will aid in the coagulability of the blood.

3. Treat individual symptoms as they are encountered,—spinal punctures in order to relieve the increased intracranial pressure, besides aiding in the diagnosis; inhalations of carbon dioxide-oxygen as a respiratory stimulant in cyanosis; warmth for protection against loss of bodily heat, etc.

415 Sunset Avenue

A LESSON FROM A DEATH CERTIFICATE

NUMBER THREE

By A. W. Bingham, M.D., East Orange, N. J.

CASE I.

Hospital delivery. Para ii. Labor and delivery normal. There was no unusual bleeding noted. The patient was returned to her room in good condition, and was seen by doctor a half hour after delivery. The nurse who was assigned to watch the fundus left the room, and when she returned after half hour, the patient was almost exsanguinated and died before treatment could be instituted.

CASE II.

Home delivery. Para vii. Moderate labor, normal delivery. The patient became very restless, pale, and pulseless. She was given pituitrin and an ergot preparation, but expired forty-five minutes after the baby was born.

The mortality rate for puerperal hemorrhage is too high in New Jersey. Patients should be watched by some trained person for a longer period following delivery. In a hospital, the supervisor should palpate the fundus before the patient is left with a pupil nurse. In the home, the doctor should remain one hour at least, unless there is a good trained nurse on the case. The fundus must be carefully watched. When hemorrhage occurs or might likely occur, as after an exhaustive labor or in multigravida, the uterus should be packed with iodoform gauze more frequently. Use the metal packer.

Uterine packing in all doubtful cases will save much loss of blood, and often the loss of a life. It should be used in the following cases:

1. In post partum hemorrhage not completely controlled.

2. After exhaustive labor, or in multigravida.

3. Following placenta previa deliveries (routine).

4. Following a premature separation of placenta deliveries (routine).

THE PRESIDENT'S PAGE

NUMBER SIX
THE FIRST TRIMESTER OF THE ADMINISTRATION

By William J. Carrington, M.D., Atlantic City, N. J.

An Address to the Welfare Committee on October 2nd, 1938.

This meeting of the Welfare Committee of The Medical Society of New Jersey marks the passing of the first trimester of the current administrative year. Let us review briefly what has been accomplished, and consider what remains to be done.

The summer vacation months have always been months of comparative inactivity in the component county societies. Of the twenty-one county medical societies, only seven meet in June, two in July, none in August, and seven in September. With the coming of Indian Summer, county societies cast off inertia, and enter into their most productive period. However, the officers of the county societies have been more active this summer than ever before. This activity is a reflex response to economic and political stimuli. Organized medicine must be alert, or else it will perish.

A. M. A. SURVEY OF MEDICAL SERVICES

This summer each county society completed difficult forms No. 1 and 2 of the State Survey of Medical Needs. Forms No. 3-9 inclusive have been filled in for the county societies where possible by Dr. Wilkes and his staff in Trenton, and have recently been sent to the county societies for completion. Let us finish this job in October. We must have this data before Congress convenes.

It is planned to supplement this survey by three spot surveys, and form 1-F for the October period has been sent to each county, one for each member. Please see that these are completed and returned this week. These spot periods are to be in October, January, and June. It is necessary that these supplemental forms be filled. Without them, the medical survey will not withstand attacks that are certain to be made by the proponents of federalized medicine. In the coming battle for the preservation of the private practice of medicine the 1-F forms are as essential to us as ammunition is to an army.

TRAINING CONFERENCE

This summer every county was represented at a training conference held by the State Society for county society officers in Trenton on September 11th (Journal, October, 1938, p. 632). This training conference was the first of its kind ever held by any state medical society for officers of its component societies, and by all means it should be made an annual event. We may expect improvement in its program each year.

OUTLINING THE YEAR'S PROGRAM

This summer many county executive and other committees met and planned work for the year. We may therefore look forward to a fall and winter of unusual county society activity. That day is gone forever when the leaders of a county society "catch as catch can", and consider their work well done when they have secured their quota of interesting and instructive scientific speakers. Almost without exception our county societies have outlined a comprehensive winter program of activities.

What about our State Society? There has been no summer let-up. The administration was scarcely two weeks old before the Welfare Committee and each of its various ramifying sub-committees, with a personnel of almost two hundred, met in Trenton on June 5th, and adopted programs of which your officers are justly proud, and which are being printed seriatum in the current issues of the Journal. The Trustees have already held three meetings, and the President's Cabinet four.

ANNUAL A. M. A. MEETING

The Medical Society of New Jersey was well represented by its full delegation at the annual meeting of the American Medical Association

in San Francisco on June 13th. Heretofore, reports of our delegates have been made to the annual meeting of our State Society, often eleven months later. This year each delegate made an immediate report not only to the Trustees, but to our membership at large through the pages of our Journal (Journal, July, 1938, pp. 439-444).

NATIONAL HEALTH CONFERENCE

Perhaps the most significant medical meeting of modern times was the *National Health Conference* held in Washington on July 18. (Journal, August, 1938, p. 503.) The meeting was not called by medical men; and neither the A. M. A. nor The Medical Society of New Jersey was officially represented. Several of the officers of the A. M. A. were in attendance, and our own Dr. Julius Levy was a participant. The program was prepared beforehand, and the practicing physicians of America—the 140,000 doctors—were given no opportunity to formulate or even modify the plans which are likely to be presented to the next Congress.

SPECIAL MEETING A. M. A.

On September sixteenth a special session of the House of Delegates of the A. M. A. was held in Chicago to consider the recommendations of the National Health Conference. New Jersey was represented by its four delegates, and six observers. (Journal, October, 1938, pp. 614-624.) After calm, thoughtful deliberation, the House of Delegates drew up its own policy relating to the five recommendations of the National Health Conference. These five A. M. A. recommendations are almost identical with the progressive policies formulated by The Medical Society of New Jersey several years ago. The complete proceedings of the special session of the House of Delegates appeared in the Journal of the A. M. A. of September 24th. In the October issue of the Journal of The Medical Society of New Jersey (page 614) your President has compared in parallel columns the proposals of the National Health Conference and those of organized medicine. Later this afternoon you will hear from some of the representatives of New Jersey at this epochal meeting of the House of Delegates.

It would appear that the differences will be settled by ballots; and that, therefore, the next session of Congress will be exceedingly important to medicine and the public. It is essential at this time that intellectually independent men and women be chosen to represent us as Congressmen in Washington and as legislators in Trenton.

So much, in brief, for a résumé of the first trimester.

FUTURE TASKS

What remains to be done? In the light of recent kaleidoscopic developments in Washington and Chicago, there are four major tasks ahead:

1. To expand and coördinate public health service in maternal and child health, tuberculosis, venereal diseases, pneumonia, and mental and industrial hygiene.

2. To expand hospital facilities where needed; to correct hospital abuses where found; and to further hospital insurance plans where actuarilly sound.

3. To recapture the universal respect the public once had for our profession.

4. To preserve the American form of the private practice of medicine for rich and poor alike.

1. EXPANSION OF PUBLIC HEALTH SERVICES

The public received the pronouncement of the National Health Conference as original contributions to the welfare of mankind. The first proposal of the conference is to expand public health service in maternal and child health, tuberculosis, venereal disease, pneumonia, mental and industrial hygiene, and malaria. With the exception of malaria, which is no great problem in New Jersey, that has been exactly the program of The Medical Society of New Jersey ever since 1935 when the Social Security Act became a law. For years our Welfare Committee and its sub-committees have been the spear-head of organized medicine in the attack upon these diseases. Organized medicine is heart and soul in favor of expanded public health service, provided that money is not wastefully expended; that funds shall be expended, as we have been doing in

New Jersey, by the State with the approval of the local medical society, and not by remote control from Washington; and further provided that Government expenditures for treatment be limited to those who cannot be treated by general practitioners, and to those who cannot pay.

2. EXPANSION OF HOSPITAL FACILITIES

To expand hospital facilities where needed, to correct hospital abuses where found, and further hospital insurance plans if actuarilly sound. In New Jersey the need of additional beds in hospitals is not a pressing one. In this State there are 167 hospitals with 42,042 beds; and 2,190 bassinets with an average occupancy of 72.2 per cent. For years the State Society has been attempting to correct hospital abuses. As yet, The Medical Society of New Jersey has not gone on record favoring the abolition of therapeutic clinics. Personally your President favors the retention of clinics and outpatient departments only as *diagnostic centers* to which physicians may refer patients of the indigent and low-wage groups for diagnosis, and for such special treatments as are unavailable elsewhere.

The Medical Society of New Jersey has long favored *hospital insurance* plans. The first plan of this kind was put into operation in Newark. We are opposed to compulsory health insurance because it is subject to political control and manipulation.

3. RESPECT BY THE PUBLIC

To recapture the universal respect which the public once had for our profession. Your patients and mine swear *by* us as individual doctors, but swear *at* organized medicine. The Public Relations Committee of this State is turning out a fine job worthy of emulation by each of our component county societies. On July 23rd, 1938, for the first time, the anniversary of the founding of The Medical Society of New Jersey was observed. The officers of the Society and some of the Fellows and committeemen spoke from every radio station in New Jersey. These radio addresses and articles in every newspaper in the State were of real assistance to our Committee on Public Relations. In each anniversary message an appeal was made to the public asking for the name and address of anyone in the State who could not receive adequate medical care. To date these repeated appeals have resulted in 122 letters. These letters have been referred to the various county societies, and almost without exception show that adequate medical care is available, although some patients do not know where to find it. One hundred twenty-two letters out of more than four million people in New Jersey! This casts reasonable doubt over the statement that one-third of the population is without adequate medical care.

4. LEGISLATION

The fourth major task ahead is to preserve the American form of the private practice of medicine for rich and poor alike. I believe the next session of Congress will decide this question. Our duty is clear. It is to see that intellectually independent men and women are sent to Washington and Trenton. The forty-two candidates for Congress in New Jersey were sent a questionnaire by your President. This questionnaire and the summaries of those who won in the primaries are printed in the October issue of the Journal, pages 627 and 643.

The Legislative Committee of The Medical Society of New Jersey is planning similar studies of the attitudes of candidates for the State Legislature.

Inter-county medical meetings are being arranged in each of the five Councilor Districts by the Councilor, or by a member of the Cabinet. The primary purpose of these meetings is to establish contact with the newly elected Assemblymen, Senators, and Congressmen.

FIRST CLINICAL SESSION OF THE STATE SOCIETY

The economic problems which confront organized medicine are becoming progressively more urgent, and are shoving the scientific problems into the background. However, medical men of New Jersey are anxious to keep abreast of modern advances in diagnosis and

technic. In order to meet this demand, the First Clinical Session of The Medical Society of New Jersey will be held in Newark, Thursday and Friday, October 6th and 7th. As Moslems turn to Mecca, so hundreds of doctors of New Jersey turn this week to Newark, the goal of a glad pilgrimage. The Essex County Medical Society and the eighteen hospitals of Essex County have arranged a scintillating program, as colorful as a painter's palette. Any doctor in New Jersey can visit his emergency cases at home Thursday morning and drive to Newark, spend Thursday afternoon, Thursday evening, and Friday in ward walks, clinics and lectures on almost any phase of practice, and can have epitomized for him the most recent advances in any branch of medicine, and return home Friday in time to see his sick patients. (For report, see p. 678.)

COMMITTEE MEETINGS

Any society is as strong as its committees. Everyone of the thirty-four committees of The Medical Society of New Jersey is active, and has prepared a program of activities which merits lavish praise. You are familiar with the dates and places of the meetings which are yet to be held, for they are announced each month on the first six pages of the Journal. Today, and at subsequent meetings of the Welfare Committee and through the columns of the Journal, you will learn the details of these programs.

In closing, let me thank each of you for being here and for the unselfish contribution of your time and talents to the profession and to the public. Thanks to your leadership, the profession in New Jersey is marching toward definite goals in solid, unbroken phalanx.

COMMITTEE OBJECTIVES

OBJECTIVES OF THE COMMITTEE ON INDUSTRIAL INJURIES AND OCCUPATIONAL DISEASES

By J. Irving Fort, M.D., Chairman, Newark, N. J.

During the past few years organized medicine has become more intensively active in public health problems. Our State Society has always assumed a leadership in this field. President Carrington, in formulating his program for this year, appointed a Committee on Industrial Injuries and Occupational Diseases.

The purpose of this committee is to obtain information and data on the health conditions which obtain in industry, in order that it may gain a clear concept of the problems for the improvement of the physical well-being of a large number of employees in this State. With this prospectus in mind, the committee was organized with the following objectives:

1. Statistical information will be obtained about the prevalence of accidents, and the predominant type and mode of production of injury. Investigation will be made of the safeguards provided by industry for the prevention of accidents and disease.

2. A study will be made of the occupational diseases, both those that are now compensable and the innumerable others which directly and indirectly arise from employment.

3. The committee will carefully consider the question of employment of the mentally and physically unfit in occupations where their disability renders them more liable to accident or to the danger of contracting disease.

4. In coöperation with the Committee on Venereal Disease Control, a study will be made of the prevalence of such disease among the employed.

5. The great question of preëmployment physical examination will be considered from the viewpoint of protection to both the employee and the employer.

It is apparent from this outline of purposes that investigation will be necessary over a considerable period of time, in order to obtain sufficient data on which to base conclusions and recommendations.

A large amount of information must be obtained from our own Society members, especially those who in their practice render service to employees in the large plants and industrial organizations of our State. Other facts must be obtained by coöperation with the Department of Labor. Machinery has been set up to obtain information and statistics from these sources.

The committee would therefore ask each physician to offer any information and knowledge that he may have from contact with his patients, which will aid in the research work in industrial health.

THE PNEUMONIA CONTROL PROGRAM

By Robert A. Kilduffe, M.D., Chairman, Atlantic City, N. J.

The importance of pneumonia as a disease has long been too well recognized to require further emphasis. As an inescapable corollary, the importance of measures aimed at its control become equally obvious. Nor is there any necessity to labor the point that an essential preliminary to the successful attack upon any disease is a recognition of its existence,—its *diagnosis,*—coupled with an understanding of its cause and the underlying mechanism responsible for its manifestations.

As a result of modern developments in the study of pneumonia, it is now apparent that diagnosis by clinical signs, while establishing the presence of the disease, will not alone suffice for the institution of successful therapy. For specific therapy,—*serum therapy,*—because of the biologic specificity which makes it successful, must be adjusted to the particular strain of pneumococci responsible for the disease in the particular patient.

TYPING

In the serum therapy of pneumonia it is essential to success, not only that the disease be first established as a *pneumococcic* pneumonia, but also that the particular strain of pneumococci be definitely identified. *Hence the sine qua non of serum therapy in pneumonia is pneumococcus typing. Every* case of pneumonia must be typed! There should be no exception to the rule that *the existence or the suspicion of the existence of pneumonia is an indication for typing of the sputum.*

Even if, unfortunately,—and, in the light of present knowledge, somewhat unjustifiably,—there should be doubt or apprehension associated with serum therapy, the sputum in pneumonia should still be typed. For only through the information thus acquired can we learn the incidence and type distribution of pneumonia in this State. And, of course, where serum therapy is contemplated,—as it should be,—typing is essential to indicate the proper serum to be used.

EARLY TREATMENT

As everyone knows, an essential factor in the determination of the success or failure of serum therapy in any disease is the stage of the disease in which it is instituted,—the earlier, the better and the greater the chances of success. Pneumonia is no exception to this rule; on the contrary, it exemplifies it in the highest degree. Therefore, type the sputum *early* in the disease!

And as every laboratory worker knows, and every physician should appreciate, the germ of success or failure in laboratory procedures lies in the proper selection of the specimen for examination.

Saliva, mouth secretions, mucus "hawked up" from the nasopharynx are *not* sputum. They may, it is true, contain pneumococci, for these organisms are almost ubiquitous in the upper respiratory tract; but the strain of pneumococci in the upper respiratory tract need not be,—and, indeed, often is not,—the strain responsible for the lesion in the lung. Typing may be successful from such material, but it may lead to fallacious clinical inferences and useless serum therapy.

The material for clinically significant typing must be *sputum,*—not material spit up or hawked up, but material *coughed up* from the bronchi. Unless specific instructions are given to patient and nurse, and unless careful supervision is exerted by the physician, laboratory results may be fallacious and valuable time lost.

STATE SOCIETY ACTIVITIES

THE FALL CLINICAL CONFERENCE

The Clinical Conference conducted by The Medical Society of New Jersey on October sixth and seventh was a two-day meeting devoted to scientific problems of a clinical nature. The task of providing the clinical material and the instructors was accepted by the Essex County Medical Society.

1. GENERAL DESCRIPTION

The conference was in charge of a general committee of physicians consisting of:

William Gauch, Chairman

H. C. Barkhorn	McDede
L. G. Brown	J. C. Mahey
J. F. Condon	B. O'Connor
J. J. Connolly	G. Payne
M. Danzis	B. B. Ranson
A. F. DePalma	E. Smith
R. Dieffenbach	E. H. Snavely
A. F. Dowd	R. F. Tomec
W. P. Eagleton	J. E. Toye
W. D. Gutowski	E. G. Wherry
B. B. Harman	E. Willan
E. Z. Hawkes	M. H. Greifinger

The sub-committee in charge of the clinical program was:

Benjamin Saslow, Chairman

A. Crecca	D. W. Marquis
J. Echikson	H. Murray
B. E. Failing	W. Nyiri
W. Goldstein	A. Parsonnet
J. Gray	W. B. Ripley
S. Hawkes	H. E. Smith
F. Hosp	H. G. Smith
E. Katzin	R. E. Wright
L. Noll	S. Z. Hawkes

The committee of the Woman's Auxiliary was headed by Mrs. H. N. Comando.

Eighteen hospitals and medical centres provided the meeting places and the clinical material for demonstration; while two hundred leading practitioners responded to the call for teachers and instructors. The trustees and managers of the institutions were generous hosts to the physicians who attended the sessions.

The Academy of Medicine of Northern New Jersey provided the facilities for registering the physicians who attended the sessions and demonstrations, while members of the Woman's Auxiliary to the Essex County Medical Society acted as registrars and dispensors of information; and the members of the Essex County Medical Society provided the means of transporting the visiting doctors to the eighteen hospitals and teaching centers, which were located in Newark and its environs.

A feature which was greatly appreciated was the action of the city officials in relaxing the parking regulations for the doctors whose automobiles bore the "Stickers" of The Medical Society of New Jersey.

The managers of the Essex House deserve warm recognition for their provision for the comfort and ease of the doctors who came to the banquet or remained in the city over night.

The newspapers also deserve the thanks of the Society for their descriptions of the events at the Clinical Conference.

Finally, the members and officers of the Essex County Medical Society deserve the warm praise of the attending physicians for their efficient preparation for the conference, which was an untried innovation.

EVALUATING THE RESULTS

To evaluate the response of members of The Medical Society of New Jersey to the conference is difficult, for doctors are not responsive to requests to register their presence at medical meetings; but they come and go without ceremony. Moreover, the nurses and clerks who were assigned to count the visitors were handicapped by their inability to recognize the identities of the visiting doctors.

Over 200 doctors returned their reply postcards; but the best record of the attendance at the conference was obtained by Mr. Donald S. Benson, the assistant to the Chairman of the Committee on Public Relations, Dr. J. H.

Kler. Mr. Benson canvassed the several centers of instruction and obtained as definite figures as possible. In some of the centers those who kept track of the attendance could not be located; but the records which he was able to obtain regarding the number of visitors was as follows:

1. Approximately 1000 physicians attended one or more of the sessions.

2. Three hundred physicians attended the sessions at the Beth Israel Hospital, of which 100 were served at luncheon.

3. Between 250 and 300 physicians were present at the Presbyterian Hospital.

4. The City Hospital was host to between 75 and 100 physicians.

5. Sixty-five physicians attended the sessions at the Babies' Hospital. (This is evidently an underestimate.)

6. Between 85 and 90 physicians attended the clinics at St. Michael's Hospital.

7. Between 125 and 150 doctors were present at St. Barnabas' Hospital.

8. St. Mary's Hospital, Orange, was host to about 25 to 30 physicians.

9. The Homeopathic Hospital, East Orange, received between 50 and 75 visitors.

10. The Newark Eye and Ear Infirmary was the only center which kept a list of the registered, which numbered 40; but at least 35 other physicians attended who did not register.

11. The Newark Memorial Hospital reported that 23 physicians were present.

12. Mountainside Hospital, Montclair,—40 visitors.

Adding up the minimum number of doctors who were present at the several hospitals at which records were kept showed that a total of at least 890 were present. This is about the same number of members (869) who registered at the Annual Meeting of the State Society in Atlantic City on May 17, 18, and 19, 1938—and this was the largest attendance of members at any annual meeting.

Judging by this statistical record, the Clinical Conference was eminently successful.

2. DR. MARTLAND'S LECTURE

The only general meeting during the conference was held in the Academy of Medicine on the afternoon of Thursday, October 6, when an audience which filled the large auditorium was entertained as well as instructed for two hours by Dr. Harrison S. Martland, Professor of Forensic Medicine, New York University; Chief Medical Examiner, Essex County; Pathologist, Newark City Hospital.

Dr. Martland showed stereopticon pictures illustrating the several types of causes of accidental deaths which were investigated by him as Chief Medical Examiner of Essex County. His descriptions were models of clearness and conciseness, and also of homely humor, and gave one an idea of the immense amount of pathological and legal material with which he deals.

3. THE BANQUET OF THE CLINICAL CONFERENCE

Over two hundred guests attended the dinner held at the Essex House in Newark during the Clinical Conference of The Medical Society of New Jersey, on Thursday evening, October 6, 1938, at 7:30 o'clock.

The entertainment committee in charge of the banquet consisted of:

Harrold A. Murray, Chairman

M. W. Bergman	H. P. Miller
J. Bernstein	C. Morris
F. A. Bien	J. R. Pavia
J. H. Brothers	T. M. Pascall
J. L. Buckley	N. L. Pollis
A. J. D'Alessandro	R. E. Remondelli
W. DiGiacomo	O. H. Roth
P. Grossblatt	A. Sasso
A. R. Heller	R. H. Staehle
C. B. Henle	H. Taff
G. A. Holland	J. J. Torppey
E. T. Lawless	R. E. Wolf

ADDRESS OF DR. GAUCH

Dr. William Gauch, of Newark, General Chairman of the Committee on the Conference, welcomed the doctors, and said that the fine attendance was the best assurance that the first experiment of a Clinical Conference would be a success.

ADDRESS OF DR. KRAKER

Dr. David A. Kraker, of Newark, President of the Essex County Medical Society, was the first speaker of the evening. Dr. Kraker said that the Clinical Conference came into being, and that it was the idea of Dr. William J. Carrington, President of The Medical Society of New Jersey, who, while he appreciated the fact that the regular annual meeting of the State Society was devoted in large part to the administrative and economic phases of medicine which has been and is now of very great

importance to the profession, yet he felt that it would be well if the section meetings could be supplemented by another general meeting which would be devoted entirely to *clinical work*.

Dr. Kraker said that Dr. Carrington felt that the enormous amount of clinical material available in the State was hardly appreciated by the membership of the Society as a whole, and that the outstanding importance of New Jersey in scientific medicine was not to be overlooked. This conference is to be a demonstration of the clinical opportunities which prevail in the State; and Essex County, with its extensive hospital facilities, was chosen to sponsor the first experiment in clinical meetings, whose programs, conducted in eighteen centers, with 200 speakers, filled ten pages of the Journals of August and September.

Dr. Kraker spoke of the considerable amount of material assembled as a result of the work of the General Committee, of which Dr. Gauch was the head, and of the efforts of the committees and their chairmen. Dr. Benjamin Saslow, of Newark, was the head of the Program Committee; Dr. E. Zeh Hawkes, of the Reception Committee; and Dr. Harrold A. Murray, of Newark, of the Committee on Entertainment.

Dr. Kraker compared the program which had been assembled with those which were arranged in the big medical centers of New York and Philadelphia, and said that New Jersey in spite of its lacking a medical school, had developed its clinical facilities to a high degree.

ADDRESS OF PRESIDENT CARRINGTON

Dr. W. J. Carrington, of Atlantic City, President of The Medical Society of New Jersey, was the next speaker. He thanked the members of the Essex County Medical Society, and of the Academy of Medicine of Northern New Jersey for their hospitality, and for the excellent program which they had arranged. In appreciation, Dr. Carrington presented the Essex County Medical Society with a brass plaque, with the following inscription:

"The Medical Society of New Jersey is grateful to the Essex County Medical Society for its hospitality and courtesy, and for the excellence of its clinical demonstrations held during the First Clinical Conference of The Medical Society of New Jersey, on October 6 and 7, 1938."

Certificates expressing the gratitude of The Medical Society of New Jersey, and signed by Dr. Carrington as President and Dr. Alfred Stahl as Secretary, were presented to the eighteen participating hospitals and medical organizations by Dr. Carrington, and were received on their behalf by Dr. Gauch.

The text of Dr. Carrington's formal address will be printed in a future issue of the Journal.

ADDRESS OF DR. GEORGE DRAPER

Dr. George Draper, Associate Professor of Clinical Medicine, College of Physicians and Surgeons, Columbia University, New York, spoke on "What's the Matter with Medicine?"

Dr. Draper limited his talk to two main conditions:

First, is the tendency to neglect the detailed study of "The man within the patient", because the laboratory is thought to express a more scientific approach.

Second, the necessity of educating the public about modern accomplishments in medicine, and the continued research which is being carried on by the medical profession.

Dr. Draper said that for a long time, down to half a century ago, a serious defect in medicine was insufficient knowledge and inadequate methods among physicians. But during the last twenty years there has been a great advance in medicine as a result of the pure sciences being brought to the bedside. He felt that it is necessary to inform the public regarding the progress that has been made in medicine, with the result that debilitating diseases which usually progressed to an incurable stage years ago are now coming under control by preventive, as well as curative, measures. Dr. Draper felt that the doctors know all about this, but if medical research is to continue and cures for diseases such as infantile paralysis are to be found, these facts would have to be brought to the attention of the public, so that funds could be had to continue the yet ever-increasing amount of investigation that is still to be done.

Dr. Draper, in reviewing the other fault with medicine, said that the fascination of working with instruments of precision tends to draw the doctor's interest away from the patient as an individual. He pointed out that medicine is the most *personal* service that can be given; and therefore the patient has to be considered as an individual first, and that the doctor must learn the differences between individual hu-

man being in order that the first impact with a patient would be that of confidence, rather than fear. To make the patient feel that the doctor knows more about him than he does about himself is what the sick person wants. "Even though you may later give him the mechanized treatment," Dr. Draper said, "First know the patient, and then observe him constantly, for more can be learned from direct contact and observation than from impersonal records and charts."

Dr. Draper concluded by saying that to ignore these fundamentals will drive the patients to quacks and charlatans whose stock-in-trade is that of giving personalized attention.

REGRETS FROM DR. OLIN WEST

Dr. Olin West, Secretary of the A. M. A., who was on the program to speak, sent a telegram regretting his inability to be present because of business connected with the charges of the Federal Government against the Medical Society of the District of Columbia (Jour., August, 1938, page 505).

STATE MEETING OF MEDICAL RESERVES

Reported by Edward A. Wickham, Captain, San. Res., U. S. Army, Newark, N. J.

Major Robert A. Kilduffe, Director of Laboratories, Atlantic City Hospital, discussed disease and destiny at the meeting of the *New Jersey Chapter of the Association of Military Surgeons*, held at the Academy of Medicine of Northern New Jersey, Newark, on September 29. Major Kilduffe traced the rôle which disease, due both to pathogenic organisms and to dietary deficiencies, played in deciding the fate of military expeditions and of nations from the days of Alexander to the present time.

Lieut. Colonel L. W. Webb, M.C., Medical Executive Officer, Second Military Area, spoke on appointment, certificate of capacity, and promotion in the Medical Department Reserves. He called attention to the necessity of having Reserve Officers' Training Camps in medical schools, and the large number of doctors which will be needed in the event of a national emergency.

Captain William Seaman Bainbridge, M.C., U. S. N. R., one of the organizers of the International Congress of Military Medicine, reported on the recent meeting of the permanent committee of the Congress, and urged coöperation of medical and allied professions, civil as well as military, in making the meeting of the Congress, which will be held in Washington next May on invitation of President Roosevelt, a great success.

Lieut. Colonel A. G. Hulett, Chapter President, urged careful study of a proposal that the Army, as the Navy is now doing, proffer commissions in the Medical Reserves, as specialists, to members of staffs of civilian hospitals in grades commensurate with staff assignments. In the event of a major emergency, such hospitals could instantly enter government service to function without delay. Colonel Hulett pointed out many important and outstanding physicians with special qualifications in medicine and surgery, and with length of experience qualifying them for assumption of responsibility in emergency, who desire enrollment in the Army Reserves but find the door closed to them. They must join the Navy, which affords such men their proper place as scientists and medical specialists. In the Navy such officers are not eligible for fleet duty, active duty training, or promotion.

Objections have been made to the plan on the basis that to permit of the entrance of such men into the Army with advanced rank would disrupt the morale of the Medical Reserve Corps and lead to a breakdown in actual wartime through inefficiency of such untrained men in key positions. In this connection, he said the reply is that there is ample room for both types of officers in our huge Army plans; that neither should, nor would, infringe upon the uncontested rights of the other. The Navy, he pointed out, finds the plan useful, and it would seem that it would be of value in the Army. The same limitations which apply to this type of officer in the Navy would naturally hold for the Army.

Col. Hulett asked members to discuss the plan among themselves and with their civilian associates in hospital practice. This so that later, in open discussion at a Chapter meeting, the attitude of the members may be formulated in a plan for forwarding to the Surgeon General for the attention of his office.

The next Chapter dinner meeting will be held in Trenton on Friday evening, December 16, 1938. Members of the medical and allied professions are invited.

WELFARE COMMITTEE—OCTOBER 2, 1938

The second meeting of the Welfare Committee during the administrative year was held at 1:30 p. m., on Sunday, October 2nd, 1938, in the Stacy-Trent Hotel, Trenton, N. J. Dr. Hilton S. Read, Chairman, presided. Those present were:

Atlantic County—
Hilton S. Read, Chairman
William J. Carrington, Ex-Officio
David B. Allman — Robert A. Kilduffe

Bergen County—
Charles Littwin — Spencer T. Snedecor
Walter J. Farr

Burlington County—
S. Emlen Stokes

Camden County—
Ernest G. Hummel — R. L. Sharp

Cape May County—
Harry B. Walker

Cumberland County—
Millard F. Sewall — Leslie E. Myatt

Essex County—
Arthur W. Bingham — Julius Levy
Edgar P. Cardwell — Theodor Teimer
Harry N. Comando — A. Charles Zehnder
J. Irving Fort

Gloucester County—
I. Warner Knight — Chester I. Ulmer

Hudson County—
A. E. Jaffin — James F. Norton
William W. Maver — B. S. Pollak

Hunterdon County—
Barclay S. Fuhrmann

Mercer County—
D. Leo Haggerty

Middlesex County—
George W. Fithian — Jacob J. Mann
Henry Haywood, Jr. — William C. Wilentz
Joseph H. Kler

Monmouth County—
C. Byron Blaisdell — Barclay W. Moffat
William G. Herrman — Stanley Nichols

Morris County—
George J. Young

Passaic County—
Wright MacMillan — Frank Ash

Salem County—
David W. Green

Somerset County—
Frank L. Field

Sussex County—
James H. Spencer, Jr.

Union County—
Norman W. Burritt — Herschel S. Murphy

Advisory Members—
William H. MacDonald — Frederic J. Quigley
Robert P. Fischelis

LeRoy A. Wilkes, Secretary
Frank Overton, Editor

The meeting was opened with a prayer by Dr. Chester I. Ulmer.

PRESIDENT CARRINGTON'S ADDRESS

President Carrington reviewed the events of the first trimester of the present administration. (This review is printed in the President's Page of this Journal, p. 673.)

THE SPECIAL MEETING OF THE A. M. A.

The opinions of four of the New Jersey representatives at the special meeting of the American Medical Association on September 16th, 1938, were given.

1. OPINION OF DR. LEWIS

Dr. Thomas K. Lewis, one of New Jersey's representatives at the special A. M. A. meeting, gave his impressions as follows:

1. There was a unanimity of thought with regard to the various phases of Medical Economics. There was an almost complete absence of controversy.

2. The spirit of the House seemed to be one of serious business-like discussion of the needs for corrective measures in methods of distribution of medical care. While there were some glooms in the assembly, yet the thought uppermost was that it was high time for the profession to take definite and concerted action toward the correction of existing evils, whether Federal intervention should come or not.

3. We have been so fed up with the idea that local conditions were so widely at variance as to make any plan or scheme on a national scale impossible; but it was surprising to find that the difficulties and complaints from so many parts of the country were essentially the same. It was found possible to lay down broad principles that would apply to all parts of the United States. Only in administrative detail would there need to be a local variation; and this could be readily solved on a community basis.

4. Your representatives from New Jersey came home well satisfied with the outcome of the session, because on every count the philosophy which was evolved conformed to that which has gradually been built up in your Society. The final report contains recommendations and propositions which your Medical Practice Committee has presented, and which your House of Delegates has approved at various times during the past five years. In fact, the whole affair might well be called the *New Jersey Plan.*

5. Some of the outstanding features of the special session were as follows:

A. Above everything else, *support of the practicing physician.*

B. Financial support of the care of the medically needy along the general lines of New Jersey's former E. R. A., both for remuneration of the general practitioner and for support of the private hospital in providing care for the needy.

C. Approval of Hospitalization Insurance along the community non-profit lines, as they are represented in the New Jersey Plan. It was considered feasible to link up with this an indemnity sickness insurance service, whereby grants toward payment for professional services in serious illness might be made.

D. Modification of charges to fit ability to pay, for the benefit of the low-income group.

E. Preventive medicine to be carried on as extensively as possible in the offices of private practitioners, as we are attempting to do here in New Jersey by way of the *public health hour.*

F. Correction of dispensary abuses by limiting the use of clinics to a consultative type of service as an *aid* to the private practitioner rather than in competition with him.

G. The solution of medical problems, in detail at least, on a local community basis.

H. Manifest desire on the part of the profession to consider it a civic duty to work out the various problems in coöperation with the government and with all agencies that might be interested in the provision of adequate medical care for all classes of society.

2. OPINION OF SECRETARY STAHL

Dr. Alfred Stahl, Secretary of the State Society, and one of the ten representatives from New Jersey, gave his impressions of the special meeting of the A. M. A. as follows:

In meeting the delegates of the various State Societies one sensed an atmosphere of apprehensive seriousness; a feeling that whatever errors of judgment there might have been made in the past, we were gathered in special session of the House of Delegates to consider the welfare of the present and future practice of medicine, and to do this without any recriminations of the past. To the credit of the officers and Board of Trustees of the American Medical Association, it must be said they sought the wisdom of the representatives of all the State Societies in order to formulate a definite policy with regard to the program presented to the National Health Conference by Federal government officials on July 18th in Washington. As if by mass inspiration the delegates realized that, in a world of social and economic upheaval affecting the lives of everyone, it was essential that the practice of medicine would have to be fitted into the jigsaw puzzle of our changed civilization.

A very dramatic incident of the meeting was the introduction of representatives of the National Medical Association by our own Dr. Read. The National Medical Association is a colored organization of some 5000 members. Dr. Roscoe C. Giles, Past President of the Association, told us that at its convention held in Hampton, Va., August 15-19, Federal Government representatives visited them with certain plans which were proposed to be introduced at the coming session of Congress; and which, if enacted, would initiate State Medicine in the United States. These representatives stated to the organization that there was little or nothing they could expect from organized medicine; and that for their own preservation it might be necessary for them to swallow wholeheartedly the plan of the Federal Government. Their House of Delegates seriously considered the matter, and decided to support the A. M. A.

3. OPINION OF PAST PRESIDENT SNEDECOR

Dr. Spencer T. Snedecor, one of New Jersey's representatives, gave his opinion of the special session of the A. M. A. as follows:

Something has happened to the A. M. A. Those of us who attended the Annual Session in San Francisco early in the summer could not understand what had happened to the A. M. A. between June and September. Its June attitude of general sit-tight obstruction, satisfaction with the public relations policy, and in general, keeping as far from Washington as possible, had disappeared. When we went to the special session in Chicago on September 16th the whole picture had changed. In the first place, the Federal Government, without any advice from the A. M. A. or practicing physicians, had stolen the lead and had brought out a *national health program.* The second thing was a welling up of sentiment simply demanding that the A. M. A. listen to suggested changes. Therefore, Chicago saw a difference, and now, for the first time in history, the A. M. A. has a national health program.

The changed opinion among the Delegates was startling,—there was no debate on the *recommendations*, but merely on *technics* of carrying them out.

I would make three recommendations to our own Welfare Committee:

1. Publicize the program that was adopted by the special session. Expand public health and hospital facilities. Tell the public why we are opposed to compulsory health insurance.

2. Ascertain what our representatives in Congress are going to do. Their attitude should be determined now; and they should be elected on the basis of their attitude to us, since the recommendations of the Washington Conference will be introduced into Congress this year. (Jour., Oct., pp. 623, 643.)

3. Be prepared to undertake our share in the development of this plan. New Jersey will have $2,000,000 of Federal money for public health. (See p. 687.) How are we going to spend it? We have to be ready with the ways and means, the same as with all other plans. We have got to be ready to take our part; and if we do, we will see the future safety of the practice of medicine secure in the hands of the practitioner.

4. OPINION OF DR. WELLS P. EAGLETON

Dr. Wells P. Eagleton, a delegate to the A. M. A. for twelve years, reported:

I have been a delegate to the A. M. A. for three terms, and this meeting filled me with joy, for a dream for American medicine has come true. For the first time in the history of the Association, the delegates of the different State Societies had time to decide what they really believed the practice of medicine should be.

Twenty years ago New Jersey created a Welfare Committee, and that committee was political. Its idea was of bringing the doctors of New Jersey into active political life. There is a great difference between trying to be an officeholder, and being active politically. Out of this committee has come what New Jersey has done; and so far as I know, New Jersey is the only State that has a committee like our Welfare Committee. (Jour., May, 1938, p. 282.)

We in New Jersey have three times petitioned the A. M. A. to do exactly what has been done. We believed the doctors should formulate a medical policy, but never before has there been time to do it in the House of Delegates. Now a national policy has been formulated.

SICKNESS AID TO FARMERS

Dr. F. D. Mott, Assistant to the Medical Director of the Federal Farm Security Administration, explained its medical system. In New Jersey the project is part of the New Jersey Department of Agriculture. It loans money, up to twenty dollars a month, to farmers who are in poor health and unable to pay their doctor's bills. The farmer has the privilege of calling any doctor that he chooses. The administration works with the County Medical Societies in formulating plans for delivering the medical services and collecting the bills; and thereby it eliminates red tape.

The Welfare Committee voted to refer the proposed plan of the Farm Security Administration to the Medical Practice Committee for study and report.

OPINIONS OF CONGRESSIONAL CANDIDATES

Dr. Wilkes, Executive Officer, reported that letters had been sent to each of the candidates for Congress, asking his attitude regarding medical legislation. (The replies that have been received were favorable to the attitude of the doctors, and are published in the October Journal, pages 627 and 643.)

COMMITTEE REPORTS

The chairmen of the sub-committees and advisory committees of the Welfare Committee gave brief summaries of their current work and their plans for the immediate future.

TRAFFIC ACCIDENTS—DR. SHERMAN

The Committee on Traffic Accidents has approved a tentative blank for the examination of drivers suspected of being under the influence of liquor, which is to be submitted to the Public Health Committee for approval. This blank was prepared at the request of the Commissioner of Motor Vehicles.

The Commissioner has presented another problem to the committee, and that is in reference to the increasing number of accidents caused by heart attacks, epileptic attacks, etc., while driving; but we have not gone into this problem as yet. He would like to have determined what diseases may lead to accidents in driving.

HOSPITAL RELATIONSHIPS

Dr. S. T. Snedecor, Chairman of the Committee on Hospital Relationships, gave the following written report:

It is recommended to the Committee on Medical Practice that the program of the Committee on Hospital Relationships, as published on page 564 of the September issue of The Journal, be approved.

The following plan is submitted for carrying this out:

Letters shall be sent to every county society, to every hospital staff, and to every hospital superintendent in the State, and similar requests will come from the State Hospital Association, urging some definite steps be taken during the coming year to promote closer contact and association between medical staffs, superintendents, and hospital trustees. It is recommended that at least one or two joint meetings between these groups be held during the year for the purpose of discussing hospital policies and problems.

Possible meeting plans are:

A special staff meeting to which the hospital trustees will be invited, or a special trustees' meeting to which the staff is to be invited; or a meeting of the Executive Committee of the Board of Governors with representatives of the medical staff.

A county or district meeting or dinner for representative members of hospital staffs, trustees, and superintendents.

The program for such meetings might well consider some of the following topics, or others to be suggested either by the staff or trustees:

1. A hospital survey, to be made by the Medical Society, and its recommendations.
2. The relation between the medical staff and the trustees.
3. The plan of the hospital in the program presented by the National Health Conference.
4. Medical care of indigents—its hospital aspects. The clinic problem.
5. Credit investigation of clinic and ward patients.
6. Control of surgical practice in the hospital.

7. Hospitalization insurance—its current problems.

If outside speakers are desired, the committee will attempt to furnish them.

As a further aim in developing closer relations with hospital groups, it is recommended that the annual meetings of the State Medical Society overlap those of the Hospital Association to some extent, in order to provide time for a few joint sessions for the discussion of our mutual problems.

INSURANCE OF HOSPITAL AND MEDICAL CARE

Dr. W. G. Herrman reported on the situation in regard to hospitalization insurance, as follows:

One of the officers of the Society asked me to present some material to the Committee on Medical Practice in regard to medical care insurance. Last year we discovered that *hospital care insurance* was very necessary if we were to have any private practice of medicine, because the cost of hospital care cannot be reduced, and it is beyond the reach of many people. We also need medical care insurance. Some members felt I was traveling too fast, but if we don't find a solution for hospital and medical care, someone else will.

The King's County Medical Society, in Brooklyn, is proposing to form an organization of voluntary insurance for medical care. It seems feasible for us as an organization to talk of medical care insurance through county medical societies, with supervision of bills, and the right to pass on those rendered for medical care given. The information has come to me that the Hospital Service Plan is thinking of issuing policies on medical care insurance. Unless we take up this matter ourselves, others will do it for us.

LEGISLATION—DR. POLLAK

Dr. B. S. Pollak gave the following report on the proposals of the Committee on Legislation:

I have just presented a résumé of the legislative set-up to be put into effect this year to the Trustees. It has been adopted in toto, and the Board has authorized the expenditure of $2500 for someone to represent us in our contacts with the Legislature, the selection to be left to the President, the Chairman of the Welfare Committee, and the Chairman of the Legislative Committee. A list of the legislative keymen for the year was also presented.

STERILIZATION—DR. MacMILLAN

Dr. C. W. MacMillan, Chairman of the Committee to Study Sterilization, reported as follows:

It is the desire of the committee to make available all information gathered by the Sterilization League of New Jersey, and to offer help on the surgical and medical aspects of the problem if the League is willing to accept this coöperation.

We also want to get a list of hospitals where voluntary sterilization can be done.

We are contemplating a report by the committee on the information gathered to date on the present aspects of eugenic sterilization, and will submit it to The Journal for publication.

Progress reports were also given by committee chairmen as follows:

Public Health, Dr. Stanley Nichols.
Maternal Welfare, Dr. A. W. Bingham.
Cancer Control, Dr. W. G. Herrman.
Public Relations, Dr. J. H. Kler.
Venereal Disease Control, Dr. C. B. Blaisdell.

FOOD AND DRUG LEGISLATION

The following resolution, presented by Dr. Burritt, was adopted:

Resolved, that the Welfare Committee of The Medical Society of New Jersey express its appreciation of the thorough, courageous, and honest efforts of Mr. Frank W. Towey in his representations to the House of Representatives of the expressions of our Society in relation to food and drug legislation and proper investigation of enforcement and lobbying. It is only by such fortitude that honest opinion can be arrived at.

SCARLET FEVER QUARANTINE

The following notice has been received from the State Department of Health, September 27, 1938:

To All Local Boards of Health:

In accordance with Title 26, Chapter 2, Section 27, of the Revised Statutes of 1937, you are hereby notified that at a meeting of the State Department of Health on September 13, 1938, the portion of Regulation 34, Chapter 6, of the State Sanitary Code which relates to scarlet fever was amended, reducing the minimum period of isolation for cases of this disease from thirty days to *twenty-one days*. This portion of the Regulation as amended reads:

"Scarlet fever, until twenty-one days after the onset of the disease and until all abnormal discharges from the nose, ears, throat or suppurating glands have ceased."

This amendment takes effect on October 1, 1938.

J. LYNN MAHAFFEY, M.D.,
Director of Health.

THE GLOUCESTER COUNTY ANNUAL BANQUET

The annual banquet of the Gloucester County Medical Society, held on the evening of October 20 in the Country Club of Pitman, was an ideal demonstration of a social evening sponsored by the practicing physicians of a rural community. Arrangements were made by a committee of which Dr. W. W. Pedrick was chairman, assisted by Dr. J. F. Hughes, and Dr. I. N. Patterson. Supper was ready at 7:30 o'clock—the appointed hour—and the courses were served with promptness. It was the largest supper in the history of the Society, the attendance of the doctors and their wives and guests being ninety—a most excellent showing for a county society of forty members.

THE PRESIDENT'S WELCOME

Dr. W. E. Crain, President of the Society, introducing the speakers of the evening, said that to teach the scientific principles of medicine is the object of seven of the eight regular meetings of the Gloucester County Medical Society; and the object of the eighth meeting is to promote a sympathetic understanding among physicians in their personal relations to one another and to their patients. The record-breaking attendance at the present social meeting is evidence of the high degree of good fellowship among the doctors' families of Gloucester County.

President Crain introduced Assemblyman J. G. Scholl, of Pitman, as the friend of the medical profession.

THE MEDICAL HISTORY

Dr. Frank Overton, Editor of The Journal of The Medical Society of New Jersey, said that he had spent the day taking note of the material available for the medical history of The Medical Society of New Jersey and its component county societies and had found the exhibits of the Gloucester County Historical Society to be a rich mine of information regarding the projects and activities of the local medical profession. President Crain commented on the assistance of the Woman's Auxiliary in collecting data for the history, and said that the women are peculiarly adapted to that rôle in that they are adept in investigating the men's past records.

AN ILLUSTRATED TRAVELOGUE

Dr. Hilton S. Read, Chairman of the Welfare Committee of The Medical Society of New Jersey, and a student of medical lore, showed a series of lantern slides on the subject "A Spot of Greece", which he had taken during a trip to that land last year. The lighting effects of his pictures were accompanied by equally brilliant flashes of wisdom as he depicted the classic past of the land and compared it with its prosaic present. He dwelt especially upon the images and inscriptions of the ancient physicians and demi-gods, and quoted from their works to show that the modern ideals of the family doctor are older than recorded history.

MEDAL OF HONOR

Dr. Chester I. Ulmer, Secretary of the Gloucester County Medical Society, bestowed the medal of honor of the Society "For Valor or Achievement" on Dr. Elwood E. Downs for his contributions as poet laureate of the doctors of Gloucester County. The medal consists of a shield with dependent bars which bear the names of the annual recipients of the honor. (See Jour., Dec., 1936, p. 731.)

THE GUEST SPEAKER

Dr. Wilmer Krusen, Ph. D., President of the Philadelphia College of Pharmacy and Science, and personal friend of many of the members, was the guest speaker, taking for his subject "Medical Practice Yesterday, Today, and Tomorrow".

Yesterday: Although the old-time doctor was lacking in scientific knowledge according to modern standards, he excelled in his knowledge of human nature, and brought courage and comfort to the sick as frequently and successfully as his ultra-modern successors. His relations with his patients were *personal,* rather than *technical;* and his wife was his chief helpmate and inspiration before the days of the nurse and the welfare worker. Dr. Krusen referred to the excellent appreciations of the doctor's wife in George Eliot's "Middlemarch", and to the last chapter of Dickens' "Bleak House", as a classical tribute to her.

Today: The doctor of today is equipped with knowledge and instruments for measuring vital processes in disease and health, and the means of preventing and restoring deranged functions. But the people do not realize that the responsibility for their acceptance or rejection rests upon them. The most significant movement in medicine today is that of educating the people regarding the benefits which medical science offers, and their duty to apply the measures which their physicians advise.

The outstanding characteristic of the physician today is his receptivity to new ideas. We do not need to adopt the Russian plan that a

doctor should return to his medical school every five years in order to keep himself abreast of medical knowledge. Every meeting of a county medical society is a school of medical instruction, as Dr. Henry B. Diverty, of Woodbury, fifty-one years in practice, appreciates, since his avocation consists in attending every county society meeting in his own and adjoining counties, where he is always welcome.

Tomorrow in Medicine: Neophobia—the fear of innovations—is a disease which is often prevalent among doctors at the age of fifty; it becomes serious in the decade of life between fifty and sixty; and is usually incurable after seventy. Its prevention and treatment is the peculiar work of the medical societies of the counties and the State. These societies have added *public relations* to their curriculum, and are now busily engaged in research into the causes of the disease and their methods of treatment.

The greatest problem before the medical profession today is to choose between *evolution* and *revolution* in medical practice. Shall welfare workers dictate a *revolutionary* form of medical relations of the future? Or shall the medical societies *evolve* a system which shall preserve all that is good in former methods of medical relations, while establishing coöperation with all other groups which seek to distribute medical services to those who are not now profiting by them and to the fullest extent? It will be interesting to see the reactions of the younger doctors, for on them will soon fall the leadership in the public relations of medicine, as well as the development of the purely scientific phases of medical practice. One thing is certain—the old-fashioned principles of sympathy, kindness, pity, and cheerful hope will always remain the fundamental practice of scientific medicine and public relations in medicine.

ENTERTAINMENT

The banquet closed with a musical entertainment by Evelyn Russell, soprano.

SOCIAL SECURITY FUNDS IN NEW JERSEY

By J. H. KLER, M.D., New Brunswick, N. J.
Chairman, Committee on Public Relations of The Medical Society of New Jersey

The verb *socialize* has two meanings:

1. To render social—to act with a high regard for one's neighbors.
2. To render socialistic; to make every citizen subservient to the government,—the strong to *contribute* their resources, the weak to *receive* assistance.

The physicians of New Jersey are opposed to "Socialistic" medicine as a fundamental principle to apply to all forms of the practice of medicine. But at the same time they have approved and are accepting numerous forms of government assistance in supplying medical service to those in financial need, provided that the doctors themselves are the directors of the services through their official organizations of the State and the counties.

FEDERAL FUNDS

Ever since the Federal Social Security Act went into effect early in 1935 (Jour., Feb., 1935, p. 106), the State of New Jersey has received Federal funds for specific objects; and the State Department of Health has administered those funds with the hearty coöperation and advice of The Medical Society of New Jersey.

The following Federal funds have been allocated to New Jersey for the fiscal year ending June 30, 1939, under the provisions of the Social Security legislation:

Children's Guardians (for six months)	$ 686,600.00
New Jersey Commission for the Blind (for six months)	43,344.35
Crippled Children	105,092.50
Maternal and Child Welfare	87,052.53
Public Health Administration ($58,000 unexpended balance of last year included. Available again this year. Also included is $22,000 for training of personnel.)	257,847.12
Old Age Assistance	3,693,231.00
Venereal Disease Control (LaFollette-Bullwinkle Bill)	71,327.00

MANNER OF EXPENDITURES

At the insistence of The Medical Society of New Jersey and with the wholehearted coöp-

eration of the State Department of Health, the funds for medical purposes are expended through the State Department of Health. No Federal agency has been set up in the State for the distribution of the money.

MATERNAL AND CHILD HEALTH

At the present time, physicians receive funds directly under the provisions for maternal and child health, and venereal disease control. During the fiscal year July 1, 1937, to June 30, 1938, $20,000 of a Federal appropriation of approximately $75,000 was expended by the Bureau of Maternal and Child Health. In the same year, physicians in venereal disease clinics were paid $3,502.33 by the State Department of Health from Social Security funds allotted by the Federal Government for venereal disease work in New Jersey. Field physicians, attendants at Baby Keep-Well Stations and physicians in venereal disease clinics are selected by the Medical Society of New Jersey, but are approved by the State Department of Health. These physicians receive remuneration. The consultants in obstetrics also receive remuneration.

OLD AGE ASSISTANCE

Under the provisions of the Old Age Assistance, several counties have well-developed programs whereby physicians are promptly paid on a reduced fee schedule. This program can be developed in each county.

CRIPPLED CHILDREN

Under the provisions of the Crippled Children Assistance, no satisfactory system of paying physicians for their work has been developed. The Medical Society of New Jersey has set up standards for hospitals, and the qualifications of surgeons engaged in this work. The Society has a representative on the State Commission. The Society is keeping records of all services rendered by physicians, and a concerted effort will be made to develop a fair schedule of remuneration for physicians' services.

PUBLIC HEALTH ADMINISTRATION

In the field of Public Health Administration, the Medical Society has taken an active part in assisting the State Board of Health in developing more effective programs. Standards for personnel have been set up. There are also available scholarships for post-graduate study in public health administration. Any qualified physician is eligible for consideration. So far, no physician has applied.

TUBERCULOSIS

In tuberculosis control, The Medical Society of New Jersey has endorsed the program of tuberculin testing and x-raying of the positive reactors, in high schools. There are no provisions for paying physicians for their work from Social Security funds.

PNEUMONIA

In pneumonia control, The Medical Society of New Jersey secured *State legislation* that provides State funds for pneumonia serum, and assists the State Department of Health in developing the program of typing sputum and distributing the serum. Now it is engaged in an active educational program among physicians and hospital staffs.

CANCER

In cancer control there is much activity, for which the National Cancer Act is responsible. Under its provisions, New Jersey will receive a certain amount of radium, to be held by the State Department of Health. The mechanism for its use will be developed shortly.

There are funds available for grants in aid in clinical research and there will be fellowships available July 1, 1939, for interested physicians to study cancer in large centers. These fellowships are full-time. To date, there are no part-time or intensive training fellowships. All physicians interested in the fellowships should communicate with the Executive Office of the State Society.

There are no funds to pay physicians for the treatment of cancer patients; but radium for treatment will be provided, and physicians will have an opportunity to develop a solution of the unsolved problem of their own pay.

MENTAL AND INDUSTRIAL HYGIENE

In mental and industrial hygiene. The Medical Society of New Jersey has alert committees working hard to develop programs for the participation of physicians in these relatively new fields. The integration of the family physician is the keynote.

THE BLIND

There is no specific agreement between The Medical Society of New Jersey and the work of the New Jersey Commission for the Blind. This commission makes its own arrangements. However, individual physicians represent the wishes of the Society.

THE LOW-WAGE GROUP

For the care of the medically needy, or indigent group, The Medical Society of New

Jersey has insisted upon the state-wide institution of the old Emergency Relief Administration plan which operated with eminent success during the years of 1934-1935.

THE FINANCIALLY NEEDY

For the care of the low-wage group, The Medical Society of New Jersey has endorsed *hospital insurance*, and now is perfecting a *voluntary* health insurance policy, similar to the three-cents-a-day plan. Details are not yet available, but this policy probably will be announced in the near future.

FARMERS' LOANS

The Medical Society of New Jersey also endorsed an experiment in the rural districts of Atlantic County whereby the Department of Agriculture loans farmers' funds, a certain proportion of which is to be used solely to pay for medical services. This plan has been tried in North Dakota with great success. Its operation in Wisconsin has not been quite as successful because there was no mechanism developed to follow up the payments to physicians. However, that is an administrative detail that should not offer serious obstacles.

NEW JERSEY'S ATTITUDE

In summary, The Medical Society of New Jersey is wholeheartedly for the experimental method of solving all problems in the distribution of medical services for the improvement of health and the control of disease. It has consistently taken a positive attitude rather than a negative one. It has not opposed any provisions governing the distribution of Social Security funds, but it has insisted that such funds be expended through the State Department of Health.

The results of the New Jersey policy speak for themselves.

New Jersey has the lowest maternal mortality rate in the United States.

It has developed effective programs for the control of all diseases of a public health character, so that the family physician still remains in the front line of defense.

It has insisted upon the old E. R. A. plan for the care of the indigent; and as soon as funds are available, this plan will go into operation throughout the State.

It has endorsed hospitalization insurance; and is now developing a voluntary health insurance policy and deferred-payment plans, to aid those below the comfort level in meeting the costs of unexpected illness.

It has endorsed the experimental trial of Federal financial aid to farmers in Atlantic County.

Many of these approved policies take the form of *governmental financial aid* to the medically needy. The fact that they have nevertheless been approved by organized medicine affords ample evidence that organized medicine does not condemn all forms of governmental aid unreservedly, as it has frequently been accused of doing. In its approval or disapproval of proposed governmental aids, The Medical Society of New Jersey is actuated by the desire to keep medical services on the highest possible professional level.

ANNUAL MEETING OF THE A. P. H. A.

The annual meeting of the American Public Health Association, which was held October 25-28 in Kansas City, Missouri, was attended by Dr. LeRoy A. Wilkes, Executive Officer of The Medical Society of New Jersey. This meeting holds a position and rank in the public health field similar to that of the American Medical Association in the private practice of medicine.

The opinion expressed by the A. P. H. A. regarding the proposals of the Interdepartmental Committee of the Federal Government was similar in most respects to that of the A. M. A.; and Surgeon-General Parran expressed his unofficial opinion that the development of methods in public health and relief will probably be left to the several States, with financial assistance to those whose standards conform to those of the Federal Government.

REPORT OF COMMITTEE ON PHARMACEUTICAL PROBLEMS

By CHESTER I. ULMER, M.D., Chairman, Gibbstown, N. J.

Our committee's chief endeavor has been the publication of the New Jersey Formulary, third edition. This was a joint work with the Committee on Professional Relations of the New Jersey Pharmaceutical Association. We are pleased to report that the Formulary has recently been distributed.

Heretofore the distribution of the Formulary was unsatisfactory and quite incomplete. Only a small number of physicians received a copy. It is now arranged that the State Society will mail a copy of the Formulary to each member. This will be the most practical and effective way to bring the formulas to the attention of the individual physician.

It is hoped that many physicians will familiarize themselves with this group of ethical formulas and prescribe them frequently. By so doing, the art of prescription writing will be revived and the cost of medication to patients materially lowered.

THE NEW JERSEY FORMULARY

By this time, every member of The Medical Society of New Jersey should have received a copy of the third edition of the New Jersey Formulary.

This work is concrete evidence of the growing coöperation between the doctors and the druggists. In both professions the practitioners must keep abreast with scientific developments, and at the same time, they must adapt their methods of doing business to the changed trends of the times. It will be to the advantage of both the physician and the druggist if the two professions should work together in closer harmony.

A considerable number of improvements will be noted in this third edition over the second one. There are prescriptions for coughs and colds; nose and throat; sedatives; hypnotics and analgesics; tonics; prescriptions for gastric and intestinal disturbances; for urinary affections; and for external applications. There is also a new group of pediatric formulas. This edition contains both a therapeutic and a general index.

The New Jersey Formulary can be used effectively to perfect prescription writing, and particularly to combat the tendency to prescribe certain proprietary preparations. It should be remembered that the proprietary *prescribed* by the physician today is often the patent-medicine *advertised* to the public tomorrow.

One of the outstanding advantages of a uniform Formulary which is recognized by both the physicians and the pharmacists is that it enables the doctor to discourage self-prescribing by his patients. When a doctor tells a patient to go to a drug store and buy a proprietary article, the patient often feels that the call has been unnecessary, for he could have gone to the drug store and bought the same medicine that the doctor had prescribed.

The patient always likes to feel that the doctor's prescription has been compounded to suit his own personal ailment.

Keep your copy handy. Refer to it often, for by so doing, the art of prescription writing will be revived and the cost of medication to patients materially lowered.

CHESTER I. ULMER, M.D., *Chairman,*
Committee on Pharmaceutical Problems.

AN APPRECIATION BY THE PHARMACEUTICAL ASSOCIATION

The following editorial from the September, 1938, issue of the New Jersey Journal of Pharmacy is evidence of an increasing degree of cooperation between the medical and pharmaceutical professions:

"The work of The Medical Society of New Jersey under the leadership of its President, Dr. William J. Carrington, of Atlantic City, is an inspiration to professional organizations everywhere. Our hats are off to the efficient manner in which the various activities have been organized, and the smoothness with which the various committees are functioning. The organization is reaping the benefits of careful planning and financing under previous administrations and the excellent management of the executive offices.

"The Society's interest in pharmaceutical problems is heartening to us and is in the able hands of Dr. Chester I. Ulmer and a committee

of physicians who are thoroughly sympathetic with our problems. As the work of the present association year develops, there will be many opportunities for coöperation between the New Jersey Pharmaceutical Association and The Medical Society of New Jersey. We are certain that the officers and members of our Association will meet these opportunities with credit to both professions. It is particularly pleasing to note the liberal stand which The Medical Society of New Jersey has taken in matters frequently referred to as 'State Medicine' or 'Socialized Medicine'. The ostrich attitude is foreign to New Jersey medicine, and we are quite certain that the fight to preserve the private practice of medicine as carried on by The Medical Society of New Jersey will commend itself to the people of our State, because the profession recognizes its obligation to the people and is willing to do its share in making good medical care available to rich and poor alike."

SURVEY OF HOSPITALS

In July, 1936, the Committee on Hospital Relationships of The Medical Society of New Jersey sent blanks for a survey of all forms of hospital services in the State (Jour., July, 1936, p. 433). These blanks were to be filled out by the medical staffs, the administrative officers, and the boards of trustees of each of the sixty or more hospitals in the State, and to the officers of the county societies. The survey had the endorsement and the hearty cooperation of the New Jersey Hospital Association.

The survey is now nearly completed, and the report may be expected early in the Winter. (See the program of the Committee on Hospital Relations, Journal, September, 1938, page 564.)

In anticipation of the report, and of action upon its suggestions, the following letter has been sent to the coöperating groups:

1. The President and the Secretary of each County Medical Society.
2. Hospital Superintendents.
3. Medical Directors of the Hospitals.
4. Chairmen of the Medical Boards.

THE LETTER

There is a great need for closer coöperation and understanding between hospitals' trustees, superintendents and medical staffs. The principal objective for this year of the New Jersey State Hospital Association and the Hospital Relationships Committee of your State Society is to promote opportunities for the discussion of mutual problems.

This committee urges every county society and every hospital staff in the State to make an effort during the ensuing months to arrange meetings along the following lines:

1. *Hospital meetings*—Why not invite the Board of Governors to one of the regular monthly staff meetings or perhaps to a special staff meeting?
2. *County-wide meetings* of hospital groups to include trustee members, superintendents, and selected groups of doctors from each hospital. Dinner meetings may be advisable. It does not seem wise to pack the meetings with too large a proportion of doctors.
3. *Group meetings* of several counties, to include members of hospital boards, superintendents, and medical boards.

These suggestions as to meetings will open the way for fruitful discussion. We desire that in every county, and every hospital, there should be *at least two meetings during the year* for the combined groups of trustees, administrators, and physicians.

Your committee suggests the following list of topics that are worthy of discussion at these meetings; but other topics of local interest can easily be substituted, or others be suggested by the Hospital Association:

1. State Hospital Survey made by the Medical Society in 1936,—its conclusions and recommendations.
2. Improved relationships between staffs and trustees.
3. Place of the hospital in the program presented to the National Health Conference.
4. Medical care of indigent,—hospital aspects and clinic problems.
5. Credit investigation of clinic and ward patients.
6. Control of surgical practice in hospitals.
7. Hospital insurance and its current problems.
8. Relation of hospitals and schools of nursing.

Your committee will try to provide speakers

on many of these subjects if requested, but preferably they should be local men.

Committee on Hospital Relationships,
SPENCER T. SNEDECOR,
Chairman
WILLIAM H. WARNER,
Vice-Chairman
HENRY B. DECKER
FLORENTINE HOFFMAN
CHARLES HYMAN
E. W. LANCE
GEORGE O'HANLON
THOMAS K. LEWIS,
Consultant.

LIST OF LABORATORIES APPROVED BY HEALTH DEPARTMENT FOR PREMARITAL EXAMINATIONS

ATLANTIC COUNTY
- Atlantic City: Atlantic City Hospital
  - Dr. Hersohn's Lab. (116 S. Illinois Ave.)
  - J. S. Hunt Laboratory (805 Atlantic Ave.)
  - Kurland Laboratory (118 Dewey Pl.)
- Pleasantville: C. M. Arleth's Private Lab. (213 W. Washington Ave.)

BERGEN COUNTY
- Englewood: Englewood Hospital
- Hackensack: Hackensack Hospital
- Ridgewood: Ridgewood Analytical Lab. (164 W. Ridgewood Ave.)
  - Bergen County Hospital
- Teaneck: Holy Name Hospital

CAMDEN COUNTY
- Camden: Department of Health
  - Cooper Hospital
  - West Jersey Homeopathic Hospital

CAPE MAY COUNTY
- Ocean City: Dr. Friel's Private Lab. (332 Asbury Ave.)

ESSEX COUNTY
- Belleville: Essex County Hospital
- East Orange: Pathological Laboratory (144 Harrison St.)
- Irvington: Health Center
- Montclair: Health Department
  - Mountainside Hospital
- Newark: Newark Health Department
  - Bacteriological Lab., Pathological Lab., Newark City Hospital Bldg.
  - Newark Eye & Ear Infirmary (77 Central Ave.)
  - Beth Israel Hospital
  - St. Barnabas' Hospital
  - Dr. Brown's Clinical Lab. (160 Roseville Ave.)
  - Clinical Laboratory (35 Lincoln Park)
  - Dr. Yaguda's Private Lab. (88 Clinton Ave.)
  - Dr. Gray's Private Lab. (142 Clinton Ave.)
  - Dr. Lowy's Private Lab. (190 Clinton Ave.)
  - Presbyterian Hospital
- Orange: St. Mary's Hospital
  - Orange Memorial Hospital

GLOUCESTER COUNTY
- Woodbury: Underwood Hospital

HUDSON COUNTY
- Bayonne: Bayonne Hospital
- Jersey City: Analytic Lab. (921 Bergen Ave.)
  - Medical Center
  - Hudson County Laboratory
  - Christ Hospital (176 Palisade Ave.)
  - Pathological & X-Ray Lab. (105 Fairview Ave.)
- Secaucus: Hudson County Tuberculosis Hospital

MERCER COUNTY
- Trenton: State Health Department
  - St. Francis' Hospital
  - Dr. Fluck's Clinical Lab. (548 W. State St.)
  - Dr. Shaffer's Private Lab. (208 W. State St.)

MIDDLESEX COUNTY
- New Brunswick: Middlesex Hospital
  - St. Peter's Hospital
  - Tri-Co. Clinical Lab. (22 Kirkpatrick St.)
- Perth Amboy: Health Department
  - Laboratory of Clinical Pathology (256 State St.)
  - Perth Amboy General Hospital

MONMOUTH COUNTY
- Long Branch: Monmouth Memorial Hospital
- Neptune Township: Fitkin Memorial Hospital

MORRIS COUNTY
- Greystone Park: N. J. State Hospital
- Dover: Department of Health
- Morristown: All Soul's Hospital
  - Morristown Memorial Hospital

PASSAIC COUNTY
- Passaic: Passaic General Hospital
  - St. Mary's Hospital
- Paterson: Health Department
  - Barnert Memorial Hospital
  - Hoffman Laboratory (666 Broadway)
  - St. Joseph's Hospital
  - Diagnostic Laboratory (9-11 Church St.)
  - Paterson General Hospital
- Preakness: Hope Dell Laboratory
  - Hope Dell, Oldham Road

UNION COUNTY
- Cranford: Hampton Clinical Lab. (201 Hampton St.)
- Elizabeth: Health Department
  - Elizabeth General Hospital
  - Alexian Hospital
  - St. Elizabeth's Hospital
  - Bio-Chemical Lab. (1137 E. Jersey St.)
  - Dr. Casilli's Private Lab. (618 Newark Ave.)
- Plainfield: Health Department
  - Muhlenberg Hospital
  - Phillip's Clinical Lab. (734 Park Ave.)
  - The Physicians' Lab. (916 Park Ave.)
- Rahway: Rahway Memorial Hospital
- Summit: Overlook Hospital

MEETING OF THE FIFTH COUNCILOR DISTRICT

The following notice has been mailed to the members of the County Medical Societies of the Fifth Councilor District:

A District Meeting of the five County Societies in the Fifth Councilor District (Atlantic, Cape May, Cumberland, Gloucester, and Salem Counties) will be held on Tuesday afternoon, November 15th, at 2:30 o'clock, at the Hotel Cumberland, Bridgeton, Cumberland County.

PROGRAM

Welcome:

Dare Woodruff, M.D., Vineland, President of the Cumberland County Medical Society

Response:

Chester I. Ulmer, M.D., Gibbstown, Councilor of the Fifth District

Evolution, Not Revolution, in Organized Medicine

Hilton S. Read, M.D., Atlantic City, Chairman of the Welfare Committee, The Medical Society of New Jersey

What Changes Will There Be in the Practice of Medicine in 1939?

William J. Carrington, M.D., Atlantic City, President of The Medical Society of New Jersey

Foundations of American Life

Allen A. Stockdale, D.D., New York City, Author and Lecturer

This is an opportune time to have an enthusiastic rally of the members of the five component county societies in our district. We look for a splendid representation from each county organization.

The legislators from each county in District Five have been cordially invited to attend this meeting as our guests.

A turkey dinner will be served at 4:30 p. m., immediately following the program. Price of the dinner is $1.25. Kindly return the enclosed postcard indicating your intention to attend.

The Committee on Arrangements

Millard F. Sewall, M.D., Bridgeton, *Chairman*
Howard S. Branin, M.D., Millville
Dare Woodruff, M.D., Vineland

MEETING OF THE THIRD COUNCILOR DISTRICT

Counties of Middlesex, Mercer, Somerset, and Hunterdon

In accordance with the general policy of The Medical Society of New Jersey to promote a spirit of coöperation among the County Medical Societies, there will be a dinner meeting of the members of the Third District Branch on the evening of Thursday, November 17, 1938, beginning at 6:30 o'clock, in the Nassau Tavern, Princeton. The price, $2.50 for the supper; dress optional.

The program:

1. Hilton S. Read, M.O., Atlantic City, Chairman of the Welfare Committee of The Medical Society of New Jersey—"Medicine a Social Service".
2. William J. Carrington, M.D., Atlantic City, President of The Medical Society of New Jersey—"What Changes in Medical Practice in 1939?"
3. Albert G. Hulett, M.D., East Orange, Lt.-Col. Medical Reserves, U. S. A.—"Medical Preparedness".
4. David McCabe, Ph. D., Princeton University—"Economics in Relation to Medicine".

Barclay S. Fuhrmann, *Councilor.*

A. M. A. SCIENTIFIC EXHIBIT

Application blanks are now available for space in the Scientific Exhibit at the St. Louis Session of the American Medical Association May 15-19, 1939. Attention is called to the fact that the meeting is a month earlier than usual, and applications close January 5, 1939. Blanks will be sent on request to the Director, Scientific Exhibit, American Medical Association, 535 North Dearborn Street, Chicago, Ill.

Dr. E. E. Downs, Woodbury, N. J., is the representative of the Section on Radiology to the Scientific Exhibit.

OBITUARIES

DR. JAMES J. McGUIRE

JAMES J. McGUIRE, M.D.
Trenton, N. J.
1876—1938

Dr. James J. McGuire, a member of the State Board of Medical Examiners and a prominent pediatrician, died in his home on West State Street, Trenton, on October 11, 1938, aged sixty-two years. He was born in Trenton on May 22, 1876. He won an A.B. degree from St. Joseph's College, Philadelphia, in 1897, and an M.D. degree from the University of Pennsylvania in 1900. He served a year of interneship in St. Francis Hospital, Trenton, and remained on its staff ever since as visiting pediatrician.

Dr. McGuire will be remembered for his service of twenty-three years as a member of the State Board of Medical Examiners of New Jersey, and its Secretary for a large part of the time. The great majority of the active practitioners of New Jersey received their licenses from this Board while Dr. McGuire was its member.

Dr. McGuire was a Fellow of the American College of Physicians, and a member of the Philadelphia Pediatric Society, The Medical Society of Mercer County, and The Medical Society of New Jersey, and the American Medical Association.

JOSEPH SESTA

Dr. Joseph Sesta, of 242 Fulton Street, Jersey City, died Thursday, July 21, 1938, at Christ Hospital. Death was attributed to spinal meningitis.

Dr. Sesta was born in Jersey City in 1895, and graduated from Dickinson High School, and from Columbia University of Pharmacy in the year 1916. His medical education was obtained at the College of Physicians and Surgeons, New York City, and also from Georgetown University, Washington, D. C., from which he graduated in 1922.

Dr. Sesta was a member of the Hudson County Medical Society, Medical Society of New Jersey, and the American Medical Association.

He is survived by his mother, Mrs. J. DeMato Sesta.

PETER HOFFMAN

Dr. Peter Hoffman, of 2672 Boulevard, Jersey City, died on August first, 1938, at his home from a malignancy of the stomach.

Dr. Hoffman was born in New York City in 1861. He was graduated from the College of Physicians and Surgeons of New York University in 1881. He was appointed Police Physician October 15, 1889, and served in that capacity until March 1, 1929, when he retired.

He was formerly a member of St. Francis' Hospital, Jersey City. He was a member of the Hudson County Medical Society, Medical Society of New Jersey, and the American Medical Association.

Surviving him is his widow, Mrs. Ida Hoffman (nee Cassidy), and several nieces and nephews.

CHARLES WELLS CROPPER

Dr. Charles Wells Cropper died August 8th, 1938, at the Fairmount Hotel, Jersey City, from coronary thrombosis.

Dr. Cropper was born in June, 1848, at Rock Island, Illinois, and studied medicine at Bellevue Hospital Medical College, graduating in 1876. He came to Jersey City for a few weeks' stay, and remained for almost sixty-three years.

In 1932 he retired as Chief Medical Examiner for

Hudson County for the Metropolitan Insurance Company, after serving fifty years in that capacity.

Dr. Cropper was an Honorary Member of the Hudson County Medical Society, a member of The Medical Society of New Jersey, and the American Medical Association.

He is survived by a daughter, Mrs. Dorothy Cropper Marshall, of Belfast, Ireland.

HENRY T. VON DEESTEN

Dr. Henry T. Von Deesten, 264 Palisade Avenue, Jersey City, died September 1, 1938, at his home. Death was due to angina pectoris.

Dr. Von Deesten was born in Hoboken in 1879. He received his medical education at the College of Physicians and Surgeons, Columbia University, New York City, graduating in 1901. He had been on the staff of the Medical Center, St. Mary's Hospital, and Christ Hospital.

Dr. Von Deesten was a member of Puritan Lodge No. 185, F. & A. M.; the American College of Physicians and Surgeons, Hudson County Medical Society, The Medical Society of New Jersey, and the American Medical Association.

HUGO ALEXANDER

Dr. Hugo Alexander, of 616 River Street, Hoboken, died September 14, 1938, at his home from coronary embolism.

Dr. Alexander was born in Hoboken in 1887. He graduated from Hoboken Academy, and studied medicine at the College of Physicians and Surgeons, New York, graduating in 1911. He was associated with the Hudson County Tuberculosis Commission, and with St. Mary's Hospital, Hoboken, in lung work for many years.

Dr. Alexander won for himself an enviable record in the World War, being decorated personally by the late King George of England at Buckingham Palace for his services as an American Medical Officer assigned to British Divisions. He was a member of the American Medical Association, Medical Society of New Jersey, and the Hudson County Medical Society.

He is survived by a sister, Louise, and a brother, Frank J. Alexander.

WINBORNE D. EVANS

Dr. Winborne D. Evans was a native of Edmonton, North Carolina, where he was born on September 5, 1898; and died in Camden on June 26, 1938, as the result of an automobile accident.

He graduated from Lake Forest College with the degree of Bachelor of Science, and from Jefferson Medical College in 1925. He served as interne in Cooper Hospital, Camden, and has continued as radiologist.

The following memorial to Dr. Evans was adopted by the Camden County Medical Society October 4, 1938:

"His honesty in both purpose and deed was outstanding. Loyalty to his profession and to his hospital, and sacrifice of self for the good of others were parts of his nature. Perhaps his most prominent characteristic was his constant kindliness and sympathy. Dr. Evans stood high in the profession of medicine in both his ability, and his high standard of ethics. The understanding sympathy of his friendship will long remain with us as a hallowed memory, and a stimulus to emulate his example."

A memorial to his memory was also adopted by the Staff of Cooper Hospital.

PHYSICIANS DYING IN NEW JERSEY IN SEPTEMBER, 1938

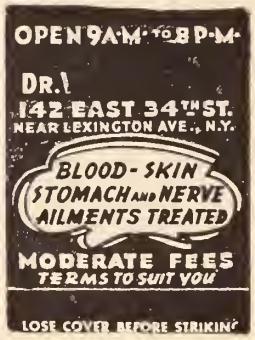
Data Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Hugo Alexander	51	Sept. 14, 1938	Hoboken	Same	Myocarditis.
William F. Berkenstock	76	Sept. 5, 1938	Atlantic City	Same	Arterio sclerosis.
Pasquale Colio	62	Sept. 15, 1938	Red Bank	Same	Cardio-renal.
Albert G. Garczyca	32	Sept. 24, 1938	Elizabeth	Same	Cirrhosis of liver.
Francis K. Murphy	73	Sept. 6, 1938	Jersey City	Same	Myocarditis.
Gilbert D. Murray	75	May 22, 1938	Philadelphia, Pa.	Spring Lake	Cerebral hemorrhage.
Henry T. Von Deesten	58	Sept. 1, 1938	Jersey City	Same	Angina pectoris.
Alfred F. Van Horn	77	Sept. 30, 1938	Plainfield	Same	Coronary thrombosis.

CONTACTS AND COMMENTS

MEDICAL INSURANCE IN BROOKLYN

A group in the Kings County Medical Society (Brooklyn, N. Y.) is studying a plan of insurance against the costs of sickness, that is sponsored by Dr. Frederick E. Elliott, who has had a broad experience as Chairman of the Committee on Economics of the New York State Medical Society. The promoters find that an amendment to the insurance law must be passed before any practical plan of sickness insurance can be set up; but they are preparing the outline of a plan, and studying the necessary changes in the law.



MEDICAL ADVERTISING

Here is a curiosity in medical advertising found in Southern New Jersey by a member of the Committee on Pharmacy,—a package of paper matches bearing the offer of a doctor to make free examinations, and give treatments at moderate rates, and terms "to suit you". It bears the name and address of a New York City physician who is listed in the medical directory as a graduate of 1882. Note his ingratiating touch in addressing himself to "You",—a warm, personal friend ready to confirm your self-diagnosis, and to prescribe according to your wishes.

RECIPROCITY IN PREMARITAL TESTS

Persons who plan to be married in *New York City* can, if they wish, secure laboratory test certificates acceptable at the Marriage License Bureau of New York City, if their blood is tested at the *New Jersey State Health Department laboratory* at Trenton. In such cases physicians must mark on the slip which goes to the laboratory with the blood sample *"For marriage in New York City"*. Only by doing this will the proper form be sent back to the physician with the laboratory report. No other place in New York State will accept any laboratory reports from New Jersey.

No out-of-the-state laboratories are authorized to furnish certificates of syphilis tests acceptable for marriage licenses in New Jersey.

DR. EAGLETON'S LECTURE IN GEORGIA

Dr. Wells P. Eagleton delivered the Jonte Equen Memorial Lectureship on Friday, October 21st, at The Academy of Medicine, Atlanta, Georgia. The title of his lecture was "Allergic and Toxemic Types of Curable Bacterial Meningitis".

This lectureship was established a year ago by Dr. Murdock Equen in memory of his father, and is attended by physicians from all over the State of Georgia.

Following the lecture the guests were invited to a reception at The Academy of Medicine given by Dr. and Mrs. Murdock Equen in honor of Dr. Eagleton.

GLOUCESTER COUNTY ANNUAL BANQUET

The banquet of the Gloucester County Medical Society, which is reported on pages 685 and 700, was an outstanding example of what an annual social meeting can be. The Gloucester County Society recognizes the doctors' wives as essential participants in the professional lives of its members, and makes the annual banquet the occasion for revealing to them all that is best in the social contacts of its members.

GLOUCESTER'S POET LAUREATE

Dr. Elwood E. Downs, the recipient of the Medal of Honor of the Gloucester County Medical Society as its poet laureate, is a modest man, and begged to be excused from supplying the Editor with a sample of his verses. However, we discovered eighteen of his stanzas in the back part of the A. M. A. Journal of May 7, 1938, and here are six of them:

All tumor growths are living things,
  Each one a gender claims.
Those hard as nails are always males,
  The softer ones are dames.

The desmoplastic cells and whorls
  Of fibers dense do boast
And, like the male, they seldom fail
  To conquer every host.

The anaplastic growths are girls
  They take you by surprise;
A pretty cell may cause you hell
  With her big nucleis.

That x-rays have a female sex
  Is proven by and large.
With cathode warm, electrons swarm
  With negative discharge.

Insidious are they at their work—
No one their presence spurns,
A few days past one wakes at last
To feel their awful burns.

The gamma rays of radium
With perm'nent waves quite short,
Bedecked in gold and platinum old
Are of the female sort.

THE MEDICAL HISTORY PROJECT

The project of compiling a medical history of the State Society and the county societies has a rebirth about every half century. In every county society there is a growing interest in its growth and development. Material for writing the history exists in every county society. Cape May County has a Historical Society which has a marvelous collection of antiques of real worth and interest housed in the spacious basement of its County Court House. The Gloucester County Historical Society is housed in its own large building in Woodbury and is rich in written records. Somerset County has an immense amount of material undiscovered but ready to be revealed by earnest research. Similar "Finds" are available in every county.

The Transactions of the State Society are complete from the day of its founding. While they are brief and extremely concise, yet they reveal a consistent evolution of the activities and form of organization of the Society up to its present efficiency. Read the editorial on page 650 of this Journal showing the record of the passage of the first law regulating the practice of medicine in 1772. This is an example of the practical value of the present medical history project of The Medical Society of New Jersey.

COUNCILOR DISTRICT MEETINGS

There is a revival of interest in the annual meetings of the Councilor Districts. The southernmost district—the Fifth—will hold its meeting on the afternoon of Tuesday, November 15, in Bridgeton; and the Third District will hold its meeting on the evening of Thursday, November 17, in Princeton. Read the notices on page 693 of this Journal, and plan to attend your own meeting.

CHARTERS OF COUNTY SOCIETIES

What is the legal standing of your County Society?

If you should be held responsible for the acts of your County Society, what would be your defense?

From what source does your county society derive its power to discipline its members?

All these questions arise in connection with the suit threatened by the Federal Government against the Medical Society of the District of Columbia; and they will be answered, so far as New Jersey is concerned, in an historical article now in process of preparation, to appear in the December Journal.

MEDICAL SERVICES IN COOPERSTOWN, N. Y.

An experiment in the centralization of medical services of a rural village in one large center has been going on in Cooperstown, New York, for many years. This village is located in Otsego County, on Otsego Lake, the source of the Susquehanna River. Its population is about 3000, and most of its medical services center is the Mary Imogene Bassett Hospital, which in size and equipment is worthy to be compared with the leading hospitals of a large city. It is heavily endowed, and its staff consists largely of competent specialists.

In the village, the A. M. A. Directory lists nineteen practitioners, at least six of whom are full-time members of the Hospital Staff, while two are listed as retired. The largest part of the private practice in the village is given by members of the Staff, who respond to calls just as a private practitioner would respond. Full records of every patient are kept in the hospital.

On October 7 and 8, 1938, a Conference on Rural Medicine was conducted in the hospital at which the results of studies of morbidity in the village were presented, and were discussed by nationally known leaders. The printed reports of the proceedings of the conference will be awaited with interest.

THE MORRIS COUNTY BULLETIN

Although the October number of the Bulletin of the Morris County Medical Society is small in size, its contents are informative and readable. Its twelve pages are filled with descriptions of local activities along public health lines. The debates are recorded, both pro and con, and the decisions are always in the line of progress. Among the topics discussed are:

1. The coöperative attitude of the County Board of Welfare.
2. The establishment of a venereal disease clinic was approved.
3. Report of the survey of medical care in Morris County.
4. The serum treatment of pneumonia.
5. The reorganization of the Tri-County Medical Association, composed of the Counties of Morris, Sussex, and Warren, on November second.
6. Program of meetings during the coming year.

GODFREY'S MEDICAL HISTORY

One of the richest sources of the medical history of New Jersey is the Medical History of Camden County, by Dr. E. L. B. Godfrey, who took office as the 117th President of The Medical Society of New Jersey in 1902. His history was published in 1896 by F. A. Davis Co., Philadelphia. Its peculiar value is that it is a gold-mine of source information regarding the State Society as well as the Camden County Society. It is written in five-year periods, each of which records the evolution of activities, first of the State Society and then of the local society. Dr. Godfrey evidently read the State Society Transactions with care and discrimination, and mentioned those events which were of real importance.

Dr. Godfrey's history should be in the library of the Trenton office of the State Society for constant reference. Where can the Society obtain a copy, either by gift or purchase?

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

November, 1938

1	Camden	10	Essex
1	Hudson	10	Passaic
8	Bergen	11	Atlantic
9	Mercer (Banquet)	11	Salem
9	Ocean (Annual Meeting)	16	Middlesex
9	Union	17	Gloucester
10	Burlington (Annual Meeting)	17	Morris
		23	Monmouth

December, 1938

6	Hudson	13	Cumberland
6	Camden	14	Mercer (Annual Meeting)
8	Burlington	14	Ocean
8	Essex	15	Gloucester
8	Passaic	15	Morris
8	Somerset	21	Middlesex (Annual Meeting)
9	Atlantic	28	Monmouth
9	Salem		
13	Bergen		

BERGEN COUNTY

LeRoy W. Black, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held in the auditorium of the Englewood Hospital Nurses' Home, in Englewood, on Tuesday evening, September 20th, 1938, and was called to order promptly at 9:00 p. m. by the President, Dr. Chester A. King.

PLANS

Dr. King enlarged upon three points noted in the minutes of the Executive Committee meeting, which were:

1. The plan to have our regular meetings start promptly at 9:00 p. m.

2. The possibility of making plans to again stage a Public Health Week in Bergen County.

3. To again urge the members to fill in their A. M. A. survey blanks.

COMMUNICATIONS

The Secretary read a letter from the Bergen County Tuberculosis and Health Association, stating the desire of that organization to work out a course in public health instruction, and asking for representatives from our Society to aid in the curriculum of the course.

NEW MEMBERS

Two applications for junior membership were received, and five for regular membership.

The following new members were elected:

To Junior Membership—
Dr. Ralph Carbone, of Hackensack
Dr. Louis A. Spicola, of Lodi

From Junior to Regular Membership—
Dr. Donald A. Richter, of Englewood

To Regular Membership by transfer—
Dr. H. H. Cooke, of Ridgewood, by transfer from the Florida Medical Society
Dr. S. A. Sandler, of Hackensack, by transfer from Hudson County (N. J.) Medical Society

PLEA FOR ACTIVITY

President King made a plea for full attendance at meetings, unity in aims, and coöperation in efforts for the coming year. He remarked that the struggle against state control of medicine was becoming more apparent all the time, and he urged members to be alert and keep themselves and their patients properly informed.

BABY KEEP-WELL STATIONS

Dr. C. D. Appold, Chairman pro tem of our Public Health Committee, reported favorably on three applicants for Baby Keep-Well Station work, and the Secretary was ordered to notify the Executive Offices in Trenton of the Society's approval of these applicants.

REPORT OF A. M. A. MEETINGS

Dr. Snedecor reported to the Society on the transactions of the A. M. A. Convention in San Francisco last June, to which he went as a delegate from New Jersey. He told us that the germ of the present active medical group support for the private practitioner as concerns the plans now under way in Washington was really nourished by the action of the New Jersey delegation at the San Francisco Convention.

He brought back some suggestions for us concerning expulsion of members and resolutions concerning types of practice, such suggestions being along the line of our general code of ethics, and he asked that these matters be published more fully in the October Bulletin of the County Society.

Dr. Snedecor then commented on the National Health Conference held in Washington on July 18, 1938. After this Conference and its attendance by a few officers of the A. M. A. who had been invited by Miss Josephine Roche, the Board of Trustees of the A. M. A. called a special meeting of the House of Delegates in September. This meeting showed the A. M. A. to be definitely on the defensive toward the National Health Program planned by the National Health Conference. For the report of the meeting, see this Journal of October, 1938, page 614.

NURSING ATTENDANTS

Dr. G. N. Knowles gave a brief report on the Nursing Committee of the State Society, mentioning the plan to train nursing attendants for home duty to take the place of the practical nurse. He reported that there is already some training going on in Elizabeth and Camden, and in Essex County.

SURVEY OF MEDICAL CARE

Dr. J. G. Decker, Chairman of our Public Relations Committee, reported on the A. M. A. Survey of Medical Care as it affects Bergen County. He stated that he had received replies from about one-third of our members, and from these it was hard to evaluate specific answers as both questions and answers seemed vague. However, he did note an unanimity of thought concerning adequate facilities for care of the indigent sick, and methods for maintaining such care. His report was excellent, and indicated that Bergen County was adequately caring for its indigent sick.

OFFICIAL VISIT OF DR. MORRIS

Our Society was very pleased and honored to have with us at this meeting Dr. Watson B. Morris, First Vice-President of The Medical Society of New Jersey, who spoke to us concerning the State's program for 1938-39. He outlined the objectives and administrative policies of Dr. Carrington, and reviewed their results. He gave us pointers concerning new plans for the socializing of medicine and emphasized its danger spots. He commented on the New Jersey plan for giving proper medical care to all patients, and urged us to read the editorial in the September State Journal (p. 522) entitled "Family Doctor and Socialized Medicine".

SCIENTIFIC

Dr. Harold Harvey, Assistant Surgeon, Presbyterian Hospital, New York City, delivered an address on "The Use and Abuse of Sulphanilamide". His discussion of the problem was intensely interesting and instructive.

Amongst the highlights of his talk he mentioned the present widespread use of the drug; some points of the poorly understood pharmacology of the drug; stressed its bacteriostatic action; listed the pathogenic organisms against which it acts, which list is headed without question by the hemolytic streptococcus, and gave a résumé of the diseases against which the drug has shown clinical promise, and against which it seems to have no effect at all; thoroughly covered the dosage of the drug in various forms of infection; and finally pointed out the pitfalls from the standpoint of toxic reactions to the drug.

Following Dr. Harvey's excellent treatment of the subject, there was a lively discussion of the subject led by Drs. Lyman Burnham, W. J. James, J. S. Morrow, S. B. Reich, and F. A. White from our own Society; and Dr. Edward Horowitz, of New York City.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The first Fall meeting of the *Camden County Medical Society* was held on October 4th, 1938, at the Camden City Dispensary. A change was made in the program so that the scientific paper directly followed the reading of the minutes. Previously the scientific meeting came after the business meeting, thus forcing the speaker to attend the business meeting and often be presented so late that his talk was curtailed.

SCIENTIFIC

At 9:18 p. m. Edward M. Weiss, M.D., Clinical Professor of Medicine at Temple University, opened his stimulating address on "Recent Advances in Our Understanding of High Blood Pressure". The paper was discussed by Drs. Lewis, Decker, Meyers, A. B. Davis, Shipman, Rogers, Shope, and was concluded by Dr. Weiss. This was one of the most interesting and well-presented subjects ever given before the society.

PRESIDENT'S CABINET

The President-Elect of the State Society, Dr. E. Zeh Hawkes, representing the President's Cabinet, spoke briefly on adequate medical care, and of insurance for payment of medical bills.

Dr. Joseph E. Roberts presented a memorial resolution on the death of Dr. Winborne D. Evans, who was killed in an automobile accident on June 26th, 1938, aged thirty-nine years. (For the memorial and obituary, see page 695.)

CUMBERLAND COUNTY

E. S. Corson, M.D., Reporter

The *Cumberland County Medical Society* met at Ivy Manor on October 12. Dr. Dare Woodruff, President, presided.

Visitors were present from Salem and Gloucester Counties.

ADDRESS BY DR. E. ZEH HAWKES

The usual routine program was set aside to welcome and hear Dr. E. Zeh Hawkes, President-Elect of the New Jersey Medical Society. His subject was "The Objectives and Aims of The Medical Society of New Jersey".

REPORTS

Reports were given by several members who had attended the Training Conference for County Society Officers in Trenton on September 11, and the Welfare Committee in Trenton on October 2.

MONTHLY MEETINGS

The society voted to hold meetings monthly instead of bi-monthly as has been the custom.

NEW MEMBER

Dr. B. Lehn, of Vineland, was elected to membership.

ESSEX COUNTY

Paul N. Hosp, M.D., Reporter

A regular meeting of the *Essex County Medical Society* was held in the Academy of Medicine, Newark, on October 13th, 1938, at 9 p.m., with President David Kraker presiding.

It was announced that the office of the Essex County Medical Society would be in the Academy of Medicine at 91 Lincoln Park, Newark.

PRESIDENT'S CABINET

Dr. Watson B. Morris, Springfield, First Vice-President of The Medical Society of New Jersey, was present, representing the President's Cabinet of the State Society. He spoke on the plans of the Society, including the employment of a legislative agent; and gave an appreciative description of the Training Conference for County Society Officers that was held on September 11th (Jour., Oct., 1938, p. 632).

SPECIAL SESSION OF THE A. M. A.

The Secretary read a report of Dr. Wells P. Eagleton describing the active part taken by the New Jersey delegates in the special session of the A. M. A. on September 16th, especially in supporting the plan of *subsidized* medicine in distinction from its *socialized* form.

Dr. Alfred Stahl, Secretary of the State Society, described the method of conducting the special session of the A. M. A., and the general satisfaction of the delegates over the actions taken (Jour., Oct., 1938, pp. 614-626).

The Essex County Medical Society voted its endorsement of the actions taken at the special session of the A. M. A. It also voted its appreciation of the plan of Dr. E. W. Sprague, of Newark, for the medical care of the people in all economic groups (Jour., July, 1938, p. 420).

GROUP INSURANCE

Reports were made on the satisfactory progress in the plans for group insurance in Essex County, and securing a large proportion of the number of subscribers necessary to put the plan in operation.

NEW MEMBERS

The following physicians were elected to associate membership:

Besson, Franklin J., 999 Clinton Ave., Irvington
Del Negro, Albert E., 402 Roseville Ave., Newark
DePhillips, Benedict R., 43 Park Ave., Newark
Durchlag, Ebelson, 12 Myrtle Ave., Irvington
Foster, Frank Pray, 2 Erwin Park, Montclair
Holtz, Harry M., 56 Johnson Ave., Newark
Keith, T. R., 656 Bloomfield Ave., Nutley
Lutz, William M., 3 Southern Slope Drive, Millburn
Mascia, Franklin J., 308 Summer Ave., Newark
Meinhard, Fred, 154 Van Buren St., Newark
Moss, Mary C., 5 Mountain Ave., Maplewood
Parell, George C., 41 39th St., Irvington
Parkes, Morey (Morris Perlman), 43 Forest Ave., Caldwell
Pecora, Carmine L., 537 Roseville Ave., Newark
Rosenthal, Arnold J., 263 Clinton Pl., Newark
Rothgesser, Jerome C., 786 Bergen St., Newark
Savel, Lewis E., 234 Seymour Ave., Newark
Schwartzberg, Seymour, Pier Lane, Caldwell
Sullivan, William T., 35 DeWitt Ave., Belleville
Vallario, Frank A., 333 Clifton Ave., Newark

Reinstated—Schiffman, Samuel, 107 Spruce St., Newark

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The regular monthly meeting of the *Gloucester County Medical Society* was held in the Country Club of Pitman on the evening of October 20, with the President, Dr. W. E. Crain, presiding. The meeting was the annual banquet and ladies' night of the society, and drew an attendance of ninety—three times the membership of the society.

(The meeting was such an outstanding success that it is reported on page 686 of the State Society Activities as an example of a typical banquet that appeals to the doctors and their wives and friends. —Editor's note.)

HUDSON COUNTY

John N. Connell, M.D., Reporter

A regular meeting of the *Hudson County Medical Society* was held on Tuesday, October 4th, 1938, at the Carteret Club. The meeting was called to order by the President, Dr. Reeve L. Ballinger, at 9:05 p. m.

STATE SOCIETY REPRESENTATIVES

President Ballinger introduced Dr. William J. Carrington, President of The Medical Society of New Jersey, who described the special meeting of the American Medical Association which he attended in Washington, D. C., on September sixteenth, and briefly outlined its attitude toward the National Health Conference which was held by the Federal Government on July eighteenth.

Dr. Ballinger also introduced Dr. Watson B. Morris, Second Vice-President of The Medical Society of New Jersey, who spoke on the activities of The Medical Society of New Jersey.

SCIENTIFIC

Dr. Ballinger introduced the guest speaker of the Scientific Session, Dr. E. J. G. Beardsley, Professor of Clinical Medicine, Jefferson Medical College, Philadelphia, who spoke on the "Clinical Demonstration of the Value of Routine Physical Examination".

Discussors: Drs. Sprague, Dodson, Williamson.

MEDICAL ECONOMICS

Dr. J. L. Evans called attention to fees pertaining to pre-marital Wassermanns, saying that it was the sense of the economics committee that the patient should be charged the regular office fee.

Dr. W. N. Barbarito asked for an interpretation of the meaning of the certificate as to whether or

not an examination must be made, as well as the blood test. After serious discussion on these matters, it was moved by Dr. J. F. Londrigan that this be referred to the Public Health Committee for report at the next meeting. Seconded by Dr. S. G. Scott, and carried.

NEW MEMBERS

Dr. Samuel M. Posnock, Bayonne, was elected a member; and nine proposals for membership were received.

DECEASED MEMBERS

President Ballinger called attention to the physicians who had died during the summer months, as follows:

Dr. Henry T. Von Deesten
Dr. Charles Wells Cropper
Dr. Joseph Sesta
Dr. Hugo Alexander
Dr. Henry V. Broeser
Dr. Peter Hoffman

HUNTERDON COUNTY

E. W. Lane, M.D., Reporter

The regular meeting of the *Hunterdon County Medical Society* was held in Flemington at 9 p. m. on Tuesday, October 25. The program consisted of showing the film on the diagnosis and treatment of syphilis prepared by the U. S. Public Health Service. About twenty members were present out of the Society's membership of twenty-five.

A special meeting of the Society will be held on the evening of December 6. The program will be on pneumonia.

A meeting of the Third District Medical Society, consisting of the Counties of Hunterdon, Mercer, Somerset, and Middlesex, will be held in the Nassau Tavern, Princeton, on Thursday, November 17, at 6:30 p. m.

This will be a dinner meeting,—price $2.50 per plate. The program will be announced to each member by letter.

MERCER COUNTY

A. D. Hutchinson, M.D., Reporter

The *Mercer County Medical Society* met at the Trenton Country Club on October 12th, 1938, with President Little presiding.

VISIT OF DR. HAWKES

Dr. E. Zeh Hawkes, President-Elect of the State Society, was present, representing the President's Cabinet. Dr. Hawkes paid a high tribute to Dr. James J. McGuire, Secretary of the State Board of Medical Examiners, who had recently died. He also emphasized the necessity of continued activity of the committees in their work and especially with regard to legislation on health and welfare matters. He also emphasized the necessity of securing every reputable practitioner as a member of the Society.

THIRD DISTRICT MEETING

Dr. Barclay S. Fuhrmann, Councilor of the Third District, reported on the plans for the joint meeting of the county societies of the Third Councilor District, composed of Mercer, Middlesex, Hunterdon, and Somerset Counties, to be held in Princeton on November 17th.

ADVERTISING IN TELEPHONE DIRECTORY

The report of the Executive Committee was read and discussed. This committee met on October 5th, and rejected the proposition of the telephone company for an advertisement of the Medical Society in the classified telephone directory.

VISITING NURSES' ORDERS

A copy of the standing orders of the Visiting Nurses' Association was discussed and approved.

ARTIFICIAL RESPIRATOR

The securing of an artificial respirator was discussed, and the general proposition was approved.

MATERNAL MORTALITY

The reports on maternal mortality for Mercer County, as published in the charts in the September Journal, were discussed and the Committee on Maternal Welfare was instructed to investigate the figures and report to the society at the December meeting.

MEDICAL LITERATURE IN LIBRARIES

The society voted a committee to investigate the medical literature in the public libraires of the county.

TUBERCULIN TESTING IN HIGH SCHOOLS

The question of tuberculin testing and x-raying of students in the high schools was discussed and a committee was appointed to formulate plans for carrying out the project.

NEW MEMBERS

Drs. Burns, Cotton, Jr.; Dean, Jr.; Siemion, Snegireff, Marta Vol-Tretter, and W. H. York were elected to active membership.

Sixteen applications for membership were received.

MONMOUTH COUNTY

O. R. Holters, M.D., Reporter

NO. 1. EXECUTIVE COMMITTEE

A regular *Executive Committee meeting* of the *Monmouth County Medical Society* was held August 22nd, 1938, at the Monmouth Memorial Hospital, Long Branch. Those present were Drs. Blaisdell, MacKenzie, Gosling, Holters, K. G. Brown, Fisher, Kazmann, Moffat, Nichols, and Clark.

ASSIGNMENT OF CABINET OFFICER

A communication was read from the State President, William J. Carrington, stating that Dr. Thomas K. Lewis, of Camden, is the Cabinet Officer assigned to Monmouth County to attend our

October 26th meeting, and the Annual Meeting in April, 1939.

TRAINING CONFERENCE

Notice was read of the Training Conference for County Society Officers, September 11th, at 12:30 p. m., as published on page 506 of the August Journal of The Medical Society of New Jersey. It was voted that our County Society representatives attend this conference, and report on it at the next meeting.

NATIONAL HEALTH CONFERENCE

A letter from Dr. Ralph K. Hollinshed, Chairman of the Board of Trustees of the State Society, directed our attention to the proceedings of the National Health Conference, pages 432-54 of the July 30th A. M. A. Journal (N. J. Jour., Sept., p. 559). We are urged to acquaint ourselves with this report. Also the Trustees requested us to speed up and complete the survey, both sheet No. 1, and the *"if"* survey sheet. Do it *now!*

SECURING MEDICAL AID

Letters from two citizens residing in Monmouth County, asking for medical aid from the State Medical Society, were read. One was from an apparently incurable case of neoplasm, whose plea was for arrangements for x-ray treatments to slow up her ascites; the other, very carefully investigated for us by Miss Evelyn T. Walker, M. C. O. S. S. (Monmouth County Organization for Social Service), needed only some suggestions as to methods available for securing medical care. Reports on these two cases have gone into the Trenton office of the State Society, and to Dr. Joseph Kler, Chairman of the State Public Relations Committee. The M. C. O. S. S. is to be thanked for its quick coöperation in studying these two appeals for medical aid.

HOSPITAL SERVICE PLAN

The Hospital Service Plan of New Jersey was discussed, and Mr. Albert Durgom, Executive Director (744 Broad Street, Newark; telephone Market 2-5588), explained in detail its advantages to us economically (i. e., a patient whose hospital expenses are all or largely paid can better pay his doctor); also its advantages as hospital insurance for doctors and their own families. If 50 per cent of our membership subscribe to this approved plan, details of which will come to you shortly, we can secure some advantages in rate and speed of coverage. The Executive Committee voted to approve it for ourselves as well as our patients.

LENSES FOR THE POOR

We were asked for our opinion on furnishing lenses to Monmouth County Welfare Board cases, dependent children, etc. Drs. Fisher and Edelson had studied this matter, and reported that, based upon the practices of the American Ophthalmic Association, our eye, ear, nose, and throat men should do refractions in these cases, but should not provide lenses, which should be purchased from a company selling optical goods. (See also Transactions of House of Delegates, 1938, Sect. 43 D.)

PUBLIC RELATIONS

The National Health Conference, Dr. Kler's Public Relations article on page 500 of the August Journal, and our local Monmouth County needs, were all under discussion and consideration. Dr. Fisher, Chairman, urged that we have more speakers appear before various clubs and lay groups, provided with sound material relating to Medical Care.

"THE M.D. SAYS"

A letter was received from Dr. Joseph H. Kler, Chairman of the Public Relations Committee of The Medical Society of New Jersey, in regard to a health feature entitled "The M.D. Says:", which appears in weekly and semi-weekly newspapers. These articles are sent to the newspapers from the Executive Officers of the State Medical Society. It is believed that it would help to publicize the county medical societies if this feature were sent to the press in each county by that particular county medical society. The State Society's Public Relations Committee would continue to prepare these features, and the final paragraph of the feature would be revised to give credit to the county medical society. This matter was discussed and referred to Dr. Victor Knapp, a member of the Public Relations Committee.

VENEREAL DISEASE CLINICS

A letter was received from the Ocean County Medical Society stating that the members had gone on record as objecting to the establishing of Venereal Disease Clinics, and they wished to solicit our coöperation in not permitting any of our members to assist in conducting these clinics. The matter was referred to our Committee on Venereal Disease Control.

FALL CLINICAL CONFERENCE OF THE MEDICAL SOCIETY OF NEW JERSEY

We are particularly anxious to have Monmouth County well represented at the Fall Conference in Newark, October 6th and 7th, 1938. Remember the date and plan to attend.

COMMUNICATION FROM PRESIDENT BLAISDELL

(Paragraphs numbered 1 to 4 are from the Bulletin of the Monmouth County Medical Society for September, 1938.)

1. THE YEAR'S PROGRAM

"The two months customarily without meetings are past, and we now face the period of activity which will extent through next June. Since the full membership of our Society is never present at any given meeting, I take this means of putting before each and every member the following outline of facts and conditions which prevail, asking him to make the Society mean something to himself,—for his protection, for his instruction, for his professional contacts, and for increasing his consciousness of being affiliated with his own professional organization, and of his obligations to conform to its code of ethics.

2. POINT OF DEPARTURE

"To organize the work and program of this year 1938-39, all chairmen of committees were asked in May to develop plans for their year's activities. These chairmen, and as many of their committees as possible, are meeting this month to prepare the reports to be given you at the September meeting. I have aimed to have committees correspond, as far as our county's size and needs seem advisable, to our State Society's committees, from which guidance and programs can be secured. In Scientific Program, Public Relations, Economics and Public Health, our progress will follow established lines, but with much more activity demanded in our Public Relations. Our Board of Censors has a difficult year ahead, because of our inquiring into contracts held by members, and contract practice in general. Their duty is largely one of preserving our code of ethics, of adjusting differences within our ranks, and by their careful approach to these problems, which also include a further consideration of lodge practice, I believe that more solidarity rather than disaffection, should develop within our ranks. New committees on Medical Defense, Constitution and By-Laws, Advisory to the County Welfare Board, and our Junior Executive Committee will add to the strength of our development and the maintenance of our professional security. *Let us not be known as the late medical profession.*

3. THE NATIONAL SCENE AND THE DOCTOR

"Much of this you must get from the Journals, A. M. A. and State; the press, magazines, and political radio talks. But be certain to get it, as much as you can digest, for none is too old or too young in medicine to get strength from membership in our Component Society, and to aid in the defense of our professional freedom. In New Jersey we are doing an unusually good job to take care of the medical needs of our population. Our own medical survey, the State Health Conference soon to be called by the Governor, the increasing strength of organization of our State Department of Health, and our maintenance of friendly relationship with our fellow health agencies, are all excellent indications that we can enter into the problems of the day, and control and influence them by our participation in the designing and the speeding up of programs which could affect so seriously our medical lives.

4. STATE SOCIETY COMMITTEEMEN

"We are fortunate, through the influence of our last State President, Dr. Herrman, in having representatives in positions to benefit us with intimate knowledge of State Society activities. I believe they should be regularly advisory members of our Executive Committee, and I am so inviting them for this term, and recommended that the Committee on Constitution and By-Laws consider the advisability of making this a regular procedure in the future. Their knowledge of the larger scene and their value to us should not be lost."

PRESIDENT BLAISDELL'S LETTER TO MEMBERS

The following letter was sent to all members of the Society on September 26, 1938, by President Blaisdell:

Our meeting of committeemen held in Dr. Fisher's office, Thursday evening, was well attended, and I was able to set forth the objectives of some of the county work for the coming year for two specific committees. In general, the objectives recommended by Dr. Carrington, President of our State Society, were five-fold:

1. Membership.—Increase and strengthen it.

2. Scientific program.—Secure good speakers, and start on time for their convenience.

3. Conferences between Society Committeemen for the clarification of their work.

4. To contact County Legislators, members of the press, and leaders of lay groups, so that they may know of our interest in public welfare problems, and we may know and influence their stand regarding them.

5. A County Health Conference preceding the projected State Health Conference to be called by Governor Moore, to which we should, as leaders, invite representatives of the druggists, dentists, hospital administrators, labor, county government, health officers and the nursing social-service group.

Ex-President Snedecor of the State Society, in discussing the development of committees, urged also five points:

1. To use the State Journal, in order to know the program of our parent Society.

2. Pattern our county committee set-up reasonably after that of the State.

3. Develop more and more leaders among the younger members.

4. Keep your own committee working by contacts with its members, by acting as a leader for it, and by holding yourself ready to assume the responsibilities of the position which you occupy.

5. Use the Executive Committee as a timesaver and for the expediting of business, thereby avoiding drawn-out monthly meetings and poorly directed discussion on the floor. If your committee has doubts or objections or recommendations to make, it is your duty to bring these to the attention of the Executive Committee at the next meeting.

It will be impossible to develop a considered program in time for the September meeting, and in my letter to you last Spring, asking for you to formulate your policies and plans for the year, I had in mind the October meeting. Allowing for vacation time among your members, will you not please make it your immediate aim to get your committeemen together, understand the State problems with them, discuss our own county problems, and then have your report ready for our October meeting, at which time I will call on you personally to read your program?

NO. 2. COUNTY SOCIETY MEETING

The September meeting of the *Monmouth County Medical Society* was held at the Nurses' Home at Fitkin Hospital Wednesday evening, September 28, 1938, at nine o'clock. The meeting was called to order by President Blaisdell.

SCIENTIFIC

The scientific program was as follows:

"Early Symptoms of Gastro-Intestinal Carcinoma", by Dr. Harold Kazmann.

"The Treatment of Pernicious Anemia", by Dr. Louis Albright.

"Rocky Mountain Spotted Fever", by Dr. Carlos Pons.

The papers read were original and represented the research work done in both the Fitkin and Monmouth Memorial Hospitals.

The paper of Dr. Pons was most unusual in every respect, since it referred to an unusually large number of cases of Rocky Mountain spotted fever that have occurred in this section in the past few years. Dr. Pons not only gave an excellent clinical discourse, but also traced the sources of this disease from other parts of the United States. Everyone present felt that his commendable paper should be published in the State Journal, as we believe it is an outstanding contribution to this disease, which is becoming more prevalent in this State. (See page 666.)

HOSPITAL INSURANCE PLAN

Dr. William G. Herrman spoke about the Hospital Insurance Plan, and advised that the physicians belonging to the State Society were now eligible to avail themselves of it. A motion was made and seconded that the Monmouth County Medical Society endorse and commend to its membership this plan of insurance.

BULLETIN

A discussion arose as to the advisability of expanding the size of the monthly bulletin and also to include advertising therein.

CLINICAL CONFERENCE

The attention of the members was called to the Clinical Conference at Newark to be held on October sixth and seventh.

SURVEY OF MEDICAL SERVICES

Attention was also called to the fact that returns from a form recently issued to all members of the Society which had to do with reporting the number of free patients that each physician treated should be returned at once to the Secretary so that the survey which is now being made throughout the State could be completed at an early date.

The meeting was adjourned about eleven o'clock, following which a collation was served by the nurses of the Fitkin Hospital.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

A regular meeting of the *Morris County Medical Society* was held at the Greystone Park Hospital the evening of October 20th, 1938, President Thomas presiding.

NEW MEMBERS

Newly elected members were Dr. Attilio Navazio, 185 Speedwell Avenue, Morristown, N. J., and Dr. Frank S. French, of 284 Morris Avenue, Mountain Lake, N. J.

PUBLICITY IN LOCAL NEWSPAPERS

The Secretary read letters from two of the weekly papers in the county stating that the health feature entitled "The M.D. Says" would be carried only as paid advertising.

QUESTIONNAIRE OF THE SURVEY

The returns on the questionnaires sent out to the county physicians concerning the survey of medical supply and demand showed that 65 per cent of the doctors replied.

HISTORIAN

Dr. George H. Lathrope was elected Historian, filling a vacancy that existed since the death of Dr. Kice.

SCIENTIFIC

A very interesting symposium on "The Treatment of Pneumonia" was given, with moving pictures, by Dr. Roberts of the Lederle Laboratory, giving the results of recent investigations he had made abroad. The present technic of treatment was shown as carried out in the Harlem Hospital, New York, where the various types of anti-pneumococcic sera had been employed, and the relative merits of rabbit serum and horse serum were discussed.

Dr. Head, of the United States Public Health Service, recently assigned to New Jersey for work in the pneumonia control campaign, showed several slides, and discussed further some of the material presented by Dr. Roberts.

Dr. Bertha, of Wharton, of the local Pneumonia Committee, stated that serum was available both in Morristown at the Municipal Building, and in Dover at the General Hospital.

After a very interesting scientific chapter, by invitation of Superintendent Curry, the members and guests enjoyed refreshments in the hospital cafeteria as guests of the hospital.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held at the Passaic City Club, Passaic, Thursday evening, October 13, 1938, with President L. G. Shapiro presiding.

NEW MEMBERS

The following men were unanimously elected to membership:

To active membership—

Dr. A. Andrew Kennedy, 6 Eagle Ave., Paterson

To associate membership—

Dr. Joseph D. Guono, 276 East 19th St., Paterson

Dr. David Doktor, 288 Hamilton Ave., Paterson

Dr. Louis Fraulo, 310 Crooks Ave., Clifton

Dr. Sidney Gelman, 345 Broadway, Paterson

Dr. William A. O'Brien, 158 Broadway, Passaic

Dr. Abram Vermeulen, 242 Haledon Ave., Prospect Park

One application was received for active membership, and three for associate.

PHYSICIANS' RELIEF

The report of Dr. G. E. Tuers, Chairman of the Committee on the Care of Indigent Physicians, was read, and the suggestion adopted that $1.00 of the yearly dues of each member be set aside as a fund for indigent physicians.

BABY KEEP-WELL STATIONS

The society also voted the approval of Drs. Thomas and Holmes for the Baby Keep-Well Station of Hawthorne, and Dr. Close for the Bloomingdale Station.

SCIENTIFIC

The scientific program was as follows:

Symposium on Low Back Pain

1. Low Back Pain as Caused by Acute and Chronic Muscle Strain and Its Conservative Treatment
   Dr. A. Bruce Gill, Professor of Orthopedic Surgery, University of Pennsylvania
   Discussion by Dr. Gerard J. Van Schott, Jr., Passaic; Dr. Harold Smith, East Orange; Dr. S. C. Yacknin, Passaic
2. Sciatic and Low Back Pain Caused by Derangement of the Intervertebral Disc
   Dr. William J. Mixter, Visiting Surgeon in charge of Neuro-Surgery at Massachusetts General Hospital
   Discussion by Dr. Hans Wassing, Paterson; Dr. H. E. Reading, Paterson; Dr. F. I. Schwartzberg, Paterson; Dr. W. E. Ehrlich, Neuro Surgeon, Newark
3. The Differential Diagnosis of Low Back Pain
   Dr. Samuel Kleinberg, Attending Orthopedic Surgeon, Hospital for Joint Diseases, New York City
   Discussion led by Dr. Raphael Goldenberg

This was a splendid symposium. The audience was one of the largest to attend a county meeting, and there were many physicians present from other parts of the State.

The second clinical conference of the *Passaic County Medical Society* was held Tuesday, October 25th, 1938, at St. Joseph's Hospital in Paterson. The following program was presented:

Drs. Francis W. Ash and Norman M. Dingman—Presentation of surgical cases.
Dr. James P. Morrill—An orthopaedic case.
Dr. William A. Dwyer—A gynecological case.
Dr. Luigi S. Michela—An obstetrical case.
Dr. Charles J. Murn—Two medical cases.

Approximately 150 physicians were present. A collation was served.

UNION COUNTY

Ronald J. Walsh, M.D., Reporter

The first Fall meeting of the *Union County Medical Society* was held at Merck's Laboratories, Rahway, N. J., on September 12th, 1938. Despite the stormy weather the meeting was fairly well attended. The President, Dr. Henri Abel, called the meeting to order at nine o'clock.

DR. CARRINGTON S ADDRESS

Dr. William J. Carrington, President of the State Society, addressed the Society briefly on the firm and definite attitude taken by the House of Delegates of the A. M. A. on the resolutions coming out of Miss Josephine Roche's Health Committee.

SCIENTIFIC

The scientific program was introduced by Dr. Dunn, and the Society was welcomed to the Laboratories by Mr. Merck.

SULPHANILAMIDE

Dr. C. R. Addinall gave a highly lucid and colorful address on sulphanilamide. He traced the romance of its beginning, the myriad by-paths of its investigation, and the newer phases of its development.

CHRONIC ULCERATIVE COLITIS

Dr. Henry W. Cave, Chief Attending Surgeon, First Surgical Division Roosevelt Hospital, and Chairman of the Section on General and Abdominal Surgery of the A. M. A., took this topic as the subject of an exceedingly interesting and authoritative address. The interest of his paper was enhanced by numerous specimens and lantern slides.

BUSINESS

A short business meeting followed. The highlight of this was the announcement of the death of the long moribund Medical-Dental Bureau. Dr. T. J. Walsh, chairman of the committee, stated that in spite of the many pleadings made to the members for support, the Bureau had sunk to the position of a collection agency, and its high primary purpose was almost entirely neglected. Because of this, the Board of Trustees decided that the Bureau no longer deserved survival, and asked the Society to strike it out of existence.

Dr. Walsh proposed, at the same time, that the Society should engage a full-time, paid *Executive Secretary,* stating that in these times such a man would be of great service to the Society in regards to legislation, public relations, and similar projects.

Dr. E. P. Weigel supported this idea, but asked that the matter of the Bureau's demise and the question of a secretary should be referred to a committee for study and reports. This was done.

DR. SCHLICHTER RESIGNS FROM BOARD OF CENSORS

Dr. Charles E. Schlichter asked the Society to accept his resignation from the Board of Censors. This the Society accepted. A letter is to be written to him thanking him for his long and invaluable services.

Following the meeting, the members were served an elaborate and tasty collation.

SUMMIT MEDICAL SOCIETY

Reported by E. H. Macpherson, M.D.

The *Summit Medical Society* held its opening meeting on Tuesday evening, September 27th, in the Library of the Ciba Pharmaceutical Products, Inc., on Morris Avenue, Summit. There were twenty-eight members and fourteen guests present.

Preceding the meeting there was an inspection of the Ciba plant.

The meeting was called to order by the President, Dr. Hallock. A symposium was held regarding "The Essential Features of the Experimental and Clinical Status of Androgenic, Estrogenic, and Luteal Hormones" by Drs. E. Oppenheimer and R. MacBrayer.

A motion picture film was shown by Mr. R. C. Mautner.

There were discussions by Drs. Baker, Prout, and others.

Following the meeting a collation was served at the Canoe Brook Country Club.

WESTFIELD MEDICAL SOCIETY

Frederick Adrian Kinch, Reporter

The *Medical Society of Westfield, New Jersey,* held its thirty-second annual and regular meeting October 11th, 1938, at the Children's Country Home, New Providence Road, Mountainside, New Jersey. There was a large attendance of the members including three of the charter members, namely Drs. Harrison, Laird, and Kinch.

The regular routine business was transacted including the election of officers for the ensuing year. The following were chosen: President, Rosario James Maggio; Vice-President, Edward Joseph Callahan; Secretary-Treasurer, Charles Oderr; Comptroller, Charles Thurston Decker.

A discussion of a clinical pediatric program was carried on by Drs. Geoffrey Esty, S. Dow Mills, and Lindley H. Leggett, Jr.

THE WOMAN'S AUXILIARY

Atlantic County

Reported by Mrs. Samuel L. Winn, Publicity Chairman

The first regular meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* was held on Friday evening, October 14, 1938, at the Ambassador Hotel, with twenty-eight members present.

Mrs. Andrew Smith, President, announced the projects of the Auxiliary to be:

1. To supply speakers for lay groups.

2. To again have an essay contest for the seventh and eighth grades throughout the county, the topic to be "What to Eat to Keep Well".

3. To have representatives to the State Legislature give short addresses to the Auxiliary, and to have the members of the Auxiliary go to Trenton to the Assembly at least once while it is in session.

4. To set aside ten minutes at each meeting for discussion of current topics.

5. To hold the annual open meeting in conjunction with the Women's Club on Monday, January 31, 1939.

It was decided to have a book inscribed and presented to the public library in memory of Dr. Philip Marvel, who was President of The Medical Society of New Jersey in 1916.

The Public Relations Chairman, Mrs. Ernest Shore, stated that she had sent forty-three letters to lay organizations offering speakers to them on medical and health subjects; and eight affirmative replies have already been received.

The Social Chairman, Mrs. Clarence Whims, and Mrs. Samuel Gorson, Co-chairman, reported that they have appointed a large committee and are eager for suggestions and coöperation from all the members. The one party in preparation is a barn supper dance to be held Saturday, November 12.

The Legislative Chairman, Mrs. Ruffin Stamps, announced that the project of her committee was to study medical legislation, and to enlist the interest of members of the County Medical Society in informing legislators of their wishes.

Our guest speaker, Dr. Hilton S. Read, gave an interesting lecture on his recent trip to Greece, illustrating it with slides taken en route and in Greece.

MEETING OF THE EXECUTIVE BOARD

The Executive Board meeting of the Woman's Auxiliary to the Atlantic County Medical Society was held at the home of Dr. Hilton S. Read, Tuesday, October 10th, 1938, at 2:30 p.m., with Mrs. Andrew M. Smith presiding, and eleven members present.

Mrs. Smith gave a résumé of the State Board meeting in Newark on Monday, October 9th, and described its projects and activities for the year.

Tea was served after the meeting.

Bergen County

Reported by Mrs. Walter F. Farr

The regular meeting of the *Woman's Auxiliary to the Bergen County Medical Society* was held October 11th, 1938, with the President, Mrs. Dorothy N. Farr, presiding. There were twelve members present, and luncheon was served at Sigrid's Restaurant in Teaneck.

A short business meeting followed the luncheon, at which time the members voted to assist three doctors through our philanthropic fund at the request of the County Medical Society.

Burlington County

Reported by Mrs. Dean H. LeFavor, Palmyra

The winter activities of the *Woman's Auxiliary to the Burlington County Medical Society* started with a chicken dinner and meeting held at the home of Mrs. J. H. Hornberger in Roebling on October 3rd, 1938. The members who attended were the Mesdames E. H. Mulford, Richard Anderson, Walter Zwick, Freeman Metzer, William Wells, John Muldoon, J. E. Haldeman, Howard Curtis, Emlen Stokes, D. H. Ulmer, Joseph Kuder, Daniel Remer, F. D. Fahrenbruch, Luis Viteri, R. I. Downs, Gerald McDonnell, Vernon Davis, C. P. Hogan, Milton Schisler, and Edward Wyman.

Following the dinner, Mrs. C. P. Hogan, the President, called a business meeting. A discussion of finances resulted in the appointment of the following budget committee to plan the next year's expenditures: Mrs. Gerald McDonnell, Mrs. F. D. Fahrenbruch and Mrs. Joseph Kuder.

To aid the nurses' fund, Mrs. Hogan announced a style show to be held at an early date. To aid the treasury, each member promised the proceeds from a card-party chain.

Those who were delegated to attend the State Meeting in Newark were Mrs. Gerald McDonnell, Mrs. Ephraim Mulford, Mrs. J. H. Hornberger, and Mrs. William Wells.

Mrs. McDonnell urged all members to fill out and return the questionnaires on membership in other organizations.

The new project sponsored by the State this year is a clipping bureau of medical articles found in newspapers or magazines. All members were asked to send these to Mrs. Wells, who will mail them to the state committee.

The newly printed by-laws were distributed.

Gloucester County

The first Fall meeting of the *Woman's Auxiliary to the Gloucester County Medical Society* was held Thursday, October 6th, 1938, in the home of Mrs. J. Harris Underwood in Woodbury.

The committee in charge was Mrs. Fuller Sherman and Mrs. Paul Pegau.

Mrs. Frederick Wandell, the President, of Clayton, presided over a short business meeting at which time the program for the coming year was presented by the Program Chairman, Mrs. Elwood E. Downs.

Those present were: Mrs. William Pedrick, Mrs. J. Harris Underwood, Mrs. Ralph K. Hollinshed, Mrs. Ralph L. Moore, Mrs. Frederick Wandell, Mrs. Paul M. Pegau, Mrs. Fuller Sherman, Mrs. Elwood E. Downs, Mrs. Chester I. Ulmer, Mrs. Clarence A. Bowersox, and Mrs. Ralph Venturo.

A covered dish luncheon was served.

Hudson County

Reported by Mrs. Nellie D. Nevin

The *Woman's Auxiliary to the Hudson County Medical Society* held its first Fall meeting on Monday, October 3rd, at the Jersey City Y. W. C. A. Luncheon was served to fifty-four members, and eleven new members were welcomed by Mrs. Charles B. Kelley, who presided.

The business meeting followed, at which each chairman reported plans for the coming season.

The guest speaker, Mr. David Armstrong, head of the English department in Emerson High School, Union City, reviewed the Biography of Madame Curie, written by her daughter.

An informal talk was given by Miss Ruth B. Kelley, a newly-welcomed member, on her observations and experiences in Vienna, where she spent the Summer. This was of deep interest, and closed a most enjoyable afternoon.

Middlesex County

Reported by Mrs. Murray B. Jacobson

A dinner at the Packer House, Perth Amboy, opened the year for the *Woman's Auxiliary to the Middlesex County Medical Society* on the evening of October 27. Approximately fifty members were present.

Mrs. H. L. Strandberg, of Carteret, President of the Middlesex County Auxiliary, launched the meeting by expressing her pleasure in welcoming old members and greeting new ones. Mrs. Cyril Hutner, of Woodbridge, chairman of the dinner, also gave greetings.

Mrs. William Stein, of New Brunswick, chairman of program, introduced Mrs. Don Epler, of Newark, State President of the Auxiliary.

Dr. Rita Finkler, of Newark, spoke on "Recent Advances in Endocrinology". She is head of the biological laboratory at the Endocrine Clinic and and associate in gynecology at Beth Israel Hospital in Newark.

Officers for the year are Mrs. H. L. Strandberg, President; Mrs. R. J. Faulkingham, President-Elect; Mrs. S. Breslow, Vice-President; Mrs. Benjamin Mann, Treasurer; Mrs. N. Karshmer, Recording Secretary; Mrs. L. S. Downs, Corresponding Secretary.

The following programs were arranged for the year:

November 16, address by Miss Jessie Fiske, professor of botany at New Jersey College for Women, on the subject of the drug marihuana.

A Christmas party will be held December 21.

January 18, at which Dr. Anna Starr, associate professor of social psychology at Rutgers University, will speak.

February 15, the Auxiliary will hold an open meeting with the Parent-Teacher Association, combined with a tea and an art and hobby exhibit. Dr. Joseph Kler, Chairman Public Relations Committee of The Medical Society of New Jersey, will be the speaker.

Luncheon and inspection of Squibb Research Foundation in this city will be held at the March 15th gathering.

On April 19, there will be an informal bridge connected with the new membership drive.

The May meeting will be an installation luncheon with a one-act play by the Theatre Group.

Passaic County

The first meeting of the fall season of the *Woman's Auxiliary to the Passaic County Medical Society* was opened with a luncheon at the Hackensack Elks' Club October 10, with Mrs. William Spickers, the newly elected President, presiding over a large assemblage of members.

The speaker of the day was Dr. Sigurd Johnsen, of Passaic, whose subject, "Socialized Medicine", held the deep interest of the women present.

NUMBER OF CHILDREN RECEIVING FREE STATE BIOLOGICALS
1. JULY 1—SEPTEMEBER 30, 1938

DIPHTHERIA TOXOID

County	Total to Aug. 31	Month of Sept.	Total to Sept. 30	Average per Month
Atlantic	11	248	259	86.3
Bergen	832	111	943	314.3
Burlington	8	28	36	12.
Camden	144	58	202	67.3
Cape May	151	123	274	91.3
Cumberland	18	25	43	14.3
Essex	2507	864	3371	1123.6
Gloucester	7	21	28	9.3
Hudson	947	144	1091	363.6
Hunterdon	4	0	4	1.3
Mercer	574	59	633	211.
Middlesex	277	61	338	112.6
Monmouth	186	4	190	63.3
Morris	117	60	177	59.
Ocean	0	1	1	.3
Passaic	576	98	674	224.6
Salem	5	15	20	6.6
Somerset	13	22	35	11.6
Sussex	0	0	0	0.
Union	299	64	363	121.
Warren	3	1	4	1.3
Totals	6679	2007	8686	2895.3

SMALLPOX VACCINE

County	Total to Aug. 31	Month of Sept.	Total to Sept. 30	Average per Month
Atlantic	10	79	89	29.6
Bergen	691	146	837	279.
Burlington	80	108	188	62.6
Camden	327	514	841	280.3
Cape May	52	162	214	71.3
Cumberland	105	60	165	55.
Essex	773	595	1368	456.
Gloucester	62	185	247	82.6
Hudson	594	1255	1849	616.6
Hunterdon	11	6	17	5.6
Mercer	207	214	421	140.3
Middlesex	772	210	982	327.3
Monmouth	67	60	127	42.3
Morris	211	212	423	141.
Ocean	1	27	28	9.3
Passaic	501	234	735	245.
Salem	75	116	191	83.6
Somerset	43	398	441	147.
Sussex	0	0	0	0.
Union	207	294	501	167.
Warren	56	72	128	42.6
Totals	4845	4947	9792	3264.

NUMBER OF CHILDREN RECEIVING FREE STATE BIOLOGICALS SINCE
2. JULY 1—OCTOBER 31, 1938

DIPHTHERIA TOXOID

County	Total to Sept. 30	Month of Oct.	Total to Oct. 31	Average per Month
Atlantic	259	120	379	94.7
Bergen	943	309	1252	313.
Burlington	36	2	38	9.5
Camden	202	59	261	65.2
Cape May	274	0	274	68.5
Cumberland	43	12	55	13.7
Essex	3371	821	4192	1048.
Gloucester	28	3	31	7.7
Hudson	1091	248	1339	334.7
Hunterdon	4	0	4	1.
Mercer	633	62	695	173.7
Middlesex	338	28	366	91.5
Monmouth	190	12	202	50.5
Morris	177	19	196	49.
Ocean	1	2	3	.7
Passaic	674	235	909	227.2
Salem	20	2	22	5.5
Somerset	35	28	63	15.7
Sussex	0	0	0	0.
Union	363	97	460	115.
Warren	4	2	6	1.5
Totals	8686	2061	10747	2686.7

SMALLPOX VACCINE

County	Total to Sept. 30	Month of Oct.	Total to Oct. 31	Average per Month
Atlantic	89	150	239	59.7
Bergen	837	254	1091	272.7
Burlington	188	37	225	56.2
Camden	841	1206	2047	511.7
Cape May	214	12	226	56.5
Cumberland	165	11	176	44.
Essex	1368	659	2027	506.7
Gloucester	247	23	270	67.5
Hudson	1849	278	2127	531.7
Hunterdon	17	0	17	4.2
Mercer	421	281	702	175.5
Middlesex	982	551	1533	383.2
Monmouth	127	6	133	33.2
Morris	423	138	561	140.2
Ocean	28	17	45	11.2
Passaic	735	153	888	222.
Salem	191	132	323	80.7
Somerset	441	204	645	161.2
Sussex	0	0	0	0.
Union	501	104	605	151.2
Warren	128	19	147	36.7
Totals	9792	4235	14027	3506.7

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The following would seem to be of especial interest at this time.

NARCOLEPSY

ULRICH, H.: Narcolepsy and Its Treatment with Benzedrine Sulfate—New Eng. J. Med., 217:696, 1937.

GASTRO-INTESTINAL EFFECTS

MYERSON, A. and RITVO, M.: Benzedrine Sulfate and Its Value in Spasm of the Gastro-Intestinal Tract—J.A.M.A., 107:24, 1936.

POST-ENCEPHALITIC PARKINSONISM

DAVIS, P. L. and STEWART, W. B.: The Use of Benzedrine Sulfate in Post-Encephalitic Parkinsonism—J.A.M.A., 110:1890, 1938.

DEPRESSION

WILBUR, D. L.; MACLEAN, A. R. and ALLEN, E. V.: Clinical Observations on the Effect of Benzedrine Sulphate—J.A.M.A., 109:549, 1937.

WOOLLEY, L. F.: The Clinical Effects of Benzedrine Sulphate in Mental Patients with Retarded Activity—Psych. Quart., 12:66, 1938.

MISCELLANEOUS

REIFENSTEIN, E. C., JR. and DAVIDOFF, E.: The Treatment of Alcoholic Psychoses with Benzedrine Sulfate—J.A.M.A., 110:1811, 1938.

HILL, J.: Benzedrine in Seasickness—Brit. Med. Jour., ii:1109, 1937.

LESSES, M. F. and MYERSON, A.: Human Autonomic Pharmacology. XVI. Benzedrine Sulfate as an Aid in the Treatment of Obesity—New Eng. J. Med., 218:119, 1938.

Present Status of Benzedrine Sulfate — Report of the Council on Pharmacy and Chemistry — J.A.M.A., 109:2064, 1937.

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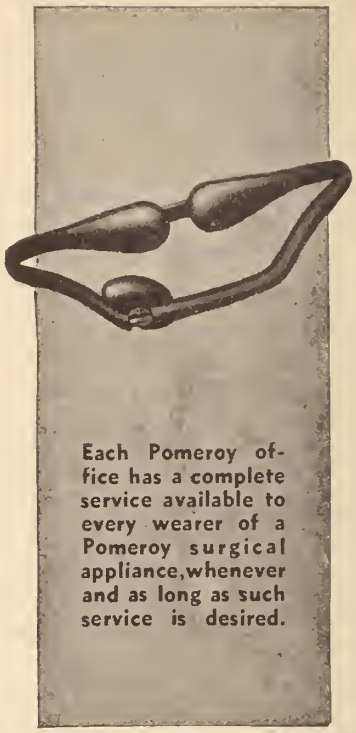

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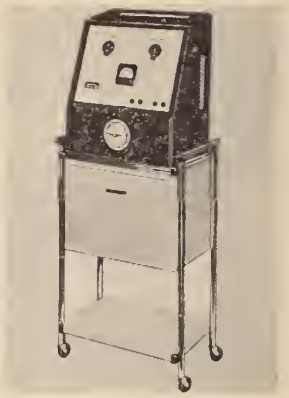

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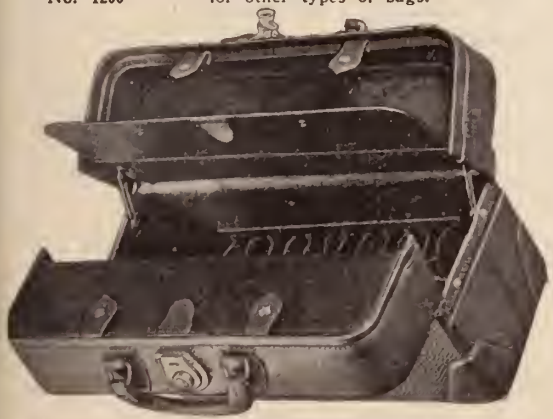

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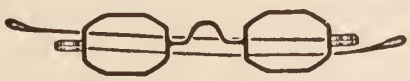

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THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

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TELEPHONE 9330

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RALPH K. HOLLINSHED, *Chairman* (1939) ..... Westville
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HERBERT W. NAFEY (1941) ..... New Brunswick
SAMUEL ALEXANDER (1941) ..... Park Ridge
WILLIAM F. COSTELLO (1941) ..... Dover

COUNCILORS

First District (Union, Warren, Morris and Essex Counties) ..... CHRISTOPHER C. BELING, Newark (1939)
Second District (Sussex, Bergen, Hudson and Passaic Counties) ..... VINCENT P. BUTLER, Jersey City (1941)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties) ..... BARCLAY S. FUHRMANN, Flemington (1940)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties) ..... JAMES A. FISHER, Asbury Park (1939)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties) ..... CHESTER I. ULMER, Gibbstown (1941)

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Delegates

ANDREW F. MCBRIDE, Paterson ..... Term expires 1939
E. R. MULFORD, Burlington ..... " " 1939
WELLS P. EAGLETON, Newark ..... " " 1940
HILTON S. READ, Atlantic City ..... " " 1940

Alternate Delegates

SPENCER T. SNEDECOR, Hackensack ..... Term expires 1939
HILTON S. READ, Atlantic City ..... " " 1939
LUCIUS F. DONOHOE, Bayonne ..... " " 1940
LANCELOT ELY, Somerville ..... " " 1940

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

NORMAN W. BURRITT, *Chairman* ..... Summit
A. RUSSELL SHERMAN, *Secretary* ..... Newark

Pediatrics

IRVING OKIN, *Chairman* ..... Passaic
WARREN RIPLEY, *Secretary* ..... Montclair

Medicine

JOHN W. GRAY, *Chairman* ..... Newark
THOMAS KAIN, *Secretary* ..... Camden

Obstetrics and Gynecology

WALTER B. MOUNT, *Chairman* ..... Montclair
J. CARLISLE BROWN, *Secretary* ..... Atlantic City

Surgery

ROBERT S. GAMON, *Chairman* ..... Camden
LYNDON A. PEER, *Secretary* ..... Newark

Radiology

MILTON FRIEDMAN, *Chairman* ..... Newark
W. JAMES MARQUIS, *Secretary* ..... Newark

Gastro-Enterology

MANFRED KRAEMER, *Chairman* ..... Newark
HYMAN I. GOLDSTEIN, *Secretary* ..... Camden

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President, MRS. DON A. EPLER, 45 Hillside Avenue, Newark, N. J.; Tel. Bigelow 3-7231

CO-OPERATING ORGANIZATIONS

State Crippled Children's Commission

J. G. BUCH, *Chairman and Director*
732 Broad Street Bank Building, Trenton
Tel. 2-2131, Ext. 785

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Tel. 2-2131, Ext. 541

State Board of Medical Examiners of New Jersey

* JAMES J. MCGUIRE, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

New Jersey Hospital Association

FRED HEFFINGER, *Executive Secretary*
Mercer Hospital, Trenton
Tel. 8241

New Jersey Health and Sanitary Association

JOHN HALL, *Executive Secretary*
Freehold, N. J.
Tel. 65-W

* Died Oct. 11, 1938.

State Board of Pharmacy

ROBERT P. FISCHELIS, Phar. D., *Secretary*
Trenton Trust Building, Trenton
Tel. 2-2131, Ext. 546

Department of Institutions and Agencies

WILLIAM J. ELLIS, Ph. D., *Commissioner*
State House Office Building, Trenton
Tel. 2-2131, Ext. 737

State Board of Children's Guardians

JOSEPH E. ALLOWAY, *Executive Director*
163 West Hanover Street, Trenton
Tel. 2-2131, Ext. 308

Department of Motor Vehicles

ARTHUR W. MAGEE, *Commissioner*
State House Office Building, Trenton
Tel. 2-2131, Ext. 208

New Jersey State Nurses' Association

MISS MARGARET ASHMUN, R.N., *President*
Orange Memorial Hospital, Orange, New Jersey
Tel. Orange 5-1100

THE MEDICAL SOCIETY OF NEW JERSEY

COMMITTEES,—THEIR MEMBERS AND DATES OF MEETINGS,—FOR THE YEAR BEGINNING MAY 19, 1938

WILLIAM J. CARRINGTON, Atlantic City, President and Ex-Officio Member of Each Committee —By-Laws, Chapt. VI, Sect. 1

Adult Health Supervision

HERSCHEL STRATTON MURPHY, *Chairman* .....Roselle
WILLIAM HENRY VARNEY, *Vice-Chairman* .....Washington
EDWIN GRAFING DEWIS .....Interlaken
ROBERT MARTIN GRIER .....Pleasantville
EDWARD CAFFRON KLEIN .....Newark
AUGUSTUS S. KNIGHT .....Far Hills
WATSON BUDLONG MORRIS, *Consultant* .....Springfield

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Annual Meeting

CHARLES BUTCHER KAIGHN, *Chairman* .....Atlantic City
CLARENCE LADELLE ANDREWS, Chairman, Sub-Com. on Scientific Program .....Atlantic City
ASHER YAGUDA, Chairman, Sub-Com. on Scientific Exhibits .....Newark
THOMAS MCGRATH BRENNOCK .....Jersey City
JOHN CLIFFORD CLARK .....Asbury Park
WILLIAM JOHN CARRINGTON, *Consultant* .....Atlantic City

Meetings

Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Auxiliary Medical Service

WILLIAM WALLACE MAVER, *Chairman* .....Jersey City
SAMUEL BARBASH, *Vice-Chairman* .....Atlantic City
ARTURO RAYMOND CASILLI .....Elizabeth
EUGENE GARFIELD HERBENER .....Lakewood
SIGURD WALTER JOHNSEN .....Passaic
JEROME HOWARD SAMUEL .....Newark
WALTER ALBERT TAYLOR .....Trenton
ALFRED STAHL, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Cancer Control

WILLIAM GETTIER HERRMAN, *Chairman* .....Asbury Park
HENRY BOYLAN ORTON, *Vice-Chairman* .....Newark
HAROLD STERN DAVIDSON .....Atlantic City
ELLWOOD EMERSON DOWNS .....Woodbury
JOHN BUTLER FAISON .....Jersey City
OTTO RUDOLPH HOLTERS .....Asbury Park
JOSEPH HENRY KLER .....New Brunswick
CHARLES B. WOODMAN .....Morristown
THOMAS BENJAMIN LEE, *Consultant* .....Camden

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Child Health

STANLEY NICHOLS, *Chairman* .....Long Branch
WALTER BLAIR STEWART, *Vice-Chairman* .....Atlantic City
ARTHUR FOWLER ACKERMAN .....Summit
CHESTER BROWN .....Arlington
ERNEST GARFIELD HUMMEL .....Camden
IRVING OKIN .....Passaic
LOUIS CHARLES ROSENBERG .....Newark
ALDRICH CLEMENTS CROWE, *Consultant* .....Ocean City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Constitution and By-Laws

JAMES FRANCIS NORTON, *Chairman* .....Jersey City
DAVID KRAKER, *Vice-Chairman* .....Newark
HERBERT WILLIAM NAFEY .....New Brunswick
GEORGE N. J. SOMMER .....Trenton
DAVID H. BARTINE ULMER .....Moorestown
FREDERIC JAMES QUIGLEY, *Consultant* .....Union City

Meetings

Trenton.....Aug. 7, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.

Contract Practice

REUBEN LORE SHARP, *Chairman* .....Camden
L. SAMUEL SICA, *Vice-Chairman* .....Trenton
FRANK WILLIAM ASH .....Paterson
JOHN GEORGE DECKER .....Hasbrouck Heights
HENRY HAYWOOD .....New Brunswick
HARVEY THEODORE HEROLD .....Newark
EDWARD FREDERICK KLEIN .....Perth Amboy
JENNINGS HOWARD HORNBERGER, *Consultant* .....Roebling
ANDREW C. RUOFF .....Union City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Crippled Children

BARCLAY WELLINGTON MOFFAT, *Chairman* .....Red Bank
ELMER PETER WEIGEL, *Vice-Chairman* .....Plainfield
OSWALD RUDOLPH CARLANDER .....Camden
FREDERICK GEORGE DILGER .....Hackensack
WILLIAM GREENFIELD .....Hackensack
EMANUEL HARRISON NICKMAN .....Atlantic City
TOUFICK NICOLA .....Montclair
HERBERT WILLIAM NAFEY, *Consultant* .....New Brunswick

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Finance and Budget

HARRY ROSS NORTH, *Chairman* (1939) .....Trenton
HERSCHEL PETTIT (1942) .....Ocean City
WELLS PHILLIPS EAGLETON (1943) .....Newark
ANDREW FRANCIS MCBRIDE (1941) .....Paterson
DAVID B. ALLMAN .....Atlantic City
HENRY SPENCE .....Jersey City
ELIAS JOSEPH MARSH, Ex-Officio .....Paterson

Honorary Membership

LANCELOT ELY, *Chairman* .....Somerville
EPHRAIM ROLAND MULFORD .....Burlington
FREDERIC JAMES QUIGLEY .....Union City
No meetings, work carried on by correspondence.

Hospital Relationships

SPENCER TREADWELL SNEDECOR, *Chairman* .....Hackensack
WILLIAM H. A. WARNER, *Vice-Chairman* .....East Orange
HENRY BRISTOL DECKER .....Camden
FLORENTINE MILTON HOFFMAN .....New Brunswick
CHARLES HYMAN .....Atlantic City
ELTON WALLACE LANCE .....Rahway
GEORGE O'HANLON .....Jersey City
THOMAS KRAPFEL LEWIS, *Consultant* .....Camden

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Industrial Injuries and Occupational Diseases

J. IRVING FORT, *Chairman* .....Newark
LESLIE EDWIN MYATT, *Vice-Chairman* .....Bridgeton
CHARLES LITTWIN .....Teaneck
TRAUGOTT JOHN SCHUCK .....Hoboken
JAMES HERBERT SPENCER, JR. .....Franklin
WILLIAM FRANCIS COSTELLO, *Consultant* .....Dover
HENRY HOWARD KESSLER, *Technical Adviser,* representing Commissioner J. J. Toohey, N. J. Dept. of Labor..Newark
ROY GRIFFITH, *Technical Adviser,* representing the Manufacturers' Association of New Jersey .....Glen Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Legislation

BERTHOLD STEINBACH POLLAK, *Chairman* .....Secaucus
CHARLES HENRY MITCHELL, *Vice-Chairman* .....Trenton
WENDALL JONES BURKETT .....Pitman
HERBERT ROY VAN NESS .....Newark
WILLIAM CRANE WILENTZ .....Perth Amboy
SAMUEL ALEXANDER, *Consultant* .....Park Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
Others at call of Chairman

Maternal Welfare

ARTHUR WALTER BINGHAM, *Chairman* .....East Orange
JOHN CARLISLE BROWN, *Vice-Chairman* .....Atlantic City
SAMUEL ALLISON COSGROVE .....Jersey City
GEORGE BURTON GERMAN .....Camden
CARL HALLER ILL .....Newark
JULIUS LEVY .....Newark
ROBERT ABBE MACKENZIE .....Asbury Park
WALTER BARCLAY MOUNT .....Montclair
JAMES HARRIS UNDERWOOD .....Woodbury
HARRISON BETTS WILSON .....Hackensack
THOMAS BENJAMIN LEE, *Consultant* .....Camden

Meetings

Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
January, 1939, Joint Meeting with County Maternal Committees and Field Physicians; date, hour, and place to be selected by Chairman, Dr. Bingham.

Medical Care of Indigent and Low-Wage Group

GEORGE WASHINGTON FITHIAN, *Chairman* .....Perth Amboy
DAVID WRIGHT GREEN, *Vice-Chairman* .....Salem
FRANK L. FIELD .....Far Hills
DANIEL LEO HAGGERTY .....Trenton
WARREN DAVID ROBBINS .....Cape May
BYRON GRANT SHERMAN .....Morristown
EDWARD MATHIAS ZEH HAWKES, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Medical Defense and Insurance

CHRISTOPHER CHARLES BELING, *Chairman* .....Newark
JOSEPH WALLACE HURFF, *Vice-Chairman* .....Newark
JOHN CHARLES MCCOY .....Paterson
GEORGE THOMAS TRACY .....Beverly
WILLIAM CARTER WESCOTT .....Atlantic City
WELLS PHILLIPS EAGLETON, *Consultant* .....Newark

Meetings

Atlantic City....May 19, 1938.....4 p. m.
Interim meetings at the call of Chairman
Trenton.....Apr. 16, 1939.....4 p. m.

Medical Practice

DAVID BACHARACH ALLMAN, *Chairman* .....Atlantic City
SPENCER TREADWELL SNEDECOR, *Vice-Chairman*....Hackensack
HARRY NOAH COMANDO .....Newark
GEORGE WASHINGTON FITHIAN .....Perth Amboy
JACOB IRVING FORT .....Newark
WILLIAM WALLACE MAVER .....Jersey City
REUBEN LORE SHARP .....Camden
CHESTER ISAAC ULMER .....Gibbstown
ANTHONY CHARLES ZEHNDER .....Newark
THOMAS KRAPFEL LEWIS, *Consultant* .....Camden

Meetings

Atlantic City....May 19, 1938.....4 p. m.
Trenton.....Apr. 16, 1939.....4 p. m.
For meeting of Advisory Committees see their schedules

Mental Hygiene

JAMES STUART PLANT, *Chairman* .....Newark
MARCUS ALBERT CURRY, *Vice-Chairman* .....Greystone Park
WILLIAM COLE DAVIS .....Atlantic City
BARCLAY STOKES FUHRMANN .....Flemington
ALLEN GILBERT IRELAND .....Trenton
EDWARD SHEAFE KRANS .....Plainfield
CLARENCE MORTON TRIPPE .....Asbury Park
HERBERT WILLIAM NAFEY, *Consultant* .....New Brunswick
AMBROSE DOWD, *Technical Adviser,* representing Commissioner Ellis, N. J. Department of Institutions and Agencies .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.
One or two other meetings at call of Chairman

Nursing and Nursing Education

ANTHONY CHARLES ZEHNDER, *Chairman* .....Newark
GEORGE MILTON KNOWLES, *Vice-Chairman* .....Hackensack
HORACE WESLEY JACK .....Camden
VICTOR KNAPP .....Asbury Park
FRANK LESLIE PERRY .....Woodstown
HARRY SUBIN .....Atlantic City
THOMAS J. FRANCIS WALSH .....Elizabeth
WELLS PHILLIPS EAGLETON, *Consultant* .....Newark

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Pharmaceutical Problems

Chester Isaac Ulmer, *Chairman* ..... Gibbstown
Reeve Leslie Ballinger, *Vice-Chairman* ..... Arlington
Jacob John Mann ..... Perth Amboy
Merwin Lester Hummel ..... Merchantville
Charles Joseph Murn ..... Paterson
Daniel Woolsey Teller, Jr. ..... Morristown
Ralph King Hollinshed, *Consultant* ..... Westville

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Pneumonia Control

Robert Anthony Kilduffe, *Chairman* ..... Atlantic City
Thomas Michael Kain ..... Camden
Henry Paul Dengler ..... Springfield
Marshall Flower Lummis ..... Pitman
Frederick Thomas Vosburgh ..... Passaic
Ralph King Hollinshed, *Consultant* ..... Westville
William MacDonald, *Technical Adviser*, representing Dr. J. Lynn Mahaffey, Director N. J. Department of Health ..... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Post-Graduate Education

David Fuller Bentley, *Chairman* ..... Haddonfield
Stuart Zeh Hawkes, *Vice-Chairman* ..... Newark
Albert William Pigott ..... Skillman
Ernest Francis Purcell ..... Trenton
Hammell Pierce Shipps ..... Delanco
Sloan Griffin Stewart ..... Atlantic City
Clarence Wilton Way ..... Sea Isle City
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.

Public Health

Stanley Nichols, *Chairman* ..... Long Branch
Frederic William Lathrop, *Vice-Chairman* ..... Plainfield
Arthur Walter Bingham ..... East Orange
Charles Byron Blaisdell ..... Long Branch
Jacob Irving Fort ..... Newark
Ernest Garfield Hummel ..... Camden
Allen Gilbert Ireland ..... Trenton
Abraham Ezra Jaffin ..... Jersey City
Robert Anthony Kilduffe ..... Atlantic City
Isaac Warner Knight ..... Pitman
Julius Levy ..... Newark
Barclay Wellington Moffat ..... Ashury Park
Herschel Stratton Murphy ..... Roselle
Henry Boylan Orton ..... Newark
James Stuart Plant ..... Newark
Elbert Stetson Sherman ..... Newark
*Theodor Teimer ..... Newark
Edward Mathias Zeh Hawkes, *Consultant* ..... Newark

Technical Advisers

Ellen Potter and Emil Frankel, representing Wm. G. Ellis, N. J. Dept. Institutions and Agencies.
Henry Howard Kessler, representing J. J. Toohey, N. J. Dept. of Labor.
William MacDonald, representing Director Mahaffey, N. J. Dept. of Healtb.
Howard Dare White, representing Director Elliott, N. J. Dept. of Public Instruction.

Meetings

Long Branch.... July 10, 1938..... 3 p. m.
Newark..... Sept. 7, 1938..... 3 p. m.
Newark..... Oct. 5, 1938..... 3 p. m.
Newark..... Nov. 2, 1938..... 3 p. m.
Newark..... Dec. 7, 1938..... 3 p. m.
Newark..... Jan. 4, 1939..... 3 p. m.
Newark..... Feb. 1, 1939..... 3 p. m.
Newark..... Mar. 1, 1939..... 3 p. m.
Newark..... Apr. 5, 1939..... 3 p. m.
Newark..... May 3, 1939..... 3 p. m

*Deceased.

Public Relations

Joseph Henry Kler, *Chairman* ..... New Brunswick
Joseph Berkeley Gordon, *Vice-Chairman* ..... Marlboro
George Barton Barlow ..... Englewood
Edgar Parmele Cardwell ..... Newark
Homer Isaac Silvers ..... Ventnor
Jacob Allen Yager ..... Paterson
Elias Joseph Marsh, *Consultant* ..... Paterson

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Publication

Henry C. Barkhorn, *Chairman* ..... Newark
Edward Joseph Ill ..... Newark
James Lawrence Evans ..... North Bergen
William John Carrington, Ex-Officio ..... Atlantic City
Alfred Stahl, Ex-Officio ..... Newark
Frank Overton, Editor ..... Trenton

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Newark..... July 27, 1938..... 4:30 p. m.
Newark..... Aug. 31, 1938..... 4:30 p. m.
Newark..... Sept. 28, 1938..... 4:30 p. m.
Newark..... Oct. 26, 1938..... 4:30 p. m.
Newark..... Nov. 23, 1938..... 4:30 p. m.
Newark..... Dec. 28, 1938..... 4:30 p. m.
Newark..... Jan. 25, 1939..... 4:30 p. m.
Newark..... Feb. 22, 1939..... 4:30 p. m.
Newark..... Mar. 29, 1939..... 4:30 p. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Exhibits

Asher Yaguda, *Chairman* ..... Newark
James Gordon Boyes, *Vice-Chairman* ..... Plainfield
Nicholas Mark Alter ..... Jersey City
William Wolf Hersohn ..... Atlantic City
Luther Agustus Markley ..... Teaneck
Harry Ross North, *Consultant* ..... Trenton

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Scientific Program

Clarence Ladelle Andrews, *Chairman* ..... Atlantic City
Robert Speer Gamon, *Vice-Chairman* ..... Camden
Louis Charles Lange ..... Weehawken
Harrison Stanford Martland ..... Newark
Paul Bryson Reisinger ..... Trenton
William John Carrington, *Consultant* ..... Atlantic City

Meetings

Trenton..... Aug. 7, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Study of Sterilization

Charles Wright MacMillan, *Chairman* ..... Passaic
Samuel Emlen Stokes, *Vice-Chairman* ..... Moorestown
Walter John Farr ..... Teaneck
Theodore Russell Robie ..... East Orange
Alfred Frederick Sferra ..... Bound Brook
Samuel Alexander, *Consultant* ..... Park Ridge

Meetings

Trenton..... June 5, 1938..... 11 a. m.
Trenton..... Oct. 2, 1938..... 11 a. m.
Trenton..... Dec. 4, 1938..... 11 a. m.
Trenton..... Feb. 19, 1939..... 11 a. m.
Trenton..... Apr. 16, 1939..... 11 a. m.

Traffic Accidents

Elbert Stetson Sherman, *Chairman* .....Newark
Millard Freeman Sewall, *Vice-Chairman* .....Bridgeton
Thomas Simon Paddock Fitch .....Plainfield
Christian Peter Segard .....Leonia
George John Young .....Morristown
Jesse Lynn Mahaffey .....Haddonfield
Watson Budlong Morris, *Consultant* .....Springfield
Arnold Vey, *Technical Adviser,* representing A. W. Magee, Commissioner of Motor Vehicles of N. J...Trenton

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Tuberculosis

Abraham Ezra Jaffin, *Chairman* .....Jersey City
Samuel Budd English, *Vice-Chairman* .....Glen Gardner
Norman Wyvell Burritt .....Summit
Leo Berthier Drake .....Franklin
Clyde M. Fish .....Pleasantville
Marcus Ward Newcomb .....Browns Mills
Harold Simon Hatch .....Morristown
John Edmunds Runnells .....Scotch Plains
Harry Burton Walker .....Vineland
Frederic James Quigley, *Consultant* .....Union City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Venereal Disease Control

Charles Byron Blaisdell, *Chairman* .....Long Branch
Marshall Davis Hogan .....Boonton
Baxter Alfonso Livengood .....Swedesboro
Stanley Martin McGeehan .....Atlantic City
Robert Raymond Sellers .....Newark
Stanley R. Woodruff .....Jersey City
William Francis Costello, *Consultant* .....Dover
Arthur Jay Casselman, *Technical Adviser,* representing Dr. Jesse Lynn Mahaffey, Director of N. J. Dept. of Health .....Camden

Meetings

Trenton.....June 5, 1938 .....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Welfare

Hilton Shreve Read, *Chairman* .....Ventnor
William John Carrington, Ex-Officio .....Atlantic City
Alfred Stahl, Ex-Officio .....Newark
David Bacharach Allman .....Atlantic City
Frank William Ash .....Paterson
George Barton Barlow .....Englewood
Arthur Walter Bingham .....East Orange
Charles Byron Blaisdell .....Long Branch
Wendall Jones Burkett .....Pitman
Norman Wyvell Burritt .....Summit
Edgar Parmele Cardwell .....Newark
Harry Noah Comando .....Newark
Marcus Albert Curry .....Greystone Park
Walter John Farr .....Teaneck
Frank L. Field .....Far Hills
George Washington Fithian .....Pertb Amboy
Jacob Irving Fort .....Newark
Barclay Stokes Fuhrmann .....Flemington
Joseph Berkeley Gordon .....Marlboro
David Wright Green .....Salem
Daniel Leo Haggerty .....Trenton
Donald Osborn Hamblin .....Bound Brook
Henry Haywood .....New Brunswick
Eugene Garfield Herbener .....Lakewood
William Gettier Herrman .....Asbury Park
Ernest Garfield Hummel .....Camden
Allen Gilbert Ireland .....Trenton
Abraham Ezra Jaffin .....Jersey City
Sigurd Walter Johnsen .....Passaic
Robert Anthony Kilduffe .....Atlantic City
Joseph Henry Kler .....New Brunswick
Isaac Warner Knight .....Pitman
Frederic William Lathrop .....Plainfield
Julius Levy .....Newark
Charles Littwin .....Teaneck
Joseph Francis Londrigan .....Hoboken
Charles Wright MacMillan .....Passaic
Jacob John Mann .....Pertb Amboy
William Wallace Maver .....Jersey City
Charles Henry Mitchell .....Trenton
Barclay Wellington Moffat .....Red Bank
Herschel Stratton Murphy .....Roselle
Leslie Edwin Myatt .....Bridgeton
Stanley Hetfield Nichols .....Long Branch
James Francis Norton .....Jersey City
Berthold Steinbach Pollak .....Secaucus
Warren David Robbins .....Cape May
Millard Freeman Sewall .....Bridgeton
Traugott John Schuck .....Hoboken
Reuben Lore Sharp .....Camden
Byron Grant Sherman .....Morristown
Homer Isaac Silvers .....Ventnor
Spencer Treadwell Snedecor .....Hackensack
James Herbert Spencer, Jr. .....Franklin
Samuel Emlen Stokes .....Moorestown
*Theodor Teimer .....Newark
Chester Isaac Ulmer .....Gibbstown
Herbert Roy Van Ness .....Newark
William Henry Varney .....Washington
Harry Burton Walker .....Vineland
William Crane Wilentz .....Pertb Amboy
Jacob Allen Yager .....Paterson
George John Young .....Morristown
Anthony Charles Zehnder .....Newark

Meetings

Trenton.....June 5, 1938.....1 p. m.
Trenton.....Oct. 2, 1938.....1 p. m.
Trenton.....Dec. 4, 1938.....1 p. m.
Trenton.....Feb. 19, 1939.....1 p. m.
Trenton.....Apr. 16, 1939.....1 p. m.

Woman's Auxiliary

Gustav August Braun, *Chairman* .....Newark
William King Campbell, *Vice Chairman* .....Long Branch
Louis Feinstein .....Atlantic City
Gerald Ellsworth McDonnel .....Mt. Holly
Joseph Rowlett Morrow .....Ridgewood
Aldrich Clements Crowe, *Consultant* .....Ocean City

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Workmen's Compensation

Harry Noah Comando, *Chairman* .....Newark
Joseph Francis Londrigan, *Vice-Chairman* .....Hoboken
William Klipstein Harryman .....Hackensack
V. Earl Johnson .....Atlantic City
Henry Howard Kessler .....Newark
Cedric C. Carpenter .....Summit
Frederick William Shafer .....Camden
Daniel F. Featherston .....Asbury Park
Andrew Francis McBride, *Consultant* .....Paterson
Stephen J. Lorenz, *Technical Adviser,* representing J. J. Toohey, N. J. Dept. of Labor .....Trenton
Roy Griffith, *Technical Adviser,* representing the Manufacturers' Association of N. J. .....Glen Ridge

Meetings

Trenton.....June 5, 1938.....11 a. m.
Trenton.....Oct. 2, 1938.....11 a. m.
Trenton.....Dec. 4, 1938.....11 a. m.
Trenton.....Feb. 19, 1939.....11 a. m.
Trenton.....Apr. 16, 1939.....11 a. m.

Gauch, William, Newark, General Chairman of the Local Committee on Arrangements for the Clinical Meeting of the M. S. of N. J.
Herrman, William Gettier, representing the M. S. of N. J. on the Board of Trustees of the Hospital Service Plan of N. J.
* Died Oct. 12, 1938.

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First Vice-President, Mrs. A. E. Jaffin .....Jersey City
Second Vice-President, Mrs. E. R. Mulford .....Burlington
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HUNTERDON ..	Barclay S. Fuhrmann, Flemington	E. W. Lane, Bloomsbury ..... Tel. Phillipshurg 10-R-13	E. W. Lane, Bloomsbury
MERCER	W. R. Little, Trenton	A. D. Hutchinson, Trenton ..... Tel. 3-5542	A. D. Hutchinson, Trenton
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MONMOUTH ..	C. Byron Blaisdell, Long Branch..	Dan'l F. Featherston, Asbury Park Tel. 3809	O. R. Holters, Ashury Park
MORRIS	Thomas S. Thomas, Jr., Morrist'n	George J. Young, Morristown .... Tel. 4-0662	Marcus A. Curry, Greystone P'k
OCEAN	Emanuel Sickel, Lakewood	William E. Dodd, Beach Haven .. Tel. 205	J. B. Henriksen, Point Pleasant
PASSAIC	Louis G. Shapiro, Paterson	J. Allen Yager, Paterson ..... Tel. Armory 4-2222	Irving Okin, Passaic
SALEM	H. F. Suter, Pennsgrove	James S. Dunn, Salem ..... Tel. 201	L. C. Hummel, Salem
SOMERSET	Edgar T. Flint, Raritan	L. C. Fritts, Somerville ..... Tel. 1624	Hayward F. Day, N. Plainfield
SUSSEX	James H. Spencer, Franklin	A. H. Groeschel, Sussex ..... Tel. 240	Edward K. Hawke, Newton
UNION	Henri E. Ahel, Elizaheth	Lorrimer B. Armstrong, Westfield. Tel. 0077	R. J. Walsh, Roselle
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BURLINGTON	F. D. Fahrenhruch	Mount Holly	237
CAMDEN	Edmund Hessert	Collingswood	607
CAPE MAY	Clarence W. Way	Sea Isle City	55
CUMBERLAND	J. S. Knowles	Millville	52
ESSEX	Alfred Muerlin	158 S. Harrison St., East Orange	Orange 5-9026
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HUDSON	Joseph P. Donnelly	1 Madison Ave., Jersey City	Delaware 3-6682
HUNTERDON	P. W. Baker	High Bridge	170-R-2
MERCER	James R. Harman	824 W. State St., Trenton	3-0436
MIDDLESEX	James Grieve	88 Market St., Perth Amboy	4-1036
MONMOUTH	William Heatley	Red Bank	80
MORRIS	George L. Nicoll	Dover	180
OCEAN	Harry Ivory	Point Pleasant	212
PASSAIC	Theodore K. Graham	279 Park Ave., Paterson	Sherwood 2-9422 and 1607
SALEM	William G. Hilliard	Salem	332
SOMERSET	Samuel H. Pogoloff	Manville	Somerville 1228
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*Toomey, John, A. and Baker, Conrad, S.—Journal of Pediatrics, April, 1938.

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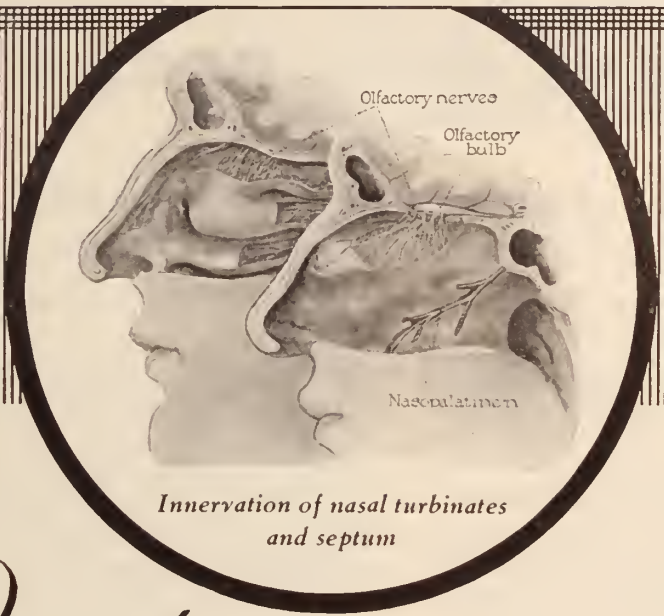

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RECENT ADVANCES IN THE SCIENCE OF NUTRITION

IV. Some Accomplishments of Vitamin D Research

● By 1932, many of the basic facts concerning Vitamin D had been clearly established (1). At that time, the International system of denoting vitamin D unitage had not been universally adopted. However, the antirachitic potencies of a wide variety of biological materials had already been explored; the need for standardization of assay methods was appreciated; the minimum requirement of infants and children for vitamin D had been estimated; and the probable "multiple" nature of the vitamin definitely indicated.

Since 1932, the importance of vitamin D in human nutrition and the challenge of the many unanswered questions regarding this factor have served to stimulate research both in the clinic and in the laboratory. It is of interest to note some of the outstanding advances made in our knowledge of vitamin D which the past six years have brought.

It is now known that at least ten different sterol derivatives are capable of exhibiting the physiologic properties of vitamin D. Of these, only two may be considered of prime importance as far as practical application in human nutrition is concerned, namely, the activation products of ergosterol and 7-dehydro-cholesterol. The remaining forms are of considerable theoretical importance in that their identification has completely established the multiple nature of vitamin D (2).

Further research has also defined more closely not only the vitamin D requirements of normal infants and children, but also of premature infants and those peculiarly susceptible to rickets. Apart from conditions of pregnancy and lactation, the possible requirement of the human adult for vitamin D is still not known (3). The International system of expressing vitamin D potency has been universally adopted: bioassay methods have been standardized (4): and last but not least, a high degree of standardization has been attained, not only in regard to the antirachitic potency of Vitamin D preparations, but also as to the extent to which the vitamin D contents of certain foods should be increased by the various means available (3).

While some foods, including some canned foods of marine origin, are valuable food sources of vitamin D (5), no combination of common foods—as they occur naturally—can supply the demands of the infant and child for the antirachitic factor. Although there is no reason as yet to believe that the normal adult requirement for vitamin D is not largely fulfilled by a varied diet of protective foods, it is definitely known that the infant and child dietaries must be supplemented with or fortified by vitamin D.

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(1) 1932. J. Amer. Med. Assn. 99, 215 and 301.
(2) J. Amer. Med. Assn. 110, 2150.
(3) Ibid. 110, 703 and 1179.
(4) 1936. U. S. Pharmacopeia, XI Decennial Revision.
(5) 1935. J. Home Econ. 27, 658.
1933. Science 78, 368.

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Volume XXXV.
Number 12

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

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Executive Assistant—Norman M. Scott, M.D.
Each member of the State Society is entitled to receive a copy of The Journal every month.

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EDITORIALS

The VanderVeer Family of Doctors

Somerset County is a gold mine of medical history. The VanderVeer family produced a founder of the State Society, and two Presidents, and at least seven other doctors. Also eleven more of the prominent physicians of Somerset County have become presidents, the number being exceeded only by Essex County with twenty-three presidents, and Mercer County with eighteen.

There are at least nine VanderVeers who were physicians of note, including three named James, and four named Henry,—and the difficulty is that their given names are not mentioned in the records, but are called simply Dr. VanderVeer.

The first Dr. VanderVeer,—named Lawrence—was a founder of the State Society. He became President in 1784, and outlived all of his colleagues, dying in 1815, highly respected and influential. An oil painting of him hangs on the wall of his granddaughter's parlor, and is reproduced with this article, as an example of historical treasures that remain to be discovered.

DR. LAWRENCE VANDERVEER
1740-1815

The project of a history of the development of The Medical Society of New Jersey and of its twenty-one county societies is rapidly taking form, and will demonstrate the continuity of the projects of the Society throughout its long history of 172 years.

The New Jersey Welfare Council

For thirty-seven years the New Jersey Welfare Council has met annually to discuss the problems arising from sickness of both the body and the mind. Since time immemorial the inter-relations between physical functions and mental health have been the subject of intensive study, and as a result there arose two groups of practitioners,—the *physicians* who dealt with physical ailments, and deficiencies of mankind; and the *clergy* who considered their mental and spiritual conditions. It was natural that serious conflicts of opinions and practice should arise between the medical and the clerical groups; but with the development of sciences of medicine and psychology, there evolved two main lines of service to the needy:

1. The *private practice of medicine,* whose field was man's physical body.

2. *Charity,* which dealt with the *environment* of needy individuals, under the leadership of the *clergy.*

A further development took place in recent times when the concept of *charity* practiced by individuals and the clergy, evolved into that of *the responsibility of the community* for the health and contentment of its citizens; and hence today three lines of community service are well established:

1. The *medical,* including that of *hospitals* and *nursing.*

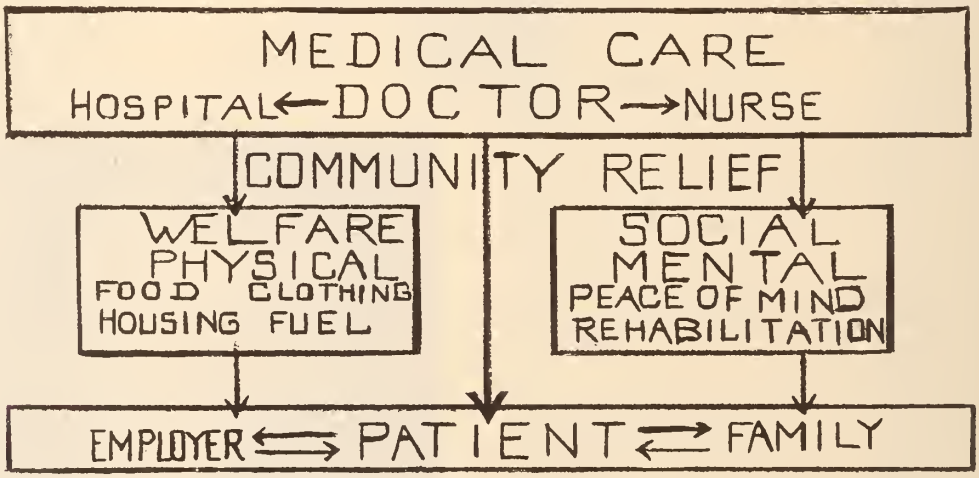
2. The *welfare,* dealing primarily with *physical* environments and needs.

3. The *social,* which is concerned with reactions and understandings between those who are *needy* in an economic sense, and the so-called *independent* classes.

MODERN ORGANIZATIONS

In order to deal with the three fundamental needs of its citizens, on which there is an almost universal agreement, three groups of service organizations have been developed,—the medical, the welfare, and the social.

1. *The Medical Society of New Jersey,* with its component society in each county, deals with the scientific aspects of sickness. The professional group is the oldest organization in the State or nation that deals with the fundamental needs of *health,* having been in existence for 172 years. The basic regard in which good health is held is indicated by the universal greeting, "How are you today?" The high regard of the people for the medical profession is further indicated by the common advice, repeated daily and hourly, "You had better see your doctor." Of no other organized group is this high regard universally expressed.



Community Relations of Medicine to Welfare and Social Services

The medical profession is officially represented in this work by the *State Department of Health,* which coöperates with The Medical

Society of New Jersey to a greater extent and cordiality than in any other State.

2. The *Welfare organizations* deal with the economic aspects of disease. The *New Jersey Welfare Council* provides a central forum for discussion, and a clearing house of information, and influence, on behalf of numberless subsidiary groups scattered throughout the State. All these groups have close medical contacts, and are essential in promoting public sentiment for the support of public measures—largely financial—in providing the physical and economic means by which the sick, and the near sick, may apply the corrective advice given to them by their family doctors.

The official representative of the welfare organizations in New Jersey is the *State Department of Institutions and Agencies*, which deals with the problems arising from mental deficiency and from delinquency—most of which are essentially medical in that the diagnoses and lines of treatment of dependent individuals are determined principally by physicians.

3. *The social organizations* are also prominently represented in the New Jersey Welfare Council; in fact, until very recently the Welfare Council was called "The New Jersey Conference of Social Work".

The peculiar field of the *social worker* is to supply the instruction and the inspiration to the needy, so that they will apply the means of relief freely offered by the Medical Profession and the Welfare Organizations. "The World owes me a living" is a common expression among persons in the dependent class. Family doctors find that ignorance, prejudice, and mental inertia are the usual conditions which prevent their poorer patients from profiting by their ministrations. The essential medical need of these modern times is sympathetic social workers, rather than more medical service. Physicians are ready and anxious to supply efficient medical services if the recipients will apply the services persistently and intelligently. Parent-teacher associations are a potent force in developing in school children a spirit of self-expression, and a participation in these activities which promote their mental health and physical vigor.

OBJECTIVES

The program of the three-day conference of the New Jersey Welfare Council held in Asbury Park on December 1-3, 1938, is devoted to *administrative objectives*, rather than scientific methods of treating the conditions which are diagnosed. The Medical Society of New Jersey was prominently represented on the program by the following members:

Dr. Henry C. Barkhorn, Chairman of the Publication Committee, summarized some of the medical phases of the conference.

Dr. James S. Plant, Chairman of the Committee on Mental Hygiene, spoke on "Working Together for Human Welfare".

Dr. Ellen C. Potter, New Jersey Department of Institutions and Agencies, took for her subject "Working Together in the Field of Health".

Dr. J. Berkeley Gordon, Medical Director, Marlboro State Hospital, discussed "Community Psychiatric and Psychological Services".

Dr. Stanley Nichols, Chairman, Committee on Public Health, spoke on "Sound Methods of Approach to the Public Control and Prevention of Disease".

Dr. C. Byron Blaisdell, Chairman, Venereal Disease Control Committee, discussed the "Public Control of Venereal Diseases".

Dr. Henry Davidson, Editor of the Bulletin of the Essex County Medical Society, spoke on "The Social Worker and the Physician-to-Patient Relationship".

Dr. LeRoy A. Wilkes, Executive Officer, is a member of the Advisory Board of the Council.

The Medical Profession, the Welfare Organizations, and the Social Agencies form a trinity for dealing with all phases of sickness and deficiencies both physical and mental.

The presence of representatives of The Medical Society of New Jersey on the program of the Welfare Council is evidence of the deep interest of the medical profession in the objectives of the allied workers.

Executive Assistant

On April 27, 1937, the House of Delegates approved an appropriation for an Executive Assistant to the Executive Officer, whose proposed qualifications and duties are well expressed in the title of his office. The Journal of May, 1938, page 325, printed an appeal which had been sent to every county society to nominate one of its members for the position,—with no response. After a quiet search over months, the Trustees have engaged Dr. Norman M. Scott, recently retired from the Medical Corps of the United States Army with the rank of Lieutenant Colonel, after an active experience dating from the early days of the World War.

Dr. Scott's army experiences were unique in that they were gained in army posts and hospitals where he performed the duties of a private practitioner among all grades of the personnel of the Army and their families. In his duties he dealt, on the one hand, with sick soldiers and their wives and children, whose needs were exactly the same as those of people in civil life; and on the other hand, he dealt with the leaders of a great organization which provided the means for treatment and prevention.

With this background of experience and temperament, Dr. Scott is well qualified to perform the duties of Executive Assistant in a great society of medical officers whose high objective is to provide sympathetic medical service to the army of the four million people in New Jersey.

Accuracy of Language

How do you interpret the following sentence, "Pregnancy is good for syphilis"?

This statement is taken from a booklet which is entitled "The Diagnosis of Syphilis by the General Practitioner", and is issued "From the Syphilis Division of the Medical Clinic, The Johns Hopkins Medical School and Hospital". It also bears the imprint of the United States Public Health Service.

From the endorsement of the statement by two nationally known authorities, one would expect that its meaning would be plainly evident; but as a matter of fact, it has two diametrically opposite meanings.

When we say "Aspirin is good for a headache", we mean that the drug *kills* the demon of the headache, and is therefore "Good" for the patient. Similarly, we interpret the statement "Pregnancy is good for syphilis", to mean that it tends to remove or prevent the evil effects of syphilis, and is therefore "Good" for the patient,—which of course is the opposite of what the author meant, as every general practitioner knows.

An author is sometimes prone to indulge in a playful inversion of the popular meaning of words in order to arouse the interest of the reader. It may be fun for the author; but it is often tragic to the reader, and always boresome to the Editor.

The 1938 Index

The date of publication of this issue of The Journal has been delayed because of the time required in preparing the annual index. There is a practical limit to the extent to which the recording of details should be carried. Some items which seem essential turn out to be duds; while inconspicuous entries turn out to be the germs of extensive activities. However, the efficient use of any index by the reader requires the exercise of a considerable degree of the same patience that is exemplified in its making by the Editor.

ORIGINAL ARTICLES

THE OFFICE TREATMENT OF THE COMMON RECTAL DISORDERS

By J. Gerendasy, M.D., Elizabeth, N. J.

Read before the Section on Gastro-Enterology of the Annual Meeting of The Medical Society of New Jersey, May 17, 1938.

Proctological disorders are gaining interest among the general practitioners. The purpose of this communication is to acquaint the physician with a few of the rectal disorders amenable to office treatment. It is suggested that the methods embodied in this paper should be utilized only after observing the technic of one well versed in the procedures enumerated.

THE EXAMINATION ESSENTIALS

A clear vision is most essential in all proctoscopic examinations. A cylindrical proctoscope such as a Kelly or Martin Davis with attached light is most satisfactory for this purpose. These with a Cosmos floor lamp and the cotted right index finger constitute the basic armamentarium.

Knowledge of the anatomy of the ano-rectal region is necessary. This can be learned by inspection, digital palpation, and proctoscopy. With the patient in the left lateral Sims, or the knee-chest position, the buttocks should be separated and the external perianal region examined. Just beneath the skin and surrounding the external part of the anal canal a circular bundle of fibers, the subcutaneous external sphincter muscle, is palpable. It is an annular band directly encircling the lowest portion of the anal canal. It is part of the trilaminar muscle which, together with the puborectalis portion of the levator ani and the internal sphincter, forms the ano-rectal ring, the guardian of continence.

Digital examination of the anal canal is the next step. At the distal end of the anal canal, the finger hooks around the internal sphincter muscle, which is a tubular muscle encircling almost the whole length of the anal canal. A very spastic sphincter suggests a vagotonic condition of the colon. Total absence of the tone suggests cerebro-spinal lues. Papillae and the opening of crypts may also be palpated. Contrary to the general impression, internal hemorrhoids are seldom if ever palpable. The entire anal canal and lower part of the rectum is to be palpated particularly posteriorly, for in the concavity of the sacrum important lesions may be overlooked.

Proctosigmoidoscopy should be preceded by anoscopy. A digital precedes instrumentation.

Where the mucous membrane joins the anal skin is the muco-cutaneous junction or dentate line. The majority of lesions amenable to office treatment are situated in this region. The dentate line must be clearly identified before treatment of any kind is attempted. Lesions below the line are usually painful; while those above the line, which is the beginning of the rectum, are usually painless. The reason for this is that the part below the line is supplied by the sensory nerves of the sacral fibers; while the non-sensory sympathetic supplies the rectum.

Pathology which can be seen by anoscopy includes papillitis, cryptitis, polypi, proctitis, and hemorrhoidal hypertrophy.

Following the anoscopy a proctosigmoidoscopy should be performed. With few exceptions it should be a rule that no operation on the ano-rectal region be performed without this examination.

The following rectal disorders will be considered:

PRURITIS ANI

The condition is a disease designated by its most prominent symptom. The etiology is legion. The cases as we see them fall into

three well-defined groups. The first, those in which itching is *mild*, occurring only after defecation or at night. Since lack of local hygiene is often the cause, they are usually relieved by local cleanliness. The use of Kleenex paper rather than toilet paper to which some patients are sensitive, anti-pruritic ointments, such as five per cent benzocaine, or if moist, the well-known Calamine lotion with phenol, will give relief. The diet should contain an excess of fruits and vegetables. Alcoholics, tobacco, and condiments should be interdicted. Constipation should be avoided.

The second group is composed of those in which a definite ano-rectal pathological condition is associated with the pruritis (but which may not be the cause). The conditions in the order of frequency are,—enlarged papillae, infected crypts, proctitis, fissure in ano, chronically infected or ulcerated hemorrhoids, and fistula. The eradication of these conditions may not cure the patient, but at least may forestall more serious consequences. However, if they happen to be the cause of the pruritis, a cure will be obtained by the elimination of these inflammatory conditions.

In this type of pruritis, through persistent scratching, the skin is involved and a true dermatitis, which aggravates the itching, results. With this there is much skin puckering. The area should be thoroughly cleansed with soap and water and a washcloth. This is followed by 50 per cent alcohol.

As a rule *moisture* is present, and either a lotion or powder is preferably applied. Of the lotions the best is lotio calamine with two per cent phenol; and of the powders, Fuller's earth.

Where fungus infection is suspected (often confirmed by examining between the toes) half strength Whitfield's ointment is applied night and morning and two per cent gentian violet painted between the toes for the primary infection.

Where coprostasis is associated, daily rectal irrigation with one quart of one to 5000 potassium permanganate is advised. The benefit observed is in part due to eliminating the irritating effects of the fecal indol and skatol which is claimed to be an important factor in causing the pruritis.

The third group of pruritis ani includes those cases which are of long duration. The perianal skin is thickened, and there is loss of pigment. The skin is thrown into thick folds, with ulceration and fissures; and usually moisture is present. The initial treatment of such a case is by the use of one of the oil-soluble anaesthetics.

The technic is briefly as follows: The anal verge is divided into four quadrants. Skin wheals of one per cent novocaine are raised at the outer margin of the pruritic area, about two inches from the anal verge in the posterior commisure. A dry five to ten c.c. Luer-Lok syringe, with a 19-gauge two-inch needle, is filled with warmed anucaine or benacol (oil soluble anaesthetics), which is then injected into the subcutaneous tissue of the posterior quadrants fanwise, using five c.c. on either side. This is repeated in the anterior quadrants in three to five days, again using five c.c. on either side. The needle with syringe attached is introduced below the skin into the loose tissue on either side of the perianal tissues. The object of the injection is to anaesthetize the sensory nerves supplying this region, which is by the hemorrhoidal branch of the pudic nerve, and the perianal branch of the third and fourth sacral nerve. These nerves approach from the posterior and postlateral aspects of the anus, and the first injection usually relieves the symptoms to a marked degree. It is important that the solution shall be distributed evenly. The precautions to observe are, that the solution shall not be injected into the skin, or a slough may result; and the rectum shall not be entered. The relief may last for several weeks, during which time one may attack the cause.

With relief of local irritations caused by scratching, the associated dermatitis will clear up by any of the applications mentioned above, or the use of half strength aluminum acetate dressing.

On the well-grounded supposition that these cases are frequently secondary to infections in the submucosa of the rectum and anal canal we inject from three to five c.c. of five per cent phenol in almond oil into this area, start-

ing about a half inch above the dentate line. The phenol is bacteriostatic; also it produces adhesions between the mucous and muscular coats. This treatment also dries up the excessive moisture which aggravates the itching.

FISSURE IN ANO

This condition may occur in three forms: (a) Simple acute fissure; (b) subacute fissure; (c) chronic indurated fissure. Only the first two will be considered, since the third form is a distinctly major surgical condition.

Ano-rectal fissures, although occasionally insignificant in size and appearance, are productive of the most severe symptoms.

The simple acute fissure occurs at the posterior median line of the muco-cutaneous junction. Chronic constipation and infection are primary factors in the causation. The treatment consists of the application of a pledget of cotton impregnated with pure ichthyol, left in the fissure bed. This may cure the condition. The application by the patient of hot compresses and any of the local anaesthetic ointments on the market, will give much relief.

The subacute fissure has usually been present for a considerable length of time. The subcutaneous external sphincter muscle is exposed, and severe anal spasm is associated. A patient complaining of painful pile in the absence of external thrombotic hemorrhoid, or perianal abscess, suggests fissure, since internal hemorrhoids are usually not painful. A tag of edamatus skin, called a *sentinel pile,* may be found protruding from the lower angle of the wound. It is advisable to refrain from digital examination in the presence of sphincter spasm, for the attempt will alienate the patient. Inspection will suffice. A complete examination can be done only after the injection of one of the oil soluble anaesthetics mentioned above. This will give considerable relief and allow more thorough examination. This may be done as soon as the diagnosis is made.

The technic of injecting the oil soluble anaesthetic briefly is as follows: Through a novocaine wheal placed one inch behind the fissure, the solution is injected on either side of the sphincter muscle deeply below the fascia. Four c.c. is evenly distributed, first on one side, then on the other side, of the posterior quadrant in a fan-like manner. The remaining two c.c. is injected below the fissure bed, including the external sphincter muscle. The index finger of the left hand in the rectum will aid this injection. Be sure to avoid pooling of the solution as this occasionally causes after pain.

Following the injection, a gradual and complete dilatation with an ironing out of the sphincter muscle is done. This is a very important part of the treatment. The use of Sitz baths twice daily, and the regulation of the diet and bowel habits may insure healing. The ironing process is performed at each office visit, and a small tampon of five per cent scarlet red may be applied at the inner aspect of the wound.

The chronic indurated fissure with marked fibrosis of the fissure bed, and a loss of the elasticity of the anal tissue, must be differentiated from the above types. This is not an ambulant case, and cannot be treated in the office. When it is recognized, a cure results only at the hands of a competent proctologist.

It is important to remember that, when a fissure is associated with internal hemorrhoids, infected papillae, or crypts, or other complications, office treatment should not be attempted. These conditions must be removed, or recurrence of the fissure is likely.

HEMORRHOIDS

Because of the frequency of this condition and lack of understanding of the problems involved, it is important that the practitioner thoroughly familiarize himself with the subject. It is the general opinion among proctologists that only about 50 per cent of so-called hemorrhoids are amenable to office treatment. The other 50 per cent are either complicated by factors outside of the bowel, or are not suitable for injection therapy.

Where hemorrhoids are associated with an enlarged prostate or retroverted uterus with the cervix encroaching on the lumen of the rectum, or where the liver is primarily at fault, these factors must be corrected before treatment can be attempted.

More important are the cases of *rectal bleeding* diagnosed as hemorrhoids, when on closer

examination, cancer of the rectum or sigmoid is present. This phase of the subject should be stressed, for it indicates a deplorable lack of thoroughness in examination. A safe rule to follow is that in all rectal bleeding diagnostic sigmoidoscopy is essential.

For the sake of simplicity, hemorrhoids may be divided into two types, namely,—external and internal. The external type may be subdivided into the external thrombotic and the external skin tabs.

The usual type of external thrombotic hemorrhoid occurs as a single or multiple swelling just adjacent to the sphincter ani. It is important not to confuse this condition with strangulated internal hemorrhoids. The former (thrombotic pile) belongs entirely outside the anal canal and cannot be reduced, although reduction is frequently attempted.

External thrombotic hemorrhoids may be easily removed in the office. The technic is to infiltrate the tissues deep under the swelling in a fan-like manner with anucaine, thus not distorting the parts. To facilitate the injection of the anucaine a one per cent novocaine wheal is made, and some of the solution is also injected into the sensitive area of the ano-rectal line proximal to the lesion. Using a curved scissor, an oval piece of skin is removed. The clot with its surrounding membrane is then lifted out. Bleeding is usually slight, for when properly done, the skin edges appose and early union results.

Patients who refuse surgical removal may be relieved by the injection of anucaine, or benacol, as previously described. This, with the application of wet dressings of weak aluminum acetate, sedatives and sitz baths, as well as mineral oil to insure soft stool, will give much relief.

Internal Hemorrhoids.—The treatment of internal piles by ambulatory methods consists of palliation, and the injection method. The palliative treatment consists chiefly in relieving three prominent symptoms, namely,—bleeding, prolapse, and pain. These three symptoms, singly or together, can be frequently controlled by the application of moist heat and an astringent ointment such as five per cent tannic acid in five per cent benzocaine ointment.

A gentle but thorough dilatation of the sphincter ani is ofte nof decided value since it prevents straining at stool. This can readily be done by the posterior injection of one of the oil soluble anaesthetics described above. The fecal mass should be kept soft by the use of mineral oil, and the diet and other irregular habits of the patient should be corrected.

The injection treatment of internal hemorrhoids produces excellent results in properly selected cases,—that is, the uncomplicated ones. It is important that one should familiarize himself with the complications in order to avoid serious and undesirable results. Some of these contraindications are,—fissure in ano associated with severe anal spasm; inflammed or ulcerated hemorrhoids, which are often associated with proctitis; fistula in ano; excessive skin tabs which usually indicate a chronic ano-rectal infection; hypertrophied anal papillae with infected crypts; and finally, strangulated prolapsing internal hemorrhoids.

In contradistinction to the conditions just enumerated, bleeding prolapsing internal hemorrhoids, complicating cardiac decompensation, diabetes mellitus, pregnancy, chronic kidney or liver disorders may receive considerable palliation when properly injected.

The technic of injection is briefly as follows: We are accustomed to use a Kelly or Martin Davis proctoscope. The instrument is inserted a sufficient number of times to clearly define the exact size and location of the hemorrhoids, and particularly the muco-cutaneous junction. One must never inject below the dentate line. We prefer using a Luer-Lok five c.c. syringe, and a Frankfeldt needle. Five per cent phenol solution in almond oil is injected below the mucosa at the base of the pile. The needle is inserted with firm pressure, and sufficient solution is injected until fine white striations appear in the mucosa. While injecting, the needle must be freely movable to indicate that the solution is not being injected into the muscle. The oil should be distributed as evenly as possible by slowly advancing the needle.

This procedure is repeated above all the prominent hemorrhoids, usually four to six in number. One pile is injected at a time. When the mucous membrane becomes blanched, or

when the patient complains of pain, the injection is stopped, for the technic is faulty. Gentle massage should follow the injection to disseminate the oil.

Treatment should be repeated at three- to four-day intervals unless the sclerosing reaction be marked. We favor the technic described above since high injections reduce mucosal prolapse, some degree of which is always present; and because the sclerosis will not involve the sensitive distal part of the anal canal. The after-care consists in assuring a soft stool with mineral oil, and immediate replacing of any protrusion which may occur after defecation.

Graphic records should be kept of the site of injections and the amount of fluid injected.

PROLAPSE OF THE MUCOUS MEMBRANE OF THE RECTUM

Partial prolapse of the rectum is particularly common in childhood and in old age. Where only one segment of the mucosal prolapse is through the anus, it is often mistaken for internal hemorrhoids.

The condition is fairly common in adults due to relaxation of the ano-rectal ring, especially in the aged. Other causes are,—excess coughing, causing weakness of the sphincter muscle, noted frequently in tubercular subjects; pruritis from any cause, particularly pin worms; injury to the sphincter during pregnancy or operation; disease of adjacent organs, such as enlarged prostate; and any other condition which promotes straining at stool.

The condition is a *mucous membrane* prolapse of the rectum, and does not involve the muscular coats. This is in contradistinction to *procidentia* where all coats of the bowel are included in the prolapse. The condition is recognized by the velvety pink mucous membranes protruding from the anus on straining, and returning spontaneously.

In this simple first degree prolapse the injection of five per cent phenol in almond oil well above the base of the prolapse will produce a cure. The technic is as described in the injection treatment of internal hemorrhoids, except that more of the solution will be required.

PAPILLITIS AND CRYPTITIS

For the sake of brevity these will be considered together. Both conditions are found at the ano-rectal line. Papillitis occurs as irregular sawtooth-like projections varying in number. Cryptitis arises as shallow semilunar pockets between the folds of mucosa, called the *Columns of Morgagni*. Due to trauma from hard stools of constipation, of foreign bodies, these papillae becme hypertrophied and infected. The infected crypts become edematous, and the papillae which usually top it are inflammed, and adherent over the crypt. This nidus of infection is the beginning of many serious ano-rectal complications. Some of these are,—anal fissures, abscess and fistula, sphincter spasm with resultant rectal constipation, and numerous referred symptoms in distant organs.

The symptoms are usually a sense of discomfort varying from a dissatisfied feeling after stool, to severe pruritis, or even pain usually associated with fissure in ano.

Digital palpation will reveal a localized tender area in one or more segments of the circumference of the anal canal.

The treatment of these requires a relaxed sphincter ani. For this purpose one of the oil soluble anaesthetics, injected according to the technic described for fissure in ano, is necessary. After gentle but thorough dilatation and eversion of the anus, the papillae is brought into view with an Allis clamp. A drop or two of one per cent novocaine is injected into the base. It is then excised with a curved scissor, flush with the mucous membrane. Where the crypt is involved, a probe is hooked into it. Novocaine is injected, and it is excised close to the probe by a "V"-shaped excision in order to unroof the crypt. Bleeding is usually slight. Where more than one crypt is involved, the same technic is employed for all, the lowermost crypt being operated first.

SPHINCTER SPASM

Spastic anus is usually the result of long-standing infection, associated with fibrous deposits within the muscle bundles of the sphincters which destroy their elasticity. Chronic cryptitis and papillitis and recurrent anal fissures are frequent causes.

Other causes are rectal constipation and mucous colitis. Reflex causes from disease of neighboring organs in the pelvis may occasionally be contributory.

Digital examination admits the index finger with difficulty. Palpation reveals marked thickening and hypertrophy of the affected muscles.

The symptoms are usually tenesmus, and interference with intestinal function, especially pain on defecation when the stools are scybalous.

The treatment should be directed primarily to the causes enumerated above. The rectosigmoid colon should be investigated with the sigmoidoscope, and appropriate treatment applied to the conditions disclosed. Much relief may be obtained by the injection of from five to ten c.c. of one of the oil soluble anaesthetics mentioned previously. The technic is similar to that described under fissure in ano. Gradual but thorough dilatation of the anal muscles should be part of the treatment. Occasionally a severe form of sphincter spasm will be relieved only by cutting through the external sphincter ani muscles at the posterior commisure. This has resulted in curing some of the most intractible forms of (rectal) constipation.

CONCLUSION

It is hoped that this presentation will stimulate interest in the subject of ano-rectal disorders. Simple digital and proctoscopic examination will reveal disorders, the diagnosis and treatment of which has been so much neglected in the past. Moreover, it may aid in the early diagnosis of carcinoma of the sigmoid and rectum, approximately 65 per cent of which are inoperable because of the absence of the simplest type of proctological examination by the practitioner. However, we wish to stress that the methods enumerated should be applied only after adequate training.

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DISCUSSION

BY HOMER I. SILVERS, M.D., ATLANTIC CITY, N. J.

This paper gives a good résumé of a number of rectal disorders that come within the scope of treatment applied in the office, but the author wisely in the beginning of his discussion speaks of the necessity of an anatomic knowledge of the ano-rectal region.

To this should be added an awareness of the various complications that may and do arise from these apparently simple rectal conditions, for no disease nor any treatment remains simple if followed by disastrous results.

There has come into use the term *ambulant proctology,* as if it were some special or particular type of proctology; whereas the truth is that whether the patient is ambulant or not, is a mere incident to the treatment. No satisfaction can come to the doctor from the mere fact that his patient is on his feet when he should have been in bed.

Every patient that presents himself for a general physical examination is entitled to a rectal examination if nothing more than inspection and a simple digital exploration. This is particularly true if his history gives some information of derangement of bowel habit.

CANCER OF RECTUM

It has been said that 90 per cent of all cancer of the rectum can be palpated by the examining finger, which means that many cancers that were not diagnosed until symptoms that were obvious were presented, could have been diagnosed and the patient given a chance to live and to resume his occupation. I would warn you, however, that a good percentage of rectal carcinomas cannot be palpated, and if, in the presence of a disturbance of bowel function you allow a negative palpation to be final, then many growths about the recto sigmoid will be allowed to develop beyond the stage that any operative interference can be expected to cure.

PRURITUS ANI

There is no unanimity of opinion as to the causative factors in pruritus ani, therefore there can be no fixed or specific treatment. It tends to recur with the least irritation, and for that reason all associated pathology must be removed before any extended relief can be expected.

The use of oil-soluble anesthetics has in recent years been extensive, and in many instances gives comfort over a considerable period. They are, however, capable of producing destruction of tissue with sloughing, and should the anal sphincter be involved in the destructive process, incontinence may result. When properly used, they have a well-deserved place in the treatment of pruritus and are practically devoid of danger.

X-ray has been commonly used for all types of pruritus; and while it has unquestionably given relief in a certain proportion of cases, there is a distinct hazard in its use, producing changes in the skin with lesions that are intractable.

FISSURES

A fissure may be seen in any size, shape, or degree of irritability, depending largely upon the length of time the patient was afflicted with it before relief was sought.

Undoubtedly in the simple tears or in the early

stage, a fissure will respond to various forms of treatment, but unfortunately many patients procrastinate until long-continued pain drives them to seek relief. The fissure is then infected, producing spasm and prolonged pain after defecation. For this, only distinct surgical procedures can be expected to give any measure of success.

INJECTION OF HEMORRHOIDS

In 1871, a physician, Mitchell by name, devised the treatment of hemorrhoids by injection of a sclerosing fluid, carbolic acid. The method was kept secret and was sold to quacks. The itinerant pile quack no doubt produced cures, but with the cures were many disastrous and disabling effects; the method practiced as it was by many who had no medical training caused it to be looked upon with intolerance by the medical man. Recently medicine has recaptured this procedure, and placed it upon a rational basis, so that now it occupies a very definite place in the treatment of hemorrhoids.

There seems to be in the minds of many people an idea that the injection of hemorrhoids is applicable in all cases, and that treatment of hemorrhoids by injecting a sclerosing solution has supplanted operative measures. This of course is not true, for not more than 50 per cent of hemorrhoids seen are suitable for injection. Operation is still the method of choice where permanency of cure is to be expected.

There are, however, a great number of uncomplicated piles that may safely be injected with a reasonable assurance that benefit will be secured as a result of that treatment. Economically it is a factor, giving relief to those that cannot give up the time necessary for hospital care.

The aged, infirm, and surgically unfit patient can secure amelioration of his condition without subjecting himself to an operative procedure that to him may have added dangers.

Various sclerosing solutions have been used, but at present two substances are employed more frequently than others,—carbolic acid in varying percentages, in almond oil, or glycerine; and quinine and urea, usually a five per cent solution.

Dr. Gerendasy has discussed with you the technic of hemorrhoidal injection and the contraindications. I would warn you that, however simple the procedure may seem, that with improper technic, severe and prolonged pain may result; or sloughing may occur with excessive and persistent bleeding, producing a severe secondary anemia.

By A. L. REICH, M.D., NEWARK, N. J.

Having listened to this orderly, concisely composed, and all-inclusive paper on the every-day, common rectal complaints, I wish to commend Dr. Gerendasy on his recognition of the fact that much too long has the irregular practitioner had the run of things with the public in the treatment of rectal diseases.

In these trying times of economic stress, when socialized medicine in one form or another is being presented to us for our consideration, it behooves every practitioner to be aware of these common complaints and their office treatments. The sooner he learns that the rectal-complaining patient must receive a physical examination worthy of its name, just as he would if he had a complaint in any other part of his anatomy, the sooner will the practice of proctology rise above that of the irregular practitioner.

Dr. Gerendasy has very ably brought out in his paper that proctology is not divided into two distinct fields, as the layman believes, and the easy-going practitioner is willing to let him believe, namely, "Bleeding, piles, and itching piles". The fundamentals of medical training, such as inspection, palpation, and digital exploration, along with the use of special instruments, are still the necessary backgrounds to success in diagnosis and treatment. The pathology one should look for, and by training be able to recognize, is well stressed in this paper. Evaluation of these findings, co-related with the patient's symptoms and complaints, even though remote from the field, such as frequency of urination and gastro-intestinal complaints, is necessary before treatment can be instituted. Many times have I seen a frequency of urination due to a deep, angry, infected anal ulcer, and also a vague diagnosis of chronic appendicitis with colonic stasis, cleared up by correcting a marked sphincter spasm.

THE GENERAL PRACTITIONERS

Dr. Gerendasy's paper may be accepted as a text for reference by any general practitioner, and I trust it will be read so when published in the official organ representing this Society. However, with reference to the general practitioner, he cannot be expected to be equipped to carry out all the procedures that Dr. Gerendasy suggests today, either from the standpoint of examination or treatment. If this paper can awaken the general man to the fact that suppositories are not cure-alls, and that all rectal bleeding is not due to hemorrhoids, then it has done much for the profession and the patient to be treated. Proper examination of a bleeding patient will not only eliminate the hemorrhoids, but will even dispel very often the anxious thought of cancer by disclosing a non-malignant growth, which may be as small as the size of a split pea. The removal of these, as possible forerunners of cancer, is very readily done with the electric snare. I have found that the snare, so ingeniously devised by Dr. Gorsch, has given great satisfaction.

Again, in the treatment of anal fissure, it would take a great deal of experience on the part of a general practitioner to decide which fissure is amenable to simple office procedures, and which is not. In my own experience, it is very rare that any fissure presented for my consideration is not an acute exacerbation of an old complaint with a history of repeated cures and recurrences. Many times have doctors asked me to advise treatment after relating how persistent the particular case was, but yet appeared to be so simple on examination. But after

carefully laying down five to ten c.c. of anucaine, the resulting relaxation reveals a deep anal ulcer with the fibers of the subcutaneous external sphincter muscle exposed, and very frequently a drop of pus from a superficial sinus or fistula. A sphincerotomy with wide skin drainage is the cure. This treatment may be an office procedure, but hospitalization with routine operating room technic is more advisable.

The outstanding sentence in Dr. Gerendasy's valuable paper to me is the advice to have *consultation with a competent proctologist.* The more the general practitioner is made to recognize ano-rectal complaints as real pathology by just such presentations as the doctor has given us today, the sooner will he demand proctologic and gastro-enterologic consultation.

THE INJECTION TREATMENT

Another very outstanding thought expressed here today is the statement that only 50 per cent of the internal hemorrhoids cases are amenable to the injection treatment. If this truth could only be widely disseminated for the general information of practitioners, then the public at large would soon be educated to know that the advertiser who promises to cure every case without the knife is either deliberately withholding this knowledge from them, or is not properly educated in the field. From my repeated discussions with many doctors, I can conclude correctly that the wave of popularity of injection treatment of hemorrhoids is not as high as heretofore. The description of the injection treatment was very well done, but an important teaching, to my way of thinking, is that injections should not be done promiscuously by every practitioner just because the pictures in the books make it appear so simple. Even in experienced hands, a slough may occur; and when anatomy is disregarded entirely, then a complication, such as I had the opportunity of seeing from another clinic, of bloody discharge per urethra and a severe epididymitis, can result, with more trouble to the patient than his original hemorrhoidal complaint ever could have given him.

ANUCAINE

I cannot close my discussion without taking the opportunity of saying that, like general surgery, which depended for its great strides upon contributions from the field of anesthesia, so has proctology received one of its greatest boosts from Dr. Rudolph Gorsch's contribution in the form of his oil-soluble anesthetic known to all of us as anucaine. Dr. Gerendasy has well described its uses, and the technic of its administration. To my mind, this contribution has revolutionized office proctology, especially in treating the thrombosed external hemorrhoids, and the relief of sphincter spasm with its usual companion, the anal fissure or ulcer. And, of course, we are all familiar with the grateful patients who tell us that post-operative pain in rectal operations is nil, when they were fortunate in having had an anucaine user for their surgeon.

In closing, I wish to thank Dr. Gerendasy for presenting a subject so interesting for our consideration; and to the members of this Society I am most grateful for the privilege of being allowed to discuss so valuable a topic.

A RECORD-BREAKING HERNIA

By L. Samuel Sica, M.D., Trenton, N. J.

The following case of inguinal hernia is reported because it seems to be a record-breaker in size, and yet it did not prevent the patient from earning his living until a few days before his final illness.

The patient, W. W. L., whose home and work was in Princeton, was a large, muscular man, who weighed 285 pounds since he was fifteen years old, and who was an engineer running a stationery engine. His medical history is in two phases.

FIRST PHASE

On June 29, 1923, when he was forty-five years of age, he entered the Presbyterian Hospital, 51 North Thirty-ninth Street, Philadelphia, in the service of Dr. E. B. Hodge. The essential features of his hospital record are as follows:

For a number of years the patient has had a right inguinal hernia for which he has never worn a truss, and which has been slowly and steadily increasing in size. At first it gave him a good deal of pain, but recently none. It is as large as a man's head, hanging low down between the thighs and causing a good deal of external deformity. He states that during the night it is reduced in size by about one-third. It seems to be made up of a combination of omentum and intestine, and is irreducible to slight taxis. It is not tender or painful. He is a large, heavy man, but in apparently good physical condition. Heart and chest negative. He now wishes operation because of the deformity and discomfort. Arrangements made for admission to Presbyterian Hospital on July 3, 1923, where after a few days' rest in bed, operation will be done.

July 7, 1923.—Patient has been in bed three days in the hospital, but the bulk of hernia only reduces

by about one-quarter, the rest being irreducible. At 9:15 today, G. O.: Inguinal incision through five inches of fat, sac opened, no constriction found at neck, which was about the size of the wrist. Most of the sac contents were delivered onto the abdomen, when it was found that there was involved nearly the whole of the small intestine, together with the colon, from the cecum to the sigmoid, and a large piece of omentum of fair size. The mesentery of the small intestine was very fat and thick. The lower end of the mesenteric root, together with the cecum, formed a sliding part of the hernia.

It was found to be absolutely impossible to return even the small intestine into the abdomen, as the space there had been filled up, partly by fat and partly by contraction due to the long absence of intestine from its normal situation. The contents of the sac were therefore returned, the incision in the wall was closed with chromic gut and with silk worm gut with one cigarette drain.

July 16, 1923.—Irritation in groin much improved. Slight serous drainage from tract of cigarette drain, and rubber dam placed there today.

July 23, 1923.—Out of bed daily and walking a little. Chafing practically cured. Slight serous discharge from drainage tract.

July 31, 1923.—Patient discharged from the hospital. Wound entirely healed.

The patient came to Trenton, and for thirteen years he worked as an engineer in a factory, without making a complaint, concealing his hernia by working in a long overcoat, even in summer.

SECOND PHASE

The author first saw the patient on September 3, 1937, in St. Francis' Hospital, Trenton, which he had entered because of a necrosis of the lower end of his scrotum. Fluid was found in the dependent part of the scrotum, which was tapped several times, with considerable relief. A thorouh physical examination (which is detailed in the hospital chart, No. 5577), was practically negative, except that of the abdomen, which is described as follows:

Abdomen—There is an old scar over right inguinal region. Abdomen is soft and no tenderness. There are no palpable masses. Liver is three fingers below costal margin. There is a very large right scrotal hernia which extends down to the calf of the leg. There is no tenderness. Right lower side of sac is ulcerative, probably due to a deficient circulation. Penis is found in the left upper corner of sac, and is completely hidden in the sac of the hernia. The sac is tympanitis at upper outer side and very hard at lower pole.

Five days later (September 8, 1937), I performed an operation, which is described in the hospital record as follows:

Operation—Large scrotal hernia painted with metaphen. An area about one foot in diameter at most pendent point was necrotic. Whole area was incised to relieve it of some of its pressure. Trocar was inserted at several points with withdrawal of about 200 cc. clear yellow fluid.

Photograph of the scrotal hernia of W. W. L.

Post-operative dianosis: Cellulitis, scrotal.

Patient reacted well following the operation.

September 18, the patient was out of bed, with a normal temperature.

On November 10, 1937, a barium gastro-intestinal study was made with the following result:

Six Hours Study—Bulk of meal in lower ileum and ascending colon. The lower ileum and intestines are displaced low in hernia sac in scrotum. There is no evidence of intestinal obstruction.

On November 13, 1937, the hospital record reads:

Scrotal aspiration done by Dr. Sica while patient was lying in bed. Five quarts of fluid, yellow serous fluid, withdrawn. Patient experienced no pain and says scrotum feels much lighter.

On December 3, 1937, a second operation was done by Dr. Sica, which is described in the hospital record as follows:

Excision of scrotum, evolving area at least twelve inches in diameter, was done under general anesthesia. This involved the dependent part of hernia, the hernia extending down below knees for about four inches.

Peritoneum opened and several loops of bowel caught in adhesions were freed of adhesions. Peritoneum then closed except for small puncture wound on right side, which was used for drainage of peritoneal cavity.

Skin incision then closed, interrupted dermal sutures after all bleeding was controlled.

On December 13, 1937, the patient's condition became worse. The edges of the operative wound showed sloughing. On December 17 the patient became unconscious, and had involuntary urination and defecation; and on December 18, he died.

POST-MORTEM EXAMINATION

A post-mortem examination was made by Dr. E. L. Shaffer, with the following findings:

1. *External Appearances*: Body is that of adult white male of about stated age. Moderate post-mortem rigidity; well-nourished, muscular individual. The scrotum forms a large hernial sac 40 x 35 cm., the penis being withdrawn in this sac. There is a surgical incision in the median lower half of scrotum about 15 cm. in length.

Thorax: The right pleural cavity contains about 2500 cc. of dark amber sanguinous fluid. The left side contains about 50 cc. of similar fluid; no adhesions on either side.

Pleural Cavities and Lungs: Both lungs are crepitant throughout, and show no areas of consolidation, but considerable basal congestion.

Pericardium: Contains about 60 cc. of amber fluid; no adhesions.

Heart: Is somewhat enlarged; its musculature is extremely flabby; the coronary arteries are calcified, the left branch being like a pipe-stem. There are also calcereous deposits on aortic and pulmonary valves.

Aorta: Calcareous deposits on aortic valves.

Large Arteries and Veins: The inferior vena cava is displaced to lie in the right side of the abdomen. Many of the mesenteric vessels are greatly distended.

Genito-Urinary: *Kidneys*—Each kidney weighs 160 grams. The capsules strip extremely easily, the surface shows a granular appearance with punctate hemorrhage; the cut surfaces show ill-defined medullary and cortical markings.

Suprarenals: Both are normal in size and in gross appearance.

Bladder: Is distended with urine, but shows no evidence of pathological changes.

Abdomen: On opening abdominal cavity, a large dilated stomach presents itself, with the greater curvature pulled into the pelvis by traction of greater omentum which is caught in the hernial sac. Some free fluid is present in pelvis, and in left hypochondriac region.

Pancreas: The pancreas is normal in size and position, and to gross inspection. The enlarged spleen is rather densely adherent to the tail of the pancreas.

Spleen: Measures 18 x 8 x 5 cm., its surfaces are covered with fibrin, and there is an accumulation of turbid fluid beneath it; the parencyma is soft, extremely friable, and the cut surface is markedly hemorrhagic.

Liver: Is a light buff color, extremely hard and completely studded with nodules of varying size both from the ventral and dorsal aspect; the gall-bladder wall is thin, and contains 30 cc. tarry bile; no calculi.

Stomach: It greatly dilated to about four quarts capacity and traction of greater omentum has pulled it down so that the pyloric end rests over right iliac crest; pylorus is patent and there is no evidence of gastric pathology.

Intestines: The small and large intestines are found in hernial sac as described under "External generative organs". Their serosa surface is reddened and their surfaces are adherent, but there is no point of abstructive compression.

External Generative Organs: The scrotum forms a large hernial sac 40 x 35 cm., the penis is withdrawn into this sac, only its orifice being visible. In this sac about all the small and large intestines are found with the exception of the descending colon and first portion of duodenum. A surgical incision pointing to right rectus muscle, about eight inches in length is present, unhealed and open.

Pathological Diagnosis: Giant inguinal hernia (scrotal). Right pleural effusion. Coronary sclerosis with myocarditis. Cirrhosis of liver (hob-nail type). Chronic nephritis.

COMMENT

This case report is of interest because of the associated facts which are so contrasting. This patient was admitted to our service because of the distress he suffered as a result of this large hernia; but he died several weeks after admission, not from the effects of such a large hernia, but to one of several conditions each of which, in itself, would have caused the same ending.

I must recognize that it may be termed an oversight in failing to recognize the pleurisy with effusion. That, I believe, took place in his last days, because at no time did he show symptoms or signs that would indicate it.

In my investigation of reports, I compared sizes of hernias. I have been unable to find one reported that was more than half the size of this one. In this report it will be interesting to note that the terminal hernial content was present at the first operation. It is also interesting to note that here was a patient with a pathological liver; but he showed no evidence of it except in the increased amount of fluid in the hernia sac.

SOME CONSIDERATIONS IN GALL-BLADDER SURGERY ANALYSIS OF 100 CASES

By Victor B. Seidler, M.D., Montclair, N. J.

Read before the Surgical Section of the Annual Meeting of The Medical Society of New Jersey, May 17, 1938.

Because gall-bladder disease is a fairly common and very serious human ailment, it rightly receives a great deal of attention from the medical profession. This interest finds expression in a tremendous literature concerning all phases of the management of gall-bladder lesions. There would seem to be no other medical subject about which so much has been written. During the past three months, while I have been gathering the material for this paper, articles on gall-bladder surgery have broken out like a rash in all the surgical journals of the country. Every possible aspect of the subject has been examined and discussed. I really feel that I should apologize for coming before you to talk about something concerning which I cannot hope to produce anything that has either freshness or originality.

Moreover, from all this mass of literature very little information is to be gained, because there seems to be no agreement among those who should know most about it, not even concerning the etiology or symptoms characteristic of the various gall-bladder lesions. In regard to diagnosis and treatment, there are almost as many opinions as there are operators.

BASIS OF STUDY

It is not my wish to take sides in any of these controversies, nor to consider the gall-bladder problem as a whole. From the case-records of patients seen in my service during the past five years, I have taken 121, which, when admitted to the hospital, were diagnosed as gall-bladder disease. Of these, 100 operative cases were taken in chronological order without any attempt at selection, this number being chosen arbitrarily merely for convenience in reckoning percentages. We have kept track of 92 per cent of these patients for at least three years, either through the Social Service Department or the Follow-up Clinic, so that we have the necessary data on which to reach an estimation of the end-results.

It has been interesting to compare these later gall-bladder cases with those of a similar series seen in our hospital about ten years ago. Mortality in the present series is seven per cent; in the 1928 series it was 27 per cent. While this gratifying reduction in the fatalities is undoubtedly due in large part to improvement in surgical technic and operative judgment, it may also be attributed to the improved preoperative preparation we are now giving our patients, and the more complete coöperation with other departments of the hospital, more especially with the internist and cardiologist.

It is my intention at present to discuss some of the questions which have arisen concerning the management of these cases, and to mention certain conclusions I have drawn from my experience. I feel that this experience is fairly typical of that derived from any surgical service in a smaller hospital outside the metropolitan medical centers. So I hope that what I have to say may prove of interest to others who may find themselves in a similar situation.

One of the chief problems to be solved is whether any given case shall be treated by surgery, or first be subjected to medical management. Only a few years ago, it was considered highly dangerous to operate upon acute cholecystitis. A little later prevalent opinion changed, so that many surgeons of unquestioned authority argued that it is better to intervene immediately whenever the existence of cholecystitis can be proved. Even if the gall-bladder cannot be removed, drainage should be established, as this will prevent the occurrence of more serious lesions, such as gangrene and perforation.

The literature published in the last few months shows that opinion is now widely divided. Heyd, for example, urges cholecystotomy in the midst of an acute infection; but other authorities believe that delay until the acute symptoms have had time to subside is the wiser course.

Type	Number of Cases	Stone	Average Hospital Care	Cases Drained	Ducts Drained	Died	Symptom Free	
Acute	18	16	26.3 days	2	2	3	16	89. %
Subacute	30	22	16 days	0	2	2	20	66.2%
Chronic	48	30	15.4 days	1	10	1	24	50. %
Strawberry gall-bladder	3	0	14 days	0	0	1	0	
Perforation	1	1	28 days	1	0	0	0	
	100	69		4	14	7		

ANALYSIS OF 100 CASES OF CHOLECYSTITIS

ACUTE CONDITIONS

It is my experience that intervention upon acute conditions should be avoided if possible. In the series here considered, eighteen cases were operated upon while in the acute stage. The average time in hospital for these patients was 26.3 days, while those classed as "subacute", who entered four or five days after the acute attack, show an average hospital stay of sixteen days. The forty-eight chronic cases remained in the hospital an average of only fifteen days—just a little more than half the time required for convalescence from operation carried out during the acute stage. From this, I draw the inference that better pre-operative preparation in the subacute and chronic cases definitely shortened the convalescence and gave greater satisfaction to the patients.

The term "acute" as applied to cholecystitis must not be accepted as precisely equivalent to an "acute" appendicitis. By the time the average gall-bladder case reaches the hospital, the most violent symptoms will have somewhat subsided; and so there is usually time to make a more or less thorough examination, and to reach a decision in regard to treatment which takes account of the various factors involved. With the chronic cases there is always opportunity to examine the patient carefully and prepare him adequately. The results of this are reflected in the shorter time needed for recovery.

MEDICAL MANAGEMENT

If we could see all our patients as soon as there is any evidence of gall-bladder disturbance, it would not be necessary to do as many cholecystectomies as we are now performing. My statistics show that at least one-third of the patients who have their gall-bladders removed still suffer from some form of *biliary tract* disturbance. I am inclined to believe that a good many of the patients in this series would be better off today if they had had medical treatment only, or perhaps a cholecystotomy with simple drainage, without taking the gall-bladder out entirely.

This means that more attention should be paid to improving our medical management, and suggests the wisdom of further standardizing the particular clinical symptoms indicating that surgical interference is imperative. It should not be forgotten that the acute inflammation, on account of which cholecystectomy is done, results from a combination of conditions, many of which may be of very long standing. The surgeon may excise the local infected organ, but it is seldom that he is able to remove the underlying etiologic factors because, as a rule, they involve other organs and are beyond his reach. If bile stasis and gall-bladder infection can be demonstrated by x-ray, though there is as yet no evidence of stone-formation, medical treatment should be tried before resorting to surgery.

But when cholelithiasis is established with demonstrable stasis and symptoms, the time for medical management is usually past. When stones are actually present, the dangers of "watchful waiting" are much increased, and the older the patient, the greater the danger.

Sixty-nine of my patients had stones, this figure corresponding closely to the "70 per cent" often named as the average. As might be expected, the greatest number were found in the chronic cases, the percentages being 30 for the chronic, 22 for the subacute, and 16 for the acute cases.

Three of my patients presented the so-called "strawberry gall-bladder". These cases may be cited as instances of operation when it is a question whether medical management might

not have been better. Unfortunately, this condition can seldom be diagnosed before operation. It is due to the cholesterosis—a deposit of "seeds" upon the mucosal lining of the gall-bladder which becomes so congested as to be "strawberry-red" in color. The origin of this condition is unknown, but it seems probable that bile stasis may be responsible for the deposit of cholesterol. Usually the infection is a mild one, causing little or no interference with function, and of itself not warranting cholecystectomy. Two of my patients were operated upon under the diagnosis of chronic cholecystitis.

One patient had been having pain in the upper right abdominal quadrant for a year, and more recently, the pain had radiated under the right scapula. There had been nausea, loss of weight, and secondary anemia. The specimen removed showed fibrous thickening and beginning deposits of cholesterol. The follow-up indicates that the operation was entirely satisfactory and beneficial.

A second patient had multiple adhesions about her strawberry gall-bladder, indicating a process of long-standing. The time she spent in the hospital was twenty-one days, and the period of incapacity considerably longer. This patient likewise reports improvement in her general health since the operation.

The third case of strawberry gall-bladder is listed among our fatalities. This woman had suffered a typical attack of biliary colic two years before, and more recently had pain in the epigastrium and back. She had four days of preparation before cholecystectomy was performed, yet she failed to rally, dying of acute cholangitis on the twelfth post-operative day.

Though this last case emphasizes the uncertainties of success even after careful preoperative preparation, it does not in any way detract from the value of such preparation. If the patient's condition will not permit cholecystography, the plain x-ray often gives useful information.

Especially important is the coöperation of the cardiologist. The differential diagnosis between coronary disease and lesions of the gall-bladder is by no means easy. The earlier manifestations of biliary disturbance are readily confused with anginal pains, and on the other hand, true heart lesions have frequently been diagnosed as "gall-bladder trouble". A cardiogram should be a routine part of every examination for suspected cholecystitis, and repeated tests are sometimes necessary before it can be established whether or not a definite heart lesion exists. The cardiologist can likewise make valuable suggestions about post-operative care, so his assistance should always be sought, even when the patient makes no complaint of anginal pains.

Because a great deal has been said and written as to whether or not cholecystectomy should be done in the presence of acute inflammation, I have examined my case reports and follow-ups for evidence for and against this practice—other than the length of the hospital stay already mentioned. All the patients concerned had been under post-operative observation for three years or longer. One noticeable and perhaps rather surprising fact is brought out in regard to freedom from symptoms at the present time. Of the eighteen patients who underwent cholecystectomy during the acute stage, sixteen (89 per cent) are reported free from symptoms, while of the thirty subacute cases, twenty-four, or 76 per cent, say that they are entirely well; and of the forty-eight chronic only twenty-four, or 50 per cent, are now quite free from symptoms referable to the biliary tract. While it is impossible to generalize from a series so relatively small, my experience certainly indicates that early operation, even in acute conditions, is in the long run more beneficial than conservative measures where there is always the possibility of permanent liver damage later on.

However, in my opinion, it takes more courage *not to operate* upon a gall-bladder patient who is gravely ill than to go ahead without waiting for a careful evaluation of the findings by x-ray and cardiogram, etc., and their correlation with the physical indications. The most experienced surgeons, however, unite in cautioning against the too hasty removal of the gall-bladder without adequate indications, while at the same time they emphasize the importance of establishing drainage in the presence of infection, and the need of help from the surgeon when an acute attack comes in the course of a chronic cholecystitis.

Contrary to my personal experience, many of the contributors to current literature have found it necessary to institute simple drainage

of the gall-bladder or cystic duct. It does not seem to me that drainage should at any time be employed *as a routine*. In my series there were but two cases where cholecystostomy with drainage was necessary in an acute gall-bladder. In one patient, she was younger than the average, being but thirty-three years old, yet the first symptoms had appeared fully three years before entrance into the hospital. An acute attack took place three weeks before entrance, and the somewhat atypical symptoms had led to a diagnosis of acute pancreatitis.

Only four cholecystomies are recorded for the entire operative series, yet in fourteen cases the common duct was explored and drained. If the pateint is jaundiced, it generally indicates that there is obstruction in the ducts, which may be due to stricture, a hepatitis, a stone, or some definite infection of the biliary tract—we, of course, eliminate obstructive jaundice from pressure on the common duct, cancer or duodenitis as a cause. It has always been my opinion that if the gall-bladder proves to be diseased after surgical exposure it should always be removed, except, of course, when circumstances are such that it is hazardous to prolong the operation. But if cholangitis is noted, the common duct should always be explored and drained. For this purpose we place a T-tube, which by maintaining free drainage will assist in ridding the patient of biliary tract infection.

Adequate exposure of the whole biliary tract is important, no matter what the procedure eventually to be carried out. When dealing with stones, the common and hepatic ducts, as well as the cystic duct and its artery, should be laid open for adequate inspection, and, if need be, exploration for possible stone. A longitudinal incision directly into the common duct is made before any attempt at closure, and drainage is always provided and maintained sometimes until the end of convalescence.

There were 100 operations among my 121 patients, twenty-one of the series receiving medical treatment only. There were seven deaths in the series. During this period there were in all, twenty-one patients for whom operation was considered unwise, either because there was some question as to the correctness of diagnosis, or because they were seen early enough to be amenable to medical management. It is somewhat paradoxical that in the decision as to advisability of operation, as well as the matter of preoperative preparation, the ward patient regularly fares better than the private case. Patients sent into the hospital by private physicians usually bring their diagnoses with them, and may resent being put to the additional expense of further examination by consultants such as the cardiologist, gastro-enterologist, or internist. But all the resources of the hospital are placed at the disposal of the ward patient without question, and the cooperation of all departments is made a part of the routine management of every admission. For the past three or four years, however, we have made special efforts to have cardiograms made in every case entering the hospital, and have impressed the need of thorough preoperative preparation *after entrance* upon patients of all classes.

An analysis of our fatalities brings out some rather interesting points. Three of these deaths were directly due to an embolus which took place despite the most meticulous care, designed especially to prevent just such tragedies. In all three the coöperation of the cardiologist had been freely given, both in pre-operative preparation and the postoperative care. As always, these deaths were sudden and the catastrophe quite unheralded. Two died of pulmonary emboli, having a very rapid course, and one resulting in a cerebral embolus as shown by autopsy. One patient was from acute classification, another from the chronic, while the third represented the type where the wisdom of operating at all is questionable, in view of the numerous complications which the pre-operative examination had brought to light.

Another patient, who had undergone cholecystectomy and appendectomy and left the hospital after a normal convalescence, returned eleven days later with an acute condition, indicated by fever, jaundice and apparently obstructive symptoms. Although choledochostomy was immediately done, she succumbed within a few hours. This patient would in all probability have recovered normally had the common

duct been explored and drained at the first operation.

For several years past we have used cyclopropane as an anesthetic, but in one of these fatal cases this was not employed, the older gas-oxygen-ether combination being administered instead. The patient did not do well on the table and never fully rallied from the operation, dying on the fifth day of an insufflation pneumonia, despite every effort and care that medical science could suggest.

Our seventh fatal case was that of a patient so desperately ill, because of the many surgical complications presented, that operation was thought to be less hazardous than inaction. A perforated gastric ulcer had caused the stomach to form adhesions to a gall-bladder full of stones, and because of these adhesions it was necessary to do a cholecystectomy. The patient had been aware of the ulcer and the gastric condition many years before. The autopsy showed extensive peritonitis in the upper abdominal cavity, taking its origin from the gastric ulcer perforation.

In summarizing these experiences, I would draw your attention especially to the following points:

1. Despite wide difference of opinion among authorities as to whether or not acute cholecystitis should be subjected to operation, it is my belief that in the majority of cases the inflammed gall-bladder should be surgically explored.

2. True "acute" cholecystitis is seldom seen in routine hospital practice. When the majority of these patients reach the hospital, the acute manifestations are subsiding, so that a long wait for their regression is unnecessary.

3. Gall-bladder disease, seen early by competent diagnosticians, may often be treated by non-surgical methods. It is because treatment is not applied until the inflammatory condition is well advanced that we have to do so much surgery. Whenever possible, suitable medical measures should be instituted. I agree with Mock when he says that even though the gall-bladder has become a "container of stones" there may not be sufficient reason for removing it, and that in the presence of acute empyema a rapidly performed drainage operation is safer and preferable to the more prolonged cholecystectomy. If the surgeon finds on exposing the gall-bladder that it has undergone no extensive pathologic change, he should not be afraid to withdraw without removing or even draining it. "The day is past when this organ should be considered a useless, non-functioning vestigial structure."

4. So-called "strawberry gall-bladder", if recognized, should be treated medically, as the condition is due to a relatively mild inflammation, seldom producing extensive pathologic changes.

5. Most cases of cholecystitis are seen too late to permit strictly medical treatment. Conservative surgery should be undertaken before repeated attacks of colic indicate that the biliary system is badly damaged, with probable stone-formation. Even then, exploration and drainage of the gall-bladder (if indications warrant) may sometimes take the place of complete removal of the gall-bladder.

6. The question of drainage is still open. I do not believe it should be instituted *as a routine*, but am convinced that cholecystostomy with drainage has left many patients in possession of functionating gall-bladders, and on the other hand, many potentially useful gall-bladders have been needlessly sacrificed.

7. In any surgical intervention upon the gall-bladder and ducts adequate exposure of the entire biliary system is important. The indication for exploration and drainage of the common duct is jaundice, as this shows biliary obstruction, which may be due to stone, stricture, hepatitis, or varying degrees of biliary tract infection.

8. Post-operative complications may be lessened by a careful physical check-up of each patient before submitting him to operation. The more extensive the procedure employed, the greater the chance of post-operative trouble. Not only the roentgenologist, but the cardiologist should be asked to coöperate, for the confusion between true heart lesions and the reflex anginal pains arising in the biliary tract often leads to grave diagnostic mistakes. Though an analysis of the fatal cases in this

series shows that tragedies will occur in spite of every care, the value of complete pre-operative preparation is proved by the better records in the follow-up of patients who were thus prepared.

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DISCUSSION

BY DR. B. B. RANSON, EAST ORANGE, N. J.

This section of the Society is to be congratulated on the comprehensive and excellent presentation of the topic of gall-bladder disease, which is receiving so great a share of attention from both the internist and surgeon.

Aside from gastric and duodenal ulcer, gall-bladder disease is responsible for most of the so-called chronic indigestion. The essential elements in a proper diagnosis are: the long existence of the flatulent type of dyspepsia, the exclusion of the existence of ulcer, and the confirmation of x-ray study.

It is unfortunately true that many needless gall-bladder operations are performed, and these victims of unnecessary surgery remain to haunt the offices of the operator. This is particularly the case with the chronic cholecystitis without stones.

It has been our experience that many cases treated conservatively by diet, biliary drainage, and medical measures, who have failed to receive relief, have derived prompt benefit from proper surgical care. In evaluating these cases and supplying proper care, there are three essential factors: surgical judgment, operative experience, and a clear conscience. In the ten-year period, 1928-1938, 623 cases of cholecystitis were cared for in the Orange Memorial Hospital. Of these, 142 were acute, the operative mortality being seven per cent; 481 chronic cases, mortality three and one-half per cent.

By acute cases, we refer to those in which the gall-bladder shows gross evidence of swelling of the walls; discoloration, ranging from the bright red to the dark purple and black of gangrene; oedema of the organ and ducts. In these, calculi usually being present.

It is our experience that early operation gives best results, not necessarily emergency treatment within the few hours after observation, such as is indicated in perforation. Twenty-four to forty-eight hours' preparation may be advisable in order to improve the patient's general condition by the usual measures, as the intravenous administration of glucose, saline; the careful general physical examination, particularly determining the condition of the heart. In those cases of good physical risk, presenting very acute symptoms, immediate surgical intervention is advisable, and we have had no cause for regret of early operation. These cases do remarkably well. For this reason and because one cannot tell which case may already be gangrenous and go on to perforation, while employing conservative measures; the risk of early operation is great, but that of delay greater.

While acute appendicitis and acute cholecystitis present many similar problems, the danger of delay is, of course, greater in appendicitis. A cholecystitis is more likely to occur in older subjects and the rapidity of infectious process is less marked. However, the same general surgical principles should apply to the consideration of both conditions.

This subject has received attention in many recently published papers. Fenney, Heuer, Graham, Stone, Whipple, Douglas and Morris Smith favor early surgical intervention; Cave and Pennoyer, of Roosevelt Hospital, and Dixon, of the Mayo Clinic, advise conservative treatment.

Dr. Seidler's report of sixteen out of eighteen cases operated in the early acute stage, being well and free of symptoms, is gratifying.

In chronic cases, which have been jaundiced and where calculi are not present in the gall-bladder, a careful search of the common duct is advisable.

The whole subject deserves coöperation between the internist and surgeon in the selection of cases for operation and in the proper after care of those who have received surgical attention.

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GALL-BLADDERS THAT REQUIRE SURGICAL TREATMENT

By Max Danzis, M.D., Newark, N. J.

Read before the Section on Gastro-enterology of the Annual Meeting of The Medical Society of New Jersey, May 17, 1938

It is very often difficult to decide with reasonable certainty when surgical interference is indicated in certain types of gall-bladder disease. In many instances, the clinical symptoms do not indicate the exact pathological process which is taking place in the gall-bladder, the bile ducts, or the liver.

Cholecystography and other laboratory methods have contributed much to the diagnosis of this disease, and in many instances have been the deciding factors in the adoption of a plan of treatment. Nevertheless, absolute reliance on these findings frequently leads to error and confusion. This is particularly true in the so-called *chronic or non-calculous cholecystitis,* presenting vague clinical symptoms of long duration, in which the x-ray finding is an essential factor in deciding upon an operative procedure. This group of cases has contributed much to the poor post-operative results in gall-bladder surgery. The unsatisfactory results in these cases are frequently cited as an argument against the surgical treatment of cholecystitis.

Do we have definite means of differentiating between the so-called (a) infected gall-bladder with minimal changes, and (b) the infected gall-bladder with more advanced changes? These gradations are difficult to determine even with our most modern methods of diagnosis. A chronic gall-bladder infection may suddenly become very acute, terminating in empyema or perforation. A ball-valve stone impacted in the cystic duct may remain quiescent for a time, gradually occluding that duct, leading to the formation of a fibrosed functionless gall-bladder. If the impaction is sudden and complete, it usually leads to an acute cholecystitis with or without empyema and occasionally to perforation.

In the acute case, the problem is a very serious one. It has been shown recently that the incidence of gangrene and perforation in cases of acute cholecystitis is much higher than commonly believed. Some estimate the incidence of gangrene and perforation in acute cholecystitis to be as high as 20 per cent, and the mortality, as a result of this complication, to vary between 20 and 40 per cent.

Every patient is entitled to a palliative measure during the first attack of cholelithiasis or cholecystitis. He should be kept under observation during the first attack and after it has subsided, so that the character and severity of the infection are definitely established; but as soon as the clinical symptoms become persistent, operation is indicated. There are many instances in which prolonged suffering could have been obviated and some lives saved, if the operation had been performed soon after the presence of a persistent and troublesome gall-bladder disease had been fairly reasonably established.

There is very little to be gained in waiting when the surgeon is satisfied with the diagnosis. I do not wish to be put in a position of criticizing the medical treatment of cholecystitis or non-surgical biliary drainage as a therapeutic measure in certain carefully selected types of cases.

It is conceded that many cases of cholecystitis, particularly of the non-calculous type, will improve under medical treatment, with or without biliary drainage. The difficulty with non-surgical biliary drainage is the promiscuity with which it is used. Many patients, in my surgical experience, have undergone protracted biliary drainage for what proved, at operation, to be a pyloric ulcer, or a common duct obstruction, or even a large stone encysted in the ampulla of the gall-bladder. Some of these cases which came to operation were of an emergency nature and very poor operative risks because of this protracted form of treatment. Such an experience makes one feel that the gastro-enterologists are in a position, after having had many years' experience with this method of treatment, to give careful consideration to this question, and to establish more definite indi-

cation for its use and make every effort to stop its abuse.

The attitude which many of the general practitioners and some of our gastro-enterologists assume in the treatment of gall-bladder disease today is somewhat similar to the one adopted many years ago by the conservative group of physicians and surgeons when the question of immediate operation for acute appendicitis was strongly advocated by the more so-called radical group of surgeons. It first met with moderate condemnation; and then followed a slow but gradual recognition; and finally it was adopted as the most efficient method of treatment.

In the treatment of acute or chronic cholecystitis, both the surgeon and the gastro-enterologist are faced with a two-fold problem which can only be solved by careful consideration of the clinical history, the laboratory findings, and the physical signs present in a given case. Preconceived notions with reference to a certain form of treatment, or to a surgical procedure, are very often detrimental to the interests of the patient.

The question of medical versus surgical treatment is in many instances left to the discretion of either the attending general practitioner, gastro-enterologist, or surgeon. In deciding upon a form of treatment in a given case, each one is likely to be influenced by the end results obtained previously with a particular procedure in one or several cases.

It is only natural for the general practitioner who is called upon to administer treatment to a patient in the acute stage of biliary colic, which is usually relieved by a hypodermic of morphine, to advise expectant treatment. The gastro-enterologist, who sees the patient after the acute symptoms and physical signs have subsided, is also inclined to advise a course of medical treatment before resorting to surgery. Neither one sees the complications and the disasterous results which frequently follow a policy of procrastination in a large group of cases which come to operation. The old adage "Seeing is believing" holds true in this case.

On the other hand, the surgeon is more likely to be inclined to advise surgical operation in most cases of cholecystitis, particularly in those cases where the evidence of cholelithiasis is presumptively strong. The choice of a method of procedure is very simple and clear-cut in those cases in which the diagnosis has been definitely established, and when the operation is to be performed during the so-called interval stage. The problem which the surgeon faces in the acute stage is that of *immediate* or *delayed* operation. The question of when to operate in those cases suffering from an acute attack of cholecystitis in whom medical treatment has been previously administered and failed, or in a sudden onset of an acute cholecystitis of marked severity in which surgical interference seems to be the only logical form of treatment, is of a momentous nature, and at times, difficult to answer.

Thirty years ago cholecystostomy was accepted as the classical operation for cholelithiasis; and the concensus of opinion at that time favored the conservative treatment of acute cholecystitis. It was only rarely that a surgeon favored the advisability of operating during the acute stage of the disease. This operation (cholecystostomy) remained as the standard procedure for many years. It was only after many surgeons began to report frequent post-operative recurrences requiring secondary operations that cholecystectomy, as a much more effective means of obtaining a cure, was advocated. For a number of years there was no unanimity regarding this procedure. The occasional operator still advocated the operation of cholecystostomy as a routine procedure. Even to this day this discussion is still far from being a closed one. Occasionally the tranquility of the surgical world is disturbed by a voice of protest against the operation of cholecystectomy. It is asserted that, when the gall-bladder is removed, the stone-forming tendency of the liver is not lessened; that the removal of the gall-bladder does not necessarily do away with all the pathological conditions co-existing with the disease of that organ; and that the removal of the organ may deprive the human organism of that reservoir in which bile is stored up. Consequently, the excess bile has to be stored in the extrahepatic or even in the intra-hepatic ducts, thus causing a dilatation of these bile passages with consequent permanent injury in

some cases. Then again it is asserted that in many instances, even after a most technically perfect cholecystectomy has been performed, the symptoms of biliary tract disease have recurred.

However, this conservative attack against this operation is not justified by the accumulated experience of the post-operative end results in the vast majority of cases. Unsatisfactory post-operative results in those cases where a distinctly diseased gall-bladder, with or without stones, was found, are to say the least, not common. We know that the most unsatisfactory post-operative results are more common in those cases of non-calculous cholecystitis in which the pre-operative symptoms were vague, and a cholecystectomy was done because no other pathological condition was found at operation to explain the pre-operative symptoms. Today, this controversy between cholecystectomy and cholecystostomy has almost entirely subsided, but another important problem in gall-bladder surgery has recently arisen.

Since the adoption of cholecystectomy as a routine surgical procedure and until recently, even the most radical surgeons advised conservative treatment in the acute stage of this disease. It was considered very hazardous and poor surgical practice to perform this operation in the acute stage. Recently the discussion pertaining to this problem became very active and many articles have appeared in the surgical literature dealing with this question.

Some surgeons advocate the removal of the gall-bladder during the acute stage of the disease, especially when the clinical course does not show sufficient progressive improvement to warrant waiting. They point out that prolonged delay very often causes many serious complications. Procrastination may lead to empyema, perforation, peritonitis, and death. They are inclined to treat the acutely inflammed gall-bladder in the same manner as they treat the acutely inflammed appendix.

Many series of cases are reported in the recent literature in which the operations were performed in the acute stage of the disease and the mortality was not as high and in some groups of cases, much lower than in those in whom operation was deferred to the interval stage. In a series of 153 cases of acute cholecystitis reported by Heuer, in which the operation was done in the acute stage, the mortality was 3.2 per cent. Babcock cites a series of eighty-five patients, forty-three of whom were operated during the first week with one death; forty-two were operated after the first week; and despite the simple operation of cholecystostomy, nine died. It is pointed out that the danger to the patient, when operating in the acute stage before gangrene and perforation have occurred, is, to say the least, not greater than the danger of gangrene and perforation, which are likely to occur if the conservative, or waiting policy is adopted.

However, there is no absolute unanimity of opinion as to the type of operation to be adopted in the acute stage among those who advocate immediate intervention. While cholecystectomy is advocated by some, other recommend immediate cholecystostomy as soon as the acute symptoms have become very pronounced, deferring the operation of cholecystectomy for some future time if the symptoms recur.

The writer does not attempt to pass judgment on the respective merits of the two methods of treatment; that is, the immediate, or the delayed operation. His own personal experience with this new, more radical method of treatment is somewhat limited. However, he wishes to differ strongly with those who advocate immediate cholecystostomy in all acute cases of cholecystitis as soon as the symptoms become very pronounced, deferring the operation of cholecystectomy for some future time. It seems to him that, if every acute case of cholecystitis were submitted to this procedure, the ultimate operative mortality and morbidity would be greatly increased. There is no doubt that between 20 and 25 per cent of these patients in whom cholecystostomy is done in the acute stage would require secondary operations later on.

My own experience with a gruop of eighty-six cholecystostomies which were performed by me and followed up for over a period of twenty years or more, shows that subsequently twenty-eight presented gall-bladder symptoms of sufficient severity requiring reoperation; in

twenty-four of these cases, stones were found in the gall-bladder at the time of the second operation, a recurrence of 32 per cent. It is well known that the risk of secondary operations is much greater than that of the primary stage. In addition to that, the number of operations upon a given group of such cases would be increased to approximately 25 per cent, and consequently the mortality would probably exceed the number of deaths which may be due either to an occasional ruptured gall-bladder complicating an attack of acute cholecystitis, or the mortality which may be attributed to the operation of cholecystectomy performed in the acute stage.

The writer believes that it is reasonably safe to submit all cases of acute cholecystitis to a short period of watchful waiting; but if the symptoms do not subside, or should suddenly become more acute, operation should be advised. However, if operation is decided upon, unless a very severe suppurative active process is found, cholecystectomy, to my mind, is the preferable operation. The drainage operation should be reserved only for those cases who, either on account of the extensive inflammatory condition, or because of a constitutional disorder, are poor operative risks.

I have attempted, in a small way, to find an answer to some of these questions from a review of a fairly large series of cases operated by me during a period of nine years (1928 to 1937, inclusive) during which time 380 operations for various forms of gall-bladder disease were performed by me. Of these, 347 were cholecystectomies, twenty choledochostomies with or without cholecystostomy or cholecystectomy, and the remainder were cholecystostomies in the very acutely ill who were bad surgical risks. There were twenty-five deaths in this entire group of cases, a mortality of 11 per cent, which at first sight, appears tremendously high; but if we eliminate from this group those cases whose pre-operative condition was almost hopeless on admission to the hospital, such as peritonitis due to ruptured gall-bladder, gangrene, or perforation, the mortality is considerably reduced.

In 286 cases of cholecystectomies operated during the chronic stage, in whom there were no pre-operative complications, there were only seven deaths, a mortality slightly over three per cent. Stones were found in 80 per cent of the cases which required secondary operations after previous cholecystostomies. The operative mortality in this group of re-operative cases, although numerically comparatively small, as compared with the entire group, was 25 per cent, pointing definitely to the extreme risk involved in secondary cholecystectomies. Various complications which are usually associated with prolonged gall-bladder disease, such as jaundice, recurrent cholecystitis, empyema of the gall-bladder, and that most serious complication, gall-bladder perforation, make these patients very poor surgical risks. This high mortality may probably be obviated by doing a primary cholecystectomy on all interval and sub-acute cases, and even in the acute types whenever the patient's condition warrants this operation.

In a small group of cholecystostomies, with or without choledochostomy included in this series, whose condition at the time of operation was very poor, there were twelve deaths, or 46 per cent; again indicating the high mortality in the advanced cases of gall-bladder disease. In four of these cases, the deaths were due to ruptured gall-bladder, despite the fact that a simple cholecystostomy was done. In two other cases of ruptured gall-bladder in this series, in which a cholecystectomy was done, both recovered. It seems that the operative procedure in cases of ruptured gall-bladder, whether cholecystostomy or cholecystectomy is done, has very little influence upon the operative end results. Serious post-operative complications mostly occurred in those cases who were acutely ill at the time of the operation, such as eviscerations, gastric dilatation, or profuse hemorrhage due to sloughing of the muscles of the abdominal wall.

In this group of 286 cholecystectomies is included a fairly large group of cases who within the last two years were operated during the acute stage of the disease. In every one of these cases the operative findings of "Acute cholecystitis with or without suppuration" were carefully checked with the laboratory findings before classifying them as such. The post-

operative results in these cases in which cholecystectomy was done in the acute stage shows that the operative mortality was not in any way adversely influenced by this operation. Three-fourths of our deaths occurred in the advanced cases of gall-bladder disease in whom the immediate pre-operative condition was very desperate at the time of admission to the hospital.

There is no doubt that, with a more prompt recognition, combined with a careful evaluation of the symptoms which indicate the urgency of surgical intervention, will come a very sharp reduction in the mortality and morbidity of biliary tract disease.

Due to our limited knowledge of the etiology of this disease and the uncertainty of its clinical course, surgery of the gall-bladder and bile ducts is far from being a solved problem. Much progress has been made within the last decade towards its solution; and what we need most at present is a more tolerant attitude on the part of the gastro-enterologist and surgeon in trying to arrive at a decision as to the most effective procedure to adopt in a given case.

31 Lincoln Park

TYPES OF GALL-BLADDER FOR MEDICAL TREATMENT

By F. GRENDON REED, M.D., East Orange, N. J.

Read before the Section on Gastro-enterology of The Medical Society of New Jersey at its Annual Meeting, May 17, 1938

Types of gall-bladder disease requiring medical treatment are limited, in this paper, to the *usual* forms of cholecystitis. Discussion of many important phases of the subject such as infection by the *less common organisms;* metabolism in relation to stasis, infection, and stone formation; functional disorders related to abnormal psychology, neurology, and associated visceral pathology, must necessarily be omitted, as also are infestations, traumatic injuries, and anomalies. No classification of cholecystitis, with its various and varying factors, is entirely satisfactory. The different degrees of abnormal change in the organ, with over-lapping and merging of one into another, necessitates an elastic arrangement.

For this discussion, we should like to divide gall-bladders into four groups, based on a combination of several factors, as follows:

1. Irritable gall-bladders.
2. Infected gall-bladders with minimal changes.
3. Infected gall-bladders with more advanced changes, but still functioning.
4. Fibrosed, functionless gall-bladders.

By "irritable" gall-bladders we mean those organs predestined to morbidity. We include the normal viscus which is undergoing inflammatory reaction, but which is not know to be definitely infected.

The second type of gall-bladder for medical treatment is the one with inflammatory disturbances of mild degree due to infection. Based on the usual methods of study, it is functionally and morphologically intact. Its bile reveals definite changes.

The third type comprises that large group of infected gall-bladders with more advanced changes. It is the so-called *clinical* type.

Gall-bladders of these three types vary greatly in all resepects. Their histories may be "typical", or "negative". Symptoms may be marked or absent. Frequently, due to the prominence of their sequelae, they are not recognized as cholecystitis.

Physical examination may, or may not, reveal much of value. Frequently more depends on the examiner than on the examined.

Calculi may be present or absent.

Surgical interference may or may not be indicated.

Medical treatment is imperative.

The fourth and last type is the fibrosed, functionless gall-bladder. It is physiologically cholecystectomized. Medically little of value can be done for it, but much may still be accomplished for the general welfare of the patient.

The early recognition of the first types and their appropriate treatment are of major sig-

nificance in preventive medicine. Young children are frequently affected by cholecystitis, and calculi have been found on numerous occasions. The value of its early recognition and correct treatment is secondary only to its *prevention.* Much can be accomplished in preventing chronicity in the young patient, or in the older one who has been fortunate enough to escape earlier attacks, or has been cured of previous ones. The urgency of early preventive measures in combating this disease cannot be over-estimated. It is a challenge to every conscientious physician.

DRAINAGE

Valuable as both a diagnostic and curative measure is biliary tract *drainage.* By a careful study of the microscopic elements obtained by *duodenal intubation,* information concerning the liver and gall-bladder may be obtained which is unobtainable by any other method. After personal experience with several thousand examinations during the past ten years, discussing this controversial subject with many of its adherents and antagonists, and reading much of its literature, I am convinced that its value is in direct proportion to the *efficiency of the examiner.* Among its diagnostic and therapeutic advantages, which do not eliminate the necessity for other recognized and valuable forms, are the following:

1. Safety—no operative mortality.
2. Preparation of the patient—simple.
3. Discomfort—little or none.
4. Few assistants necessary.
5. Apparatus—inexpensive.
6. Frequent reëxaminations or treatments are possible.
7. Expense to patient—comparatively small.
8. Universality of application—available to young children, the aged, and to the weak and neurotic, if properly directed.
9. It antecedes any other possible means of identification.
10. It furnishes information not obtainable otherwise.

The statement "I believe in biliary tract drainage for diagnosis only" is not heard so frequently as at one time, but still sufficiently often to justify further missionary work. Would it not be as reasonable to say, "I believe in abdominal section for diagnosis only"?

Also there should be an exposure of the fallacy of vigorously draining infected material, from the liver and gall-bladder, into the intestines for reabsorption by way of the mesenteric veins, thereby causing further damage to the liver. The use of any chemical or drug, whether it be bile salts, magnesium sulphate, or any others, in such a way as to produce *vigorous physiological action* of the bile tract, *withous means of immediately removing the excreted toxic material from the duodenum,* appears to be questionable therapeutics, to say the least. The only adequate method known for the immediate removal of most of the toxic bile, following stimulation, is *biliary tract drainage* by the Lyon method.

Type three requires medical treatment in all cases,—those in which surgery is not indicated; those with a surgical condition, but in which serious contraindications exist, as hepatic cirrhosis, toxic hyperthyroidism, decompensated cardiac lesion, severe anemia, serious infections, etc.; and also in the operable cases in their pre- and post-operative stages.

It is impossible to sketch here, even briefly, an outline of this valuable procedure. Lyon, in his prolific literature, as well as several hundred others, have given us an abundance of excellent material. Unfortunately, too often erroneous impressions are formed, and adverse reports circulated, as the result of inexpert technic.

CONDITIONS REQUIRING SURGERY

The chief condition requiring surgery in addition to medicine, unless contraindications exist, is cholelithiasis with biliary colic, severe or frequent. This is the type of case that has given best post-operative results. Symptomless gall stones, many conservative surgeons agree, are not an indication for surgery.

Acute cholecystitis with patent ducts and progressing necrosis, or empyema, is a surgical condition requiring cholecystectomy, especially if there is a history of recurring attacks which are not responding to medical management. Acute or chronic cholecystitis with unrelieved cystic duct obstruction due to calculi, stricture,

edema, adhesions, extrinsic pressure, etc., is a condition requiring surgical intervention.

Peri-cholecystitis, acute with exudate, or chronic with adhesions interfering with the function of adjacent organs, is an operative condition.

The fourth type—the *sclerosed* or *calcified* gall-bladder should be removed, unless surgically contraindicated. Damage to the ducts and liver have already occurred. It is functionless and a possible source of danger. Biliary tract drainage is indicated to aid the distended common duct and liver radicals.

Detailed medical management of these types of cholecystitis cannot be discussed in this paper. Each case is an individual problem, and should be treated according to its own distinct requirements. There are, however, certain *broad fundamental principles* in diagnosis and treatment which must be observed if the vast toll in national morbidity, from this cause, is to be reduced. That the leaders in medicine adopt a *definite minimal program of procedure* is imperative.

SUMMARY

1. Gall-bladders for medical treatment are divided, for discriptive purposes, into four groups—irritable, early infected, chronically infected, and sclerosed, non-functioning.

2. Preventive medicine is indicated in the first type to prevent infection, in the second to prevent chronicity, and in the third to prevent increasing disability.

3. Medical management alone is indicated in the first and second types; medicine and, at times, surgery in the third type. Surgery, generally, in the fourth type, with pre- and post-operative medical treatment of the patient.

4. Preventive medicine, particularly in the first and second types, is urgently demanded to obviate or minimize morbidity in a large group, especially children.

5. Microscopic examination of duodenal contents presents the earliest means of diagnosing incipient liver and gall-bladder disease.

6. Indiscriminately causing the excretion of large amounts of infected bile into the duodenum without its immediate removal from the body is contraindicated.

7. Controllable methods for desired stimulation and immediate elimination are available.

8. An increasing educational responsibility rests upon the informed members of the profession.

144 Harrison Street, East Orange, N. J.

HYDROTHERAPY AND ITS USE AT THE BETTY BACHARACH HOME

By DAVID B. ALLMAN, M.D., F.A.C.S., Medical Director, Atlantic City, N. J.

Read before the New Jersey Health Officers' Association, September 30, 1938.

The term *physical therapy* includes that phase of the practice of medicine and nursing which deals with the application of physical forces, such as heat, light, water, electricity, and motion, to diseased structures of the body. Although some of these natural forces have been instinctively used for treatment since the inception of mankind, it is only in the past two decades that all of the manifold forms of physical therapy have been systematically applied under competent medical leadership.

Physical forces supply the basis of all life on earth. The warming rays of the sun, the flow of water, the electrical charge in some of the bodies around us, all form parts of Nature's inexhaustible array of forces. These same forces, properly mastered, are of inestimable value in the art of healing. They help to quiet inflammation, relieve pain, destroy infection, repair diseased tissues, restore disturbed function, and improve the general condition of the entire body.

Physical therapy may be roughly classified into four main groups: 1, Electrotherapy; 2, heliotherapy; 3, mechanotherapy; and 4, hydrotherapy.

Electrotherapy consists of: Galvanic current, surgical galvanism (electrolysis), low-frequency currents, electrodiagnosis, high-frequency cur-

rents, medical and surgical diathermy, and static electricity.

Heliotherapy consists of: Visible and infrared radiations and ultraviolet radiations.

Mechanotherapy consists of: Massage, assistive and resistive exercise, corrective exercise, and occupational therapy.

Hydrotherapy consists of: Hot and cold baths, medicated and electric baths, whirlpool baths, Currence-Hubbard tanks, and therapeutic pools.

It is of hydrotherapy that I wish particularly to speak today, and the method of applying it efficiently.

Hippocrates, the master mind of ancient Greece, as early as 450 B. C., recorded reliable observations on the effect of water upon the body. He stated that: (1) Cold water warms, (2) whilst warm water cools the body; (3) that warm shower baths induce sleep, and (4) that cold water stimulates; and (5) he recommended cold water to relieve fever and pain. We, therefore, see that hydrotherapy has a very ancient origin; and although the old adage may hold true that "There is nothing new under the sun"; nevertheless, were Hippocrates to see our modern armamentarium and study the scientific application to which his principles are now put, I dare say he would be not a little amazed.

The most definite benefits obtained with the use of water are secured by what are known as *hydrokinetic* measures. In the application of hydrokinetic measures, combined use is made of the *temperature* and *pressure* of water, and its *lifting* power. Among these measures belong showers, whirlpool baths, therapeutic pools, and under-water gymnasiums such as we have here in the Betty Bacharach Home.

THE WHIRLPOOL BATH

One of the newer hydrokinetic measures is the *whirlpool bath,* in which water at a temperature between 110 and 115 degrees F. is kept in constant agitation in a vessel which holds an arm or a leg. The immersed extremity being subjected to the combined action of heat and the gentle mechanical and softening effect of the whirling water shows a marked response in its circulation. After a treatment lasting from fifteen to forty-five minutes, the skin becomes pink and feels warm, inflammatory induration is softened, pain and spasm are relieved, the repair of wounds is stimulated, and the removal of necrosed tissue and pus is speeded up.

The whirlpool bath is a most valuable method of treatment in a large number of traumatic and chronic inflammatory conditions. It is excellent for the early treatment of stiffness, pain, and sluggish skin circulation following fractures, and constitutes the best treatment that can be given as soon as a fractured limb can be taken out of its immobilization. It is employed with benefit in painful scars, adhesions, peripheral nerve injuries and some forms of neuritis, joint stiffness, and suitable cases of arthritis, indolent and chronic suppurating wounds, and painful stumps.

THE THERAPEUTIC POOL

In recent years, work at Georgia Warm Springs and by Lowman of Los Angeles has created country-wide interest in medical gymnastic exercises under water for *paralysis* and many allied conditions. Under-water treatment takes advantage of the fact that the buoyancy of water reduces the natural weight of the body or any part of it to a minimum, and enables reëducation of feeble and flabby muscles to be given in a manner hitherto not utilized. It also facilitates motion of apparently stiffened joints. The relaxing and warming effect of the temperature also plays an adjuvant rôle.

One apparatus for such treatment is the Currence-Hubbard tank. The advantages of this tank are that the physio-therapist can with ease manipulate the various portions of the patient's body without actually getting into the water; and that the temperature of the water in the tank can be rapidly changed, which is a distinct advantage in the treatment of certain conditions.

The therapeutic pool, when properly installed and equipped, is of course the acme of perfection in hydrotherapeutic measures; and when treatments are rendered by a competent physiotherapist under the guidance of a physician, the number of pathological conditions

which can be benefitted by such treatment is legion.

The advantages of under-water gymnastics have been more fully recognized in the past few years because of the benefit derived by the President of the United States from these treatments at Georgia Warm Springs. It is a method of muscle reëducation; and although no miracles can be performed, great good comes from this adjunct to medicine and surgery.

The use of salt water increases the buoyancy of the body from seven to ten per cent; and, therefore, admitting that one of the advantages in hydrotherapy is the fact that the water gives buoyancy to the body; other things being equal, its use is of great advantage.

Our pool and pool room are entirely of tile with a skidproof tile bottom; and although it is distinctly not a "swimming pool", its size is ample for such purposes, being twenty-four feet long and twenty feet wide. It ranges in depth from eighteen inches to four feet, and has a capacity of 15,000 gallons of sterilized sea water whose temperature at all times is maintained by thermostats, so that we are able to change the entire contents of our pool every three hours.

The construction of this pool is such as to allow all manner of treatments to be applied with the maximum of ease and comfort for both patient and operator. The pool is raised from the floor so that the water level is a minimum of thirty-six inches above the surrounding floor levels; and being placed as it is in the middle of the room, all sides of the pool are accessible. It has a continuous slope on the bottom, and a graduated submerged ramp on one side of the pool. This will accommodate the various types and ages of patients, and enable the technicians to perform their work with a maximum amount of comfort and efficiency. The pool has a specially designed gutter with drains around the perimeter to allow for placing of special apparatus necessary for certain types of treatment. The floors and walls of the pool room itself, of course, are tiled, as are the walls of the entire physiotherapy department. All base caps and corners are of the sanitary radius type.

The water in the pool is heated, filtered, sterilized, and recirculated at the proper rate to give a minimum of three-hour turnover. The pool heater is of sufficient size to keep the water at ninety to ninety-five degrees, and is thermostatically controlled.

Various types of mechanical appliances are placed at advantageous places around the building to supplement the exercises in the pool. These include mechanical bicycles, ladders, steps, incline planes, punching bags, rowing machines, and other equipment designed to bring into play any particular afflicted muscle group.

This institution is unique in the fact that it takes any child under fifteen years of age, irrespective of race, color, creed, or financial status. Only a small portion of these afflicted children in the Home are suffering from infantile paralysis. The list of conditions for which they are receiving treatment includes:

Potts disease	Ununited fractures
Malnutrition	Perthes disease
Arthritis	Paraplegia
Third degree burns	Spastic diplegia
Muscular dystrophy	Amyotonia congenita
Infections	Still's disease
Fracture of the femur	Osteogenesis imperfecto

104 St. Charles Place

REPORT OF A CASE OF CONGENITAL ABSENCE OF THE ESOPHAGUS

By Stanley O. Wilkins, M.D., Red Bank, N. J.

Congenital absence of the esophagus is rare; and it is well that there are so few, because very little can be done for them, and they all die within the first week.

In reviewing the literature, there have been but very few cases reported, the last being in 1935 by Dr. Paul Sarradon, of France. His case was a male fetus, premature eight months,

with a three-plus Wassermann. The infant died the second day. An autopsy showed that the esophagus stopped at the cricord cartilage, and the lower end terminated at the diaphragm.

In 1931 Rosenthal reported 255 cases of congenital atresia of the esophagus and trachea. Out of this number, 205 were tracheo-esophageal fistulas. The remaining fifty consisted of various types of atresia.

In an article written by Kenneth Phelps, M.D., published in 1930, he stated that there were only about nine cases reported of total absence of the esophagus to 1917.

The classical symptoms of esophago-tracheal obstruction in the new-born are choking and moderate degrees of cyanosis following attempts at feeding. If this is aspirated quickly, the infant is at ease. The child naturally becomes very hungry and these symptoms persist at each attempt to take nourishment. If a catheter, No. 20-F, is introduced through the nose into the esophagus and a radiograph is taken, the diagnosis is easily confirmed.

THE AUTHOR'S CASE

The parents of the specific case in question are apparently normal and give no family history of congenital defects.

The infant appeared normal, color good, and breathing was easy except for the rattle of mucus, which was aspirated with relief. This later recurred and was again aspirated and remained quite free until an attempt was made to feed the infant. After each attempt he would choke and become cyanotic. The contents of the esophagus was aspirated, and then breathing was easy.

Radiographs were taken before and after insertion of catheter into the upper esophagus. There was a complete obstruction at about the bifurcation of the trachea. The child was then esophageoscoped and this was confirmed.

In view of the positive evidence of the esophageal obstruction, it was decided upon to do a gastrostomy. Following this the infant was given small, frequent feedings, paternal blood in the buttock, hypodermoclysis; but in spite of every effort to give adequate nourishment, the child died of starvation.

AUTOPSY FINDINGS

On opening the stomach there was a blind pouch at the cardiac end which terminated at the diaphragm. The chest was then opened. The lungs were well inflated, and there was no persistent thymus. Trachea was normal; heart was normal. The heart and trachea were removed. Prior to the postmortem examination of the chest, a catheter was placed through the mouth into the esophagus so as to be sure to identify the proper structures. It was found that this ended in a blind pouch at the bifurcation of the trachea, and there was no remnant of an esophagus between the two upper and lower blind ends.

EMBRYOLOGY

In attempting to arive at a cause for this condition, it is well to discuss the embryology in order to partly comprehend the development of the esophagus. The archenteron folds into a tube forming the fore, mid, and hind gut. The fore gut develops into the esophagus, stomach, larynx, lungs, and bronchi. The upper portion arises from ectoderm, and has striated muscle; while the lower portion arises from entoderm, and consists of non-striated muscle. About the fourth week the groove fuses and forms the esophagotracheal septum. The last portion to fuse is at the level of the bifurcation of the trachea. The lung buds arise from the distal ends of the trachea, and push the stomach into place,—and this is the reason for the long, narrow tube of the esophagus. It seems as though the part that normally fuses last is apparently the part that fuses first in the congenital total absence of the esophagus.

47 East Front Street
Red Bank, N. J.

REFRESHER COURSES IN OBSTETRICS

MATERNAL WELFARE ARTICLE NUMBER THIRTY-TWO

By A. W. Bingham, M.D., East Orange, N. J.
Chairman, Committee on Maternal Welfare, The Medical Society of New Jersey

This is to remind all physicians of the State caring for obstetrical cases, that they have an unusual opportunity to improve their work by taking a few days off and attending one of the *Refresher Courses* given at the Margaret Hague Maternity Hospital, Jersey City.

This has been arranged by the State Committee on Maternal Welfare. Through the

courtesy of the Director and his assistants, the methods of procedure at Margaret Hague Hospital may be observed.

The length of the courses vary from one to four weeks. While attending this course a physician will have the fullest opportunity for observation of all cases handled in all departments of the hospital. The physicians may attend all lectures, conferences, laboratory exercises, and demonstrations. If a physician is able to spend only one day, he is welcome.

There is no charge for the first week, and only a nominal charge for the subsequent weeks. These courses have nothing to do with those given in this hospital in connection with Columbia University, but are special courses arranged for the physicians of New Jersey who are recommended by the State Committee on Maternal Welfare. No certificate of attendance is given.

The courses start Monday mornings, 11:00 a. m., and it is necessary to bring a letter of recommendation to Dr. Cosgrove at this time. This letter is obtained from the Chairman, Dr. Arthur W. Bingham, 144 South Harrison Street, East Orange, to whom application is made. As only a few can be accepted at one time, it is advisable to apply early.

If a physician wishes to attend any of the clinics, he may do so without any previous arrangement. The following program of the several clinics is printed for the convenience of those interested.

MARGARET HAGUE MATERNITY HOSPITAL

PRENATAL CLINICS

New Patients	Tues., Fri., Sat., 9 a. m. Wed., 1 p. m.
Revisits	Mon., Tues., Thurs., Fri., 1 p. m.
Fluoroscopy	Mon., Wed., 9 a. m.
Varicose Veins	Tues., 10 a. m.
Genito-Urinary	Thurs., 9 a. m.
Neurological	Fri., 10 a. m.
Urological	Thurs., 10 a. m.
Heart Toxemia Thyroid	Thurs., 9 a. m.
Dystocia	Fri., 10 a. m.

POST-PARTUM CLINICS

Post Partum	Mon., Wed., 9 a. m.
Gynecological	Mon., Wed., 9 a. m.
Genito-Urinary	Thurs., 9 a. m.
Toxemia	Fri., 10 a. m.

Mothers' classes are a part of the clinic program, and are held every Thursday at 2 p. m., in the clinic demonstration room.

All clinics are held on the eighth floor of the hospital.

Keep this list of clinics for future reference.

A LESSON FROM A DEATH CERTIFICATE

NUMBER FOUR

By A. W. BINGHAM, M.D., East Orange, N. J.

The patient was admitted to hospital after attempting to abort herself with a catheter a few days before. She began to bleed, and had a high temperature and abdominal pains. Two days after admittance, she was curetted; a pelvic abscess was opened three days later; and she died on the following day.

Curettage is not a safe procedure in an abortion which shows frank sepsis. In fact, it is nearly always fatal. If not bleeding, nothing should be done locally, besides an ice bag to the lower abdomen, until the septic condition improves. Transfusions are valuable.

If bleeding, any placental tissue in sight may be removed with sponge forceps, and the alcohol drain used as follows: A catheter is inserted into the uterus, and iodoform gauze packed around it in the uterus and vagina. Through this tube two ounces of 25 per cent alcohol should be instilled every two hours day and night. After a few days the temperature generally drops, and the tube and gauze are removed. The patient is then watched for a week or two, and if the temperature remains normal and only a small amount of bleeding continues, she may be curetted with safety.

This treatment was recommended by Dr. E. J. Ill, of Newark, many years ago, and in these cases it is most valuable.

THE PRESIDENT'S PAGE

NUMBER SEVEN

THE UNFOLDING FEDERAL HEALTH PROGRAM

By WILLIAM J. CARRINGTON, M.D., Atlantic City, N. J.

An address by the President of The Medical Society of New Jersey at the Banquet and Evening Session of the Fall Clinical Session held in Newark, on the evening of October 6, 1938.

Instead of an address tonight, I propose to read seven hypothetical chapters of a synthetic book, the final chapter of which you are helping to write this very moment.

CHAPTER I—THE BEGINNINGS

Since 1798 the Federal Government of the United States has shown progressively increasing interest in the health of its people. Following the late, but not lamented, depression there was at least a partial breakdown of private philanthropy, and Federal philanthropy stepped in. Since 1936, $1,227,608,050 of Social Security funds have been appropriated, and the cost of distribution has exceeded $27,000,000. How much of the remainder actually reached the underprivileged, I am unable to ascertain. The method of distribution of these funds has become a subject of debate. Some believe in complete Federal control; others in state administration.

New Jersey was granted the privilege of dispersing her own Social Security funds because of the high efficiency of our public officials, particularly the State Department of Health, and also because the medical men of New Jersey were well organized and had a plan. New Jersey officials had confidence in the doctors of the State and sought their advice.

What happened? The first aim of the Social Security Act was to lower maternal mortality. The maternal mortality rate in New Jersey dropped to 3.4—the lowest of any state in the Union. Why? Because there was complete harmony and coöperation between public officials and medical men. The amount of money spent bears little relation to death rate. Maternal welfare cost the Federal Government last year in—

Georgia	$95,500
Kentucky	62,000
Oklahoma	65,000
Tennessee	68,000

None of them has a population as large as New Jersey. And all have a higher maternal death rate. Yet in New Jersey, where the funds were spent under local supervision, only $56,000 was needed.

The mere spending of money does not solve the problem. Far more important is *how* it is spent. It seems that the folks at home know who need charity and how best to administer it.

CHAPTER II—THE THREAT

United States Senator J. Hamilton Lewis came to the A. M. A. in Atlantic City on June 10, 1937, directly from the White House bearing a message, he stated, from the President. I quote:

> The Government is on its way to saying, "Hold up there, Mr. Doctor. Where do you get this we hear about, that we are daring to interfere with your personal relations between you and your patients. We know nothing of patients. We recognize an instrument called *Citizen,* who is essential to the welfare of the Government. That you doctors * * * are to be treated as federal officers there is no doubt."

Senator Lewis was asked to carry back to the White House the message that the A. M. A. was ready and anxious to coöperate with the Government in developing plans for improving the quality and distribution of medical care.

CHAPTER III—FALSE PREMISES

In 1935, President Roosevelt appointed an interdepartmental committee to correlate health activities which were scattered among seven odd departments of the Government. The Chairman was Miss Josephine Roche, a wealthy, liberal, intelligent, and philanthropic woman. She appointed a technical advisory committee to gather data. Unfortunately, not a single practising physician was placed on the technical committee. Two surveys were made—one by the United States Public Health Service, and the other by W. P. A. statisticians, jocularly known as workers. As a result of these two surveys, both of which were fragmentary, two statements were made and repeated over and over again.

1. "Seventeen million, or 11 per cent, of the population of the United States are more than thirty miles removed from a hospital."

2. "One-third of the population of the United States does not receive adequate medical care."

Both of these statements are inaccurate. A complete survey of the hospitals of the United States was made by the A. M. A. in March, 1938. This showed that less than one and one-half per cent of the people live more than thirty miles from a hospital. More important than mere miles are good roads and available ambulance service.

The second statement is also inaccurate. Throughout the United States a complete survey of doctors, dentists, druggists, hospitals, institutions, and agencies is now in progress. In New Jersey our survey reveals that adequate medical care is available for more than 95 per cent of the people of the State. In New Jersey, three months after repeated appeals over every radio station and through the columns of every newspaper in the State for the names of all individuals who cannot receive adequate medical care—only 122 letters were received out of more than four million people. Moreover, almost without exception, adequate medical care was available, but the sick did not know where to find it.

CHAPTER IV—THE PROPOSAL

On July 18, 1938, the President called a National Health Conference at which social workers, farmers, the C. I. O., and the A. F. of L. (strange bedfellows) predominated. Several doctors were invited, but as individuals and not as representatives of organized medicine. Capital, industry, manufacturers, and taxpayers' leagues were conspicuous by their absence. Nevertheless, the Conference proposed broad humanitarian principles which enlisted the interest and approval of medical men and the public everywhere. They were:

1. Expanded public health service.
2. Increased hospital facilities.
3. Federal grants to the medically indigent.
4. Insurance against catastrophic illness among self-supporting individuals.
5. Insurance against wage loss due to sickness.

How are these goals to be attained? There comes the rub! While the *humanics* are commendable, the *mechanics* proposed are nebulous, impractical, and extravagant. If approved by the next Congress, the cost, for the first year, will be $850,000,000, to be increased to the annual astronomical sum of $2,600,000,000 when all phases of the plan are in operation.

CHAPTER V—ENTER THE VILLAIN

In the summer of 1938, the National Medical Association, representing 5,000 negro physicians of the country, met in Hampton, Virginia. They were visited—I quote their past-president—by "Some representatives of the Federal Government with certain plans which were proposed to be introduced at the coming session of Congress which, if enacted, would mean the initiation of state medicine. The Federal representative pointed out that we had little or nothing to expect from organized medicine; and that for our own self-preservation it might be necessary for us to accept this plan of the Federal Government."

To the everlasting glory of our negro confreres, be it recorded that these enticements and seductive suggestions of loose purse-strings were declined.

CHAPTER VI—WITH THE FLAVOR OF RUSSIA

This year the Federal Government proposed a form of politicalized medicine for its H. O. L. C. employees. No member of the Medical Society of the District of Columbia is permitted to retain his membership and practice socialized medicine. There was no combination among the physicians for the restraint of trade, no picketing, no sit-down strike; yet the Department of Justice is bringing suit against the Medical Society of the District of Columbia and the A. M. A.,—alleged trusts. Strange as it may seem, though a special jury is now being drawn, neither the Medical Society of the District of Columbia, nor the A. M. A., has been notified of proposed Federal action. Like the late Will Rogers, all they know is what they see in the papers.

CHAPTER VII—THE PLOT THICKENS

On September 16, 1938, a special session of the House of Delegates of the A. M. A. met in Chicago. It was the third special session called in the history of the organization. The first, at the outbreak of the World War, offered the profession to the Government. The second offered coöperation with the Government in the administration of the Social Security Act.

To the third, three weeks ago, came leading physicians from every section of the country—liberals, conservatives, new dealers, and anti-new dealers. They seemed to represent every shade of economic and political belief. As I watched them and talked with them, it seemed to me that unanimity on anything was utterly impossible. It seemed to me that, in the light of events which I have just chronicled, rancor and bitterness must, of necessity, tincture the proceedings. But that meeting was characterized by equanimity, ruled by reason, and guided by science; and the results were amazingly unanimous. Briefly they were as follows:

1. American medicine approves of expanding public health service in maternal and child health, tuberculosis, cancer, venereal diseases, pneumonia, industrial and mental hygiene, and malaria—provided Government expenditures for the treatment of individuals be limited to those in proven need who cannot be treated by private physicians, and who are unable to pay; and also provided the administration of funds be made by states with the advice and approval of local medical organizations. American medicine does not believe that $200,000,000, one-half of which is to be matched by local funds, is needed. The A. M. A. believes in coördination of public health activities and for fifty years has been petitioning the Government to form a Federal Health Department, its head a member of the President's Cabinet.

2. American medicine believes with the National Health Conference in expanded hospital facilities, but only *where needed.* However, $146,500,000 is a huge sum of money, even though spent over a ten-year period, and before spending so much, let us use hospital facilities already available. Less than 70 per cent of existing hospital beds are now in use. Before embarking on a haphazard hospital-building program, let us study local needs. Let us be sure that new hospitals can be adequately staffed. Who is wise enough to know how many beds we will need for the tuberculous ten years hence? Modern surgical treatment of tuberculosis shortens hospitalization. Let us subsidize church and private hospitals, now struggling for existence, for the care of the medically indigent. One-half the hospital beds in America are occupied by mental cases. Let us lessen their load by boarding out on farms selected cases. This, the Gheel System, has worked well in certain sections of this and other countries.

American medicine approves of *diagnostic centers,* five hundred of which are recommended by the National Health Conference, only where local needs cannot be met other-

wise, and only when these centers are placed at the disposal of all of the doctors in the community.

3. The National Health Conference recommends $400,000,000 annually for the care of the medically needy. American medicine approves of this,—provided the allocation is made according to local needs and not according to the voting population, and provided also that the administration is simple, direct, and free from politics, and is made by local public officials with the help and advice of local medical organizations.

4. The National Health Conference recommends Federal aid for states in developing programs of their own choosing for the assistance of self-supporting individuals who are burdened by catastrophic illness,—this aid to come from insurance contributions *and taxes*. Note the *"and taxes"*. American medicine disapproves of the use of *tax* funds for the care of self-supporting individuals, but endorses *voluntary* group health and accident insurance.

5. The final recommendation of the National Health Conference is insurance against wage loss from sickness. This is an economic and not a medical problem. However, if adopted, American medicine insists that certification of illness be made by agencies approved by organized medicine rather than by attending physicians.

So much for the recommendations of the National Health Conference, and the answer of organized medicine. Both agree on the broad general principles and objectives. Perhaps if representatives of the Federal Government and of the doctors talked things over, maybe the differences could be ironed out. A committee of seven practicing physicians was appointed to meet with representatives of the Federal Government. Up until four o'clock this afternoon, there has been no reply from the Government.

CHAPTER VIII—THE FUTURE

The title of the last chapter may be, "They Married and Lived Happily Ever After", or it may be "The Groom Grew a Beard and Drank Vodka".

How this jumbled book will end, I do not know. In a small way each of us is a co-author. There is abundant proof that the Medical Profession has always desired to perfect itself in knowledge and technic. There is abundant proof that the profession is now dissatisfied with the distribution of its services to all the people, and is attempting to correct failures where they are found. There is abundant proof that the medical profession desires to coöperate with the Federal Government. And, finally, there is abundant proof right here in New Jersey that close coöperation between public officials and the medical profession produces the best system yet devised by the brain of man.

I am sorry to say that as yet there is no indication that the present Federal Government desires to coöperate with organized medicine. However, vox populi suprema lex, esto—public opinion is the Supreme Court. If the people desire regimentation of medicine—communistic medicine—politicalized medicine,—in preference to American medicine, its desire will prevail; but neither politicians in power nor the profession can long say to liberty-loving Americans—"Take it and like it."

The present duty of the medical profession is clear. As humanitarians it is our solemn duty to point out to the American public the dangers of politicalized medicine; and as citizens it is our sacred obligation to see that insofar as in us lies, only independent, thinking men and women shall be chosen to represent us in public office.

"God give us men! A time like this demands
Strong minds, great hearts, true faith and ready hands—
Men whom the lust of office does not kill;
Men whom the spoils of office cannot buy;
Men who possess opinions and a will;
Men who have honor,—men who will not lie."

COMMITTEE OBJECTIVES

OBJECTIVES OF THE COMMITTEE ON MEDICAL CARE OF INDIGENT AND LOW-WAGE GROUP

By George W. Fithian, M.D., Chairman, Perth Amboy, N. J.

The broad field of the medical care of the indigent and low-wage groups requires the attention and coöperation of two committees of The Medical Society of New Jersey,—those of Hospital Relationships, and of Nursing and Nursing Education,—and also of two departments of the State Government,—those of Health, and of Institutions and Agencies. These four groups are concerned with the larger aspects of medical care and relief, many of which are of an impersonal nature, and involve investigations and reports and also details in supplying relief, and are therefore misunderstood by the recipients of their bounty.

In contrast with other committees and branches of service, the Committee on Medical Care of the Indigent and Low-Wage Groups deals directly with the intimate, personal relations of the sick person to his family doctor. The physician is the first person to be called to those who are ill or injured, and on his first visit he is expected to make a correct diagnosis and prognosis which will satisfy the patient and stand the test of a searching investigation by the auditor of the welfare bills. Some of the problems which the committee considers are:

Who can call a doctor?

Who shall be responsible for the first call?

When and how shall the doctor report his call upon a sick person?

Who shall judge the necessity and efficiency of the medical care?

What shall be the form of bill rendered by the doctor?

What privileges and responsibilities does the doctor have in regard to supplies and nursing, etc.?

What shall be the personal relation of the doctor to the patient on relief?

All those and many similar problems were considered by the official Emergency Relief Administration from the time of its establishment in May, 1933, and by The Medical Society committee on the E. R. A.; and the broad principles and methods of action were fully developed on a practical working basis. The committee has therefore adopted and applied the principles of the E. R. A. in carrying on its work.

The committee considers that the basic agreement made on June 1, 1935, between The Medical Society of New Jersey and the State of New Jersey Emergency Relief Administration worked satisfactorily, and still remains the standards which should be included in all future agreements for the medical care of indigents. This agreement is printed in The Journal of September, 1935, page 548.

Since the time of closing the offices of the E. R. A. and of the assumption of its activities by the local authorities, the Committee on Medical Care of the Indigent and Low-Wage Groups has studied the various methods adopted by the counties to take the place of the E. R. A., and considers the plan of Middlesex County to be both practical and efficient. (Jour., Nov., 1934, pp. 649 and 662.)

The State committee insists on the application of the principles of private practice to patients and public relief, and its opposition to all forms of impersonal mass services and contract practice.

THE LOW-WAGE GROUP

The committee believes that the sick coming under the classification known as the *Low-Wage Group* are entitled to medical care equal to that given to any other class of the population. They are self-respecting, willing to work and support themselves to the extent of their financial ability. It therefore recommends some form of *sickness insurance* on a diminished fee basis similar to one of the hospitalization plans; but any plan that is adopted should guarantee the free choice of physician and retain the patient-physician relationship.

NEWSPAPER RELEASES

By Joseph H. Kler, M.D., New Brunswick, N. J.
Chairman, Committee on Public Relations

1. DISCUSSION ON "SOCIALIZED MEDICINE"

The American people are a nation of *headline readers.* This is somewhat unfortunate for the medical profession. In presenting the attitude of organized medicine toward recent governmental proposals for the extension of medical care, the press has used the verb "Oppose" with great frequency. The casual headline reader, after seeing the word "Oppose" used repeatedly in connection with organized medicine, has come to associate organized medicine with opposition, and believes that organized medicine is *opposed to any and all change.* Unless he reads the complete text of news stores pertaining to the position of organized medicine, the average reader does not learn through the headline which specific proposals organized medicine opposes, and which it approves.

EMPHASIZING ENDORSEMENT

In the news stories it has sent out, The Committee on Public Relations has used in the lead the proposals which organized medicine *endorses.* The headline for the story is therefore likely to contain a verb such as "Endorses" or "Approves" rather than "Opposes". The effect is *positive,* rather than *negative,* and tends to dispel the effect of placing organized medicine in opposition to every proposal which is made for the betterment of medical care.

This article is not a treatise on journalism. It points a moral. Physicians must cease to talk about socialized medicine in terms of *moral indignation.* They must rather differentiate, in their talks to lay groups, between those *specific forms* of governmental aid which organized medicine approves, and those *specific* forms which it disapproves.

This has been tried with excellent results in New Brunswick. In talks to lay groups a number of physicians have cited actual forms and examples of governmental aid which organized medicine approves. This approach seemed to surprise the listeners. When the speakers subsequently cited the specific proposals which organized medicine opposes, and explained why, the listening group clearly understood that medicine is not opposed to any and all forms of governmental aid. They had a better understanding of the position of organized medicine on the vague and general question of "Socialized Medicine".

The moral is this:—

In clarifying the position of organized medicine on the question of expanded governmental participation in the delivery of medical services, let us make our approach *positive* rather than *negative.* If we do this, we will avoid the characterization of "A bunch of hidebound ultra-reactionaries", and will be accepted as leaders of *administrative medical procedures.*

2. RECENT PUBLIC HEALTH ARTICLES

A résumé of recent activities of the Committee on Public Relations follows:

MORTALITY RATE IN APPENDICITIS

The second annual educational campaign to reduce the mortality rate of appendicitis, through education of the public to avoid cathartics in the presence of undiagnosed abdominal pain, was recently undertaken by the committee. Sixty thousand warning stickers were distributed among school physicians of the State to be given to students in the upper grades. A copy of the Speakers' Service Bulletin on appendicitis was sent to each school physician. School physicians were asked to give talks on appendicitis to students and P.-T. A. groups. A press release explaining the educational program was sent to every newspaper in the State.

PAMPHLETS DISTRIBUTED

Copies of two pamphlets, "On the Witness Stand", and "Compulsory Health Insurance and Disease Control", which present the medical point of view in opposition to state medicine, have been sent to every public library in the State. These pamphlets have also been distributed to small groups by physicians when speaking on the subject of socialized medicine.

NEWS OF DISTRICT MEETINGS

The meetings of the Fifth and Third Judicial Districts were publicized by the committee. News stories on each meeting were sent to all newspapers in each respective judicial district. Based on a study of clippings returned up to the time this is written, twenty-eight stories appeared in eighteen papers dealing with the meeting at Bridgeton. Seven stories were published in five papers concerning the Princeton

meeting. The difference in effectiveness is due largely to the fact that we were able to get advance summaries of what two of the speakers were going to say at Bridgeton. We were unable to get such summaries from the speakers at Princeton, and were therefore handicapped in preparing copy in advance.

FALL CLINICAL CONFERENCE

A press release on the Fall Clinical Conference was sent to all newspapers in the State in advance of the Conference. Copies of the program were sent to every newspaper in Essex County.

PHARMACEUTICAL RELATIONS

A press release on pharmacy was sent to the newspapers during National Pharmacy Week. In the October, 1938, issue of the New Jersey Journal of Pharmacy, page 29, there appears this statement:

"We believe this to be the first time that any medical society anywhere in the United States aided a pharmaceutical association in the observance of Pharmacy Week. Needless to say, this compliment is greatly appreciated by the pharmacists of New Jersey."

TULAREMIA

A press release on tularemia, timed to coincide with the opening of the rabbit hunting season, was sent to the newspapers in November. It was published in twenty-six papers, several papers using the story as the basis for editorials.

OBJECTIVES OF THE COMMITTEE FOR THE STUDY OF EUGENIC STERILIZATION

By Wrigiit MacMillan, M.D., Chairman, Passaic, N. J.

Since prominent philanthropically-minded laymen are working actively on a program of sexual sterilization for our nation's good, it seems appropriate that The Medical Society of New Jersey should follow the progress of their efforts, and accumulate scientific data on this medical subject. Also the medical profession's practical interest is shown by an editorial in *Surgery, Gynecology, and Obstetrics* of February 1, 1938. In this article, as a suggestion for the control of cancer, it is recommended that voluntary sterilization be utilized to limit the offspring of strongly cancerous families, and that eventually compulsory sterilization might be advisable in certain instances.

The objectives of this committee are:

1. To accumulate information concerning the surgical and eugenic aspects of sterilization and to distribute this information to the profession.
2. To become familiar with the work of lay organizations interested in medical or surgical phases of eugenics, and make their findings available to the profession.
3. To coöperate with these organizations by giving them the benefit of medical knowledge and experience, and by helping them follow scientific medical principles.
4. To make available competent surgical service for those needing and desiring sterilization operations.

To accomplish these objectives the committee plans to collect all available data on the technic of operations and the eugenic indications for sterilization. These will be made available through the package library of the State Medical Society.

The committee invites correspondence with all those interested in the subject and will follow closely and coöperate in the activities of organizations studying eugenics, serving as members or officers when desirable. The names of surgeons and hospitals available for eugenic sterilization operations will be sought and will be given to those desiring this service.

In the persual of these plans there has been made available material on eugenic sterilization in the State Medical Society's Packet Library. The committee has reprints and correspondence on the technic of operations. Several members of the committee are officers or members in the Sterilization League of New Jersey, and have given talks on engenic sterilization to medical and lay audiences. The committee has the names of surgeons and hospitals to whom physicians can refer patients.

The committee believes that there is a definite field of usefulness for sterilization operations, and that there is a present loss in health and happiness due to the profession's unfamiliarity with the scientific indications and technic. It is our duty to correct this.

STATE SOCIETY ACTIVITIES

CHARTERS OF NEW JERSEY MEDICAL SOCIETIES

The following item was printed in the department of "Contacts and Comments" of the October Journal, page 697:

What is the legal standing of your county medical society?

If you should be held responsible for the acts of your county society, what would be your defense?

From what source does your county medical society derive its legal power to discipline its members?

All these questions have arisen in connection with the suit threatened by the Federal Government against the Medical Society of the District of Columbia. (Journal, August, 1938, page 505; and September, 1938, page 568.)

The Trustees of the American Medical Association wish to know the legal status of the medical societies of the several states, and their component county societies. Also every member of a county medical society is vitally concerned with his legal standing and his responsibilities and immunities as a member of both his county society and of his State Society.

THE MEDICAL SOCIETY OF NEW JERSEY

The legal status of The Medical Society of New Jersey is beyond question, for the Society was established as a corporate body by an act of the Legislature approved March 14, 1864. This law was printed in The Journal of The Medical Society of New Jersey, October, 1934, page 586. It was reprinted in the booklet entitled "Constitution, By-Laws, and Charter of The Medical Society of New Jersey, as Amended up to May 1, 1935".

The charter of 1864 reads as follows:

CHAPTER CLVII

AN ACT TO REORGANIZE THE MEDICAL SOCIETY OF NEW JERSEY

WHEREAS, The medical society of New Jersey is approaching its centenary anniversary; and, whereas, the society, by petition, has expressed a desire to surrender all its special privileges and pecuniary immunities, and to reorganize, as nearly as possible, upon the voluntary basis; therefore,

1. BE IT ENACTED, *by the Senate and General Assembly of the State of New Jersey,* That the medical society of the state of New Jersey, already incorporated by the style and name of "The Medical Society of New Jersey", shall continue to be a body corporate and politic, in fact and in name, and shall and may have and use a common seal, and alter the same at their pleasure; and that the said society shall be composed of delegates (not less than three), chosen by and from each of the district or county societies, which now are, or which under the authority of the said society may be hereinafter instituted; the officers for the time being, shall be ex-officio members of the said society, independently of the authority of delegation; and all persons who shall have been, or may hereafter be, presidents of the society, shall rank as fellows, and be entitled to all the privileges of delegated members.

2. *And Be It Enacted,* That the society shall have the authority to confer the degree of Doctor of Medicine, under such rules and regulations as they may adopt, which degree shall be deemed sufficient evidence of a regularly educated and qualified practitioner of the healing art; and hereafter no one shall be admitted to membership in any district or county society having connection with this society, unless he shall have received the said degree of Doctor of Medicine, or been admitted ad eundum, from some other medical authorities, which this society shall deem proper to recognize; *provided,* that this act shall not be so construed as to prevent any county or district society from admitting to membership any respectable practitioner who shall have previously to the passage of this act, received the degree of doctor of medicine from any college or university recognized by, or in affiliation with the body known as "The American Medical Association".

3. *And Be It Enacted,* That this society shall have the power to prescribe the duties of its officers and members, fix their compensation, assess from time to time an annuity upon the district or county societies in the ratio of their membership respectively, and adopt such rules and regulations for the due management of the concerns of this and the several district societies as may be deemed necessary; *provided,* the same be not contrary to the laws of this state; and may hold any estate, real and personal, the annual income of which shall not exceed one thousand dollars.

4. *And Be It Enacted,* That this act shall be considered a public act, and shall take effect on the fourth Tuesday of January, eighteen hundred and sixty-six; and that the act entitled "An act to incorporate medical societies for the purpose of regulating the practice of physic and surgery in this State", passed January twenty-eighth, eighteen

hundred and thirty, and all supplements thereto, be and the same are hereby repealed.

Approved March 14, 1864.

The charter of 1864 was the last of several similar ones which were issued by the Legislature. One of the early Acts was "Passed at Perth Amboy, June 9, 1790", and is printed on page 89 of the "Transactions of The Medical Society of New Jersey, 1766-1858". The closing paragraph of this charter of 1790 reads as follows:

Sec. 6. And be it further enacted, that the said Society when met, shall have full power and authority from time to time and at all times hereafter to make such laws, ordinances, and constitutions for the well ordering and governing the said Society, or which shall have any tendency to promote the benevolent objects and principles of the institution, and which shall be obligatory on the members thereof, and the same to alter, diminish and reform, as to them shall seem necessary and convenient: Provided always, that such laws, ordinances and constitutions be not repugnant to the laws of this State, or of the United States.

The corporate existence of The Medical Society of New Jersey has been firmly established for 148 years; and a member of the Society need have no fear of being held personally liable for any act of the corporation when it is performed in accordance with the provisions of the charter.

If the corporate existence of The Medical Society of New Jersey is ever questioned, the officers can prove its legal status by supplying the court with a certified copy of the law of 1864, which may be obtained from the State office in the State Capital building in Trenton.

CHARTERS OF COUNTY SOCIETIES

The county medical societies of New Jersey derive their corporate existence from the Act of the Legislature passed February 16, 1816. Section 3 of this Act reads as follows:

3d. And be it enacted that the said Medical Society at their first general meeting held after the passing of this act or as soon thereafter as they may judge expedient shall appoint not less than three physicians or surgeons of known skill, learning and integrity in each county of this State, who shall respectively meet at the county town in each of the different counties of this State wherein they shall severally reside, at such time or times as may be assigned, and of which due notice may be given by the Medical Society of New Jersey, and then and there the said physicians and surgeons shall form themselves into a society to be called "The District Medical Society", for the county of ———, in the State of New Jersey; and being so convened, and not less than three in number, the aforesaid societies are respectively authorized to elect a President, Vice-President, Secretary and Treasurer, and admit members if regularly licensed and of good character, also to appoint times and places for holding their subsequent meetings as they shall deem proper, and make all such By-Laws and Regulations as may be necessary for the management of their concerns; provided the same be not contrary to any Law or Regulation of the Medical Society of New Jersey, or to any Law of this State or of the United States, or to the Constitution of either of the same.

Sections 4 and 5 of this Act required that any person desiring to practice medicine should undergo an examination by a committee of a county society; and if his qualifications were certified by the committee, the President of The Medical Society of New Jersey should issue a certificate entitling him to practice medicine in the State of New Jersey.

REORGANIZATION MEETING OF THE STATE SOCIETY

Section two of the Act of 1816 directed that:

The Medical Society of New Jersey shall hold its reorganization meeting in New Brunswick on the first Tuesday ensuing the passage of this Act; and annually thereafter shall meet in some suitable time and place, of which due notice shall be given in two or more of the newspapers of the State.

Page 149 of the printed Transactions contains the minutes of the re-organization meeting which was held on May 7, 1816, with representatives from the several counties present, as follows:

Essex

Jos. Quimby

Middlesex

John Van Cleve	Enoch Wilson
Lewis Dunham	Nath'l Manning
Augustus R. Taylor	Ralph P. Lott
Jacob Dunham	Matthias Freeman

Monmouth

John Reynolds	Sam'l Forman

Morris

Charles Pierson

Somerset

A. R. Taylor	Ferdinand Schenck
Ephraim Smith	Wm. McKissack
James Elmendorf	Wm. D. McKissack

ORGANIZATION OF COUNTY SOCIETIES

The minutes of the reorganization meeting of the State Society (Transactions, p. 150), record the appointment of physicians in each of the five counties which were represented in the meeting on May 7, 1816, to meet on a certain day and organize a county society as follows:

Somerset

Peter I. Stryker	Augustus Taylor
Ferdinand Schenck	E. Smith
William McKissack	Moses Scott
James Elmendorf	Henry Schenck
William D. McKissack	

to meet in Somerville on May 21, 1816, at 10 a. m.

Monmouth

Samuel Furman (or Forman)
——— Reynolds ——— Hubbard
to meet on June 3, 1816, at 10 a. m.

Essex

——— Quimby	P. Elmer
S. Manning	——— Williams
——— Craig	

to meet on June 4, 1816, at 10 a. m.

Morris

Lewis Condit	Wm. Canfield
Ebenezer Pearson	John S. Dorsey
Charles E. Pearson	Jephtha B. Munn
John B. Jones	

to meet on June 11, 1816.

Middlesex

Lewis Dunham	Charles Smith
J. Dunham	Nath'l Manning
Enoch Wilson	Ralph R. Lott
M. Freeman	John Van Cleve

to meet in New Brunswick on June 14, 1816, at 10 a. m.

Since the time when these five county societies were organized, societies have been formed in all the other counties, as follows:

Atlantic—The county was formed in 1837. Authorization to organize a county society was granted by the State Society on May 28, 1867, but it was not exercised.

A second authorization was given on May 24, 1881, and the delegation was seated in 1883.

Bergen—Authorization was given on November 10, 1818, to meet on December 10, 1818. Not exercised.

A second authorization given on May 10, 1836, to meet July 11, 1836,—but not exercised.

A third authorization given January 24, 1854; the delegates were seated January 23, 1855.

Burlington—Application for authorization was received May 2, 1829, and granted, and representatives attended regularly thereafter.

Camden—Authorization granted May 12, 1846. On November 12, 1846, delegates from Camden County were seated.

Cape May—On November 9, 1819, authorization was given to form a county society; and was given again on November 4, 1820, but neither was exercised.

Authority was again given on June 11, 1884, and on December 18, 1883, the formation of the county society was recognized by the State Society.

Cumberland—The society was authorized on November 10, 1818, and was represented in the State Society irregularly until November 14, 1848, when authority for its reorganization was granted. On May 8, 1849, the Standing Committee of the State Society reported that the reorganization proceedings were correct; and the delegates were seated.

Gloucester—Authorization to form a society in Gloucester County was given on November 10, 1818; and representatives of the society attended the State meeting at rare intervals.

On May 12, 1835, authorization was given to reorganize the county society, but the proceedings were not accepted by the State Society.

On May 12, 1846, another authorization was given to reorganize the county.

On November 10, 1846, the minutes of the State Society (page 391), record that the proceedings of the organization meeting were approved. From this time the Society was regularly represented in the meetings of the State Society.

Hudson—The County of Hudson was organized in 1840.

On May 13, 1851, authority was granted to the physicians of Hudson County to form a medical society.

On January 27, 1852, the constitution and proceedings of the newly formed society were read and approved and the society was accepted.

Hunterdon—Hunterdon was organized as a county in 1714, and in 1784 it was the most populous county in the State.

Applications for authority to form a county society were made in 1819, 1821, 1835, and 1840. Finally on May 11, 1847, a certificate of conformity to the State Society's requirements was received and the delegates were seated.

Mercer—Mercer was organized as a county in 1838. Its physicians received the written authorization from the State Society to meet on May 23, 1848, and form a county society. Its delegates have attended the meeting of the State Society ever since that date. (The letter of authorization is printed on page 750.)

Ocean—Ocean was organized as a county in 1850.

On January 22, 1861, the State Society invited Ocean County to form a county society, but there was no response to the request.

On May 27, 1874, the State Society received an appeal from seven physicians from Ocean County for permission to organize a county society, and delegates from Ocean County attended regularly from 1876 to 1899.

On June 23, 1903, the State Society voted to invite its physicians to organize a county society.

On June 4, 1904, the Ocean County delegation was seated in the annual meeting.

Passaic—Passaic was organized as a county in 1837.

On November 14, 1843, a committee was appointed to organize the county medical society. The county was thereafter represented in the State Society regularly.

Salem—On November 10, 1818, the State Society authorized the doctors of Salem to meet on November 30, 1818, and organize a county society. This society was very active until 1850.

On May 23, 1880, the State Society received word that the medical society had been reorganized on May 4, and now requests affiliation with the State Society. This request was granted.

Sussex—The physicians of Sussex County Medical Society were authorized to meet on July 14, 1918, and form a county society. It sent representatives to the State Society in 1919, and then lapsed for ten years.

The second authorization to reorganize the society was given on May 12, 1829, and it was organized on August 22, 1829, and has sent delegates to the State Society regularly.

Union—Union County was organized in 1857.

On May 24, 1870, Chairman Wickes of the Standing Committee reported that he had examined the proceedings of the first meeting of the Union County Medical Society and approved them. The report was accepted and the society was recognized as a component county society.

Warren—The County of Warren was organized as a county in 1824. Authority to organize a county society was given on November 8, 1825. The society was organized on February 15, 1826, and has been represented in the State Society regularly ever since.

In every instance, the State Society studied the local proceedings with care and legal discrimination before granting the approval of the State organization and the admission of the society into the fellowship of the State Society.

OFFICIAL RECOGNITION OF COUNTY SOCIETIES

The printed "Transactions" of the State Society do not record all the steps of the formal process of organizing a county society. For example, the minutes do not have a record of a personal notification sent to each doctor who is directed to assist in forming a county society; neither is there a record of a formal notice informing the secretary of the newly formed county society that his society is legally recognized. However, the fact that such a formal recognition was intended is shown by the Transactions of the Annual Meeting of the State Society held on June 4, 1904, as recorded in the Journal of October, 1904, page 51, which reads:

"*Dr. A. Mercer*—This Society has just issued to County Societies a new form of charter. It is a cheap affair and very perishable. It is on common paper and in a few years it will have become destroyed, or the ink will be illegible. Therefore, I move that the Secretary be empowered to have twenty-one new charters engraved on parchment. Motion carried."

Also in the Transactions of 1905, page 10, there is the record:

"At the last meeting of this Society the Recording Secretary was empowered to have new and more durable charters prepared to take the place of those issued in 1903 and 1904. This has been done, and a charter very handsomely engrossed on parchment has been duly *signed, sealed, and forwarded to the Secretary of each County Medical Society.*"

Some of the twenty-one engraved charters must still be in existence. If any secretary or custodian of records knows of such a recognition of his society, please inform the Editor. The document will be of interest and value both historically and legally, and a photostat of it will be published in the Journal.

Further evidence that both the State Society and the county societies conformed to all legal requirements is found in the attitude of the State Society in four respects:

1. The Mercer County notice.
2. The Law of 1818 constituting the State Society by delegations from the county societies.
3. The appointment of county society censors by the State Society.
4. The appointment of members of the county societies on committees of the State Society.

1. THE MERCER COUNTY NOTICE

The handbook of the "Mercer County Component Medical Society in the State of New Jersey", which was published in 1914, and contains the by-laws and the membership list, has the following introductory authorization to form the society:

Copy of a Letter Authorizing the Formation of the District Medical Society for the County of Mercer, State of New Jersey:

By the Medical Society of New Jersey, to John H. Phillips, Henry P. Willing, James B. Coleman, John McKelvay and Francis A. Ewing, Physicians and Surgeons, Greeting.

Your application requesting that a District Medical Society might be instituted, consisting of John H. Phillips, Henry P. Willing, James B. Coleman, John McKelvay and Francis A. Ewing, in the county of Mercer, was duly considered at a meeting of the Medical Society of New Jersey held at New Brunswick on the 9th day of May, anno Domini 1848, and it was thereupon voted that your request be granted.

Be it therefore known that, pursuant to the act of the Legislature of this State, the Medical Society of New Jersey doth appoint John H. Phillips, Henry P. Willing, James B. Coleman, John McKelvay and Francis A. Ewing, Physicians and Surgeons, practitioners and residents of the county of Mercer, to meet at the county town on the 23rd day of May, at 10 o'clock in the forenoon, then and there to form themselves into a society to be called the District Medical Society for the County of Mercer in the State of New Jersey, for the purpose of electing officers, making by-laws, rules and regulations, having and using a common seal, and transacting such other business as they shall deem expedient.

In Testimony Whereof, the President, pursuant to the aforesaid vote of the Society, has hereunto

subscribed his name and affixed the seal of the corporation at New Brunswick, this 9th day of May, Anno Domini 1848.

JACOB T. B. SKILLMAN, *President.*
Attest: WM. PIERSON, *Recording Secretary.*

(If a formal notice to proceed to organize is in the possession of any other county society, please inform the Editor of The Journal.)

2. THE LAW OF 1818

On February 10, 1818, the Legislature amended the Act of 1816, by providing that the State Society should be composed of four delegates elected by each county society which had been authorized by the State Society and had met the requirements of the authorization.

On May 12, 1818, the five county societies which had been organized in 1816 sent delegates to the State Society as follows:

Morris—Drs. Condit and Ira Crittendon.
Essex—Dr. James Lee.
Middlesex—Drs. Lewis Dunham, John Van Cleve, Matthias Freeman, Wm. Van Duersen and Nath'l Manning.
Monmouth—Dr. John Reynolds.
Somerset—Drs. F. S. Schenck, Henry Vander-Veer, Peter Vredenburgh, and Wm. D. McKissack.

In addition, the following State Society officers were present from the five counties:

Peter I. Stryker, President (Somerset)
E. Smith, Treasurer (Middlesex)
Augustus Taylor, Corresponding Secretary (Somerset)
William McKissack (Somerset)

This system of composing the governing body of representatives from county societies has continued with minor changes, up to the present time, for 130 years. Under it, the members of the county society elect their delegates, who choose the officers of the State Society and vote its funds.

3. APPOINTMENT OF CENSORS OF COUNTY SOCIETIES

In order to ensure a high standard of qualifications for membership in the medical societies, the Law of 1818 provided that the State Society should elect the censors of each county society. This system has been retained in principle, but the censors are now chosen by the county societies; and rejected candidates or disciplined members may appeal to the councilors of the State Society sitting as a board of censors.

4. APPOINTING MEMBERS OF COMMITTEES

The State Society has recognized the privileges and rights of members of county societies to serve on State Society committees regardless of their position as delegates to the State Society. Each of the 200 or more members of county societies who now serve on State Society committees are directly protected by the law applying to the State Society.

These four precedents and conditions are sufficiently broad and well-established to protect county society members in the discharge of their official duties.

GOVERNOR'S CONFERENCE ON HEALTH AND WELFARE PROBLEMS

The first session of a general conference of leaders of health and welfare groups of New Jersey, called by Governor A. Harry Moore, was held in the Stacy-Trent Hotel, Trenton, on November 16, 1938. Dr. Robert C. Clothier, President of Rutgers University, was chosen permanent chairman. Among those present were representatives of the State Department of Health, the State Department of Institutions and Agencies, The Medical Society of New Jersey, and their major subdivisions.

Governor Moore in his address said that the immediate occasion for calling the conference was the program of the National Health Conference that was held on July 18, 1938 (Jour., August, p. 503, and September, p. 559). This conference proposed to introduce legislation in the next session of Congress involving an annual expenditure of Federal and State funds to the extent of over two billion dollars annually for five purposes:

1. Public Health (Maternal Welfare, Child Health, Venereal Disease Control, etc.).
2. Hospitalization (new hospitals for districts in which none are now readily available).
3. Medical care for indigents.
4. Insurance for medical care of low-wage groups.
5. Reimbursement for loss of wages because of unemployment.

New Jersey, like all the other States, is directly concerned with this Federal program, for the State will be required to duplicate the sums allotted to it if it is to share in the benefits of the Federal appropriations.

Governor Moore, as the head of all the official agencies of the State, asked the conference to enlighten him regarding health and welfare

conditions, and gave the following problems as examples of the questions which he has in mind:

1. How adequate are the resources to meet the medical requirements of our needy people?
2. How complete is the maternal health care?
3. What further must be done to protect the health of our children, and to assure them a good physical start in life?
4. How can our public departments, and our several institutions and agencies best function in health and welfare activities?
5. What are New Jersey's resources for the medical care of its people in both city and rural areas?
6. What must New Jersey do to maintain its position among the several states in the forefront of the battle against disease?

Representatives of the several organizations engaged in health and welfare work outlined their impressions of the needs of the State in their particular lines. It is planned that committees will be appointed, and that the Conference will meet at intervals to consider specific problems as they arise.

THIRD COUNCILOR DISTRICT MEETING

The meeting of the Third Councilor District was held at the Nassau Inn, Princeton, N. J., on November 17, 1938, at 6:30 p. m., with Dr. Barclay Fuhrmann, Councilor, presiding.

The meeting opened with a dinner which was beautifully served by the management of the Inn, and everyone partook with enjoyment.

THE MEDICAL RESERVE CORPS

After the aims and objectives of the meeting were briefly stated by the Councilor, Lieutenant-Colonel Albert G. Hulett, of the Medical Reserves, U. S. Army, gave an interesting address on the needs of the medical reserve corps, and stressed the necessity that physicians become familiar with the procedures in the medical service of the Army and Navy. Dr. Hulett's address was well received, and those present who were members of the reserve corps, as well as those who were not, benefited by his remarks.

DR. READ'S ADDRESS

The next speaker was Dr. Hilton S. Read, Chairman of the Welfare Committee of The Medical Society of New Jersey, who spoke on the subject "Medicine as a Social Service" in his own original and interesting manner. He outlined the changing aspects of the philosophy of the practice of medicine, and the newer conception of the relation of the physician to society. He showed how the Conference on National Health on July 18, coming midway between the June and the September meetings of the A. M. A., was a protest against the inequalities in the distribution of medical services, and a challenge to physicians to devise an equitable system of medical practice. The medical organizations at once met the challenge in all its three phases.

1. In their own internal affairs they substituted *united action* for vague resolutions and critical opinions.
2. In their relations to non-medical groups they adopted a spirit of *civic coöperation,* instead of *physics* or *compulsion.*
3. In their relations to their patients they adopted *humanics* in the place of *economics* as their main-spring of action.

In closing, Dr. Read said:

SOCIAL OR POLITICAL INCENTIVES

If we admit the need of modernization of medical care and the cost thereof, let's not be panicky and recklessly unloose our tongues without proper cerebral control at the mere mention of socialized medicine. We had better get some definitions established before we start to pull our hair, and wave the Hippocratic oath whenever socialized medicine is mentioned. What more socialized profession is there than medicine? Who more thoroughly subscribes to the Marxian philosophy of—*to each according to his needs; and from each according to his ability to pay*—than does our profession? We practiced that philosophy long before Marx was ever heard of. It is the politicalization of medicine that we have a right to fear. We should try to recapture, by a more conscious application of humanics, in this three-hundred-mile-an-hour age, the touch of our beloved medical fore-bears. Maybe I am a babe-in-the-woods philosopher. Maybe the day of the physician, friend, and confessor exemplified by the doorbell-pulling doctor is gone. Maybe that day can never come back; but I believe it can, and when it does we will not have to worry about economics. *Economics* will be the natural complement of *humanics.*

If we cannot join in agreement of this thesis, then let us be realists and admit we are *materialists.* Let's quit waving the Hippocratic Oath, ranting about the sacredness of the patient-physician relationship and our devotion to the ministry of medicine whenever the word *socialized* medicine is mentioned. Let us admit it isn't the real ministry of medicine we are interested in by making good medical care available to all the people at a cost they can afford to pay. Let's have our ignorant innermost selves admit our concern is our bank balance. Let's call off the effort to develop for New

Jersey a form of voluntary insurance to indemnify the low-wage group for the cost of sickness—let's call it off and soak the rich and poor alike all we possibly can just before we sink in the morass of our own unconscionable, unreasoning selfishness. Let's call it off if we don't agree that revolution is preferable to resolutions, that civics is more urgent than physics and humanics are to be sought above economics.

Maybe this babe in the woods is just a misled foil for the politicians, but at least in arriving at these conclusions I have not just rearranged my prejudices. I believe that, if we prescribe for ourselves a dash of *revolution* instead of *resolutions*, with a small amount of *civics* in the elixir of *humanics* as a vehicle, once again we modern medical men can regain the shrine in Mr. Everyman's devotion enjoyed by our medical forefathers, when even Voltaire was moved to say, "Nothing is more estimable than the physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it; exercises his art with caution; and pays equal attention to the rich and the poor."

PRESIDENT CARRINGTON'S ADDRESS

Dr. William J. Carrington, President of the State Medical Society, was the next speaker. His subject was "What Changes in Medical Practice in 1939?" He outlined the various proposals on the part of the Federal and State governments for increased relief of a health nature, and called attention to the fact that vast sums were to be expended in this way. He also called attention to the need for the expenditures and for placing the administration of these sums and the carrying on of the proposed health work in the hands of the medical profession, because he felt that the medical profession can administer to those needs better than lay officials operating from a bureau.

THE GUEST SPEAKER

The guest speaker was Dr. David McCabe, Professor of Economics at Princeton University. His subject was "Economics in Relation to Medicine". Dr. McCabe's talk was in a lighter vein, and was well received by the audience assembled. He mentioned various economic premises which have been promulgated both in the past and in the present, and showed the fallacy of some of these ideas.

Interspersed between the various addresses were selections given by an octet from the Princeton Glee Club, who enlivened the meeting with musical selections.

There were about one hundred members present; and judging from the complimentary remarks made, the meeting was highly successful and inspirational.

BARCLAY S. FUHRMANN,
Councilor.

FIFTH COUNCILOR DISTRICT

A meeting of the members of the Fifth Councilor District of The Medical Society of New Jersey, composed of the counties of Atlantic, Cape May, Cumberland, Gloucester, and Salem, was held in the Hotel Cumberland, Bridgeton, on the afternoon of November 16, 1938. The eighty-five members who were present were welcomed by Dr. Dare S. Woodruff, of Vineland, President of the Cumberland County Medical Society; and the program that was announced in the November Journal, page 693, was carried out.

Dr. Hilton S. Read, Chairman of the Welfare Committee of The Medical Society of New Jersey, described the administrative activities in which the members must engage in order that an *evolution* of leadership by the medical profession may prevent a *revolution* of medical practice under the domination of welfare and political organizations.

Dr. William J. Carrington, President of The Medical Society of New Jersey, contrasted the proposals of the Federal bureaus with those of The Medical Society of New Jersey. (See the President's Comment, page 740.)

A rousing inspirational address was given by Allen A. Stockdale, D.D., head of the Speakers' Bureau of the National Manufacturers' Association. He cited love of work, love of service, scientific and intellectual freedom, and honest profit, as the foundations of American life. Presenting the foundations in another way, Dr. Stockdale listed them as "personalities, profits and prosperity. These tested foundations can be undermined by parasites, patronage, and politics."

Discussing medicine Dr. Stockdale said: "Scientific freedom is a foundation of American life. The American doctor has learned more and gone farther into the health, happiness and security of American life because he has been free to enter all realms of science with self-respecting initiative and profit producing enterprise.

A turkey supper was served in the main dining room of the hotel at 4.30 o'clock.

CHESTER I. ULMER,
Councilor.

PUBLIC HEALTH COMMITTEE

A meeting of the Public Health Committee was held at 3 p. m. on November 2nd, 1938, in the Academy of Medicine, Newark, N. J. Those present were: Dr. Nichols, Chairman; Drs. Lathrop, Blaisdell, Ireland, Jaffin, Kilduffe, Knight, Levy, Murphy, Sherman, and Stuart Hawkes; and also Mr. MacDonald, representing the State Department of Health.

TUBERCULOSIS CASE-FINDING

Dr. Jaffin read the fourth objective of the Tuberculosis Committee—"Advocate extension of chest x-ray examinations to all available adults:

"1. As part of private periodic health examinations;

"2. By urging x-ray surveys on all adult groups, especially as encountered in the various industries, custodial institutions, police and fire departments, school personnel, transportation employees, food handlers, waiters, domestics, W. P. A. workers, recipients of public relief, and all groups in the lower economic levels. These x-rays should be provided for at nominal cost, or free."

It was the opinion of the committee that the desirability and need of such a program was obvious, but was the money to come from public or private funds? Dr. Jaffin felt that this was a community problem, and that the community should have a natural desire to adopt mass surveys for its own protection. Various community groups will have to cooperate in providing funds for this work. The money saved in finding tuberculosis in the early stages, rather than having cases arrive in a sanatorium in an advanced stage and staying two or three years instead of from three to nine months, would certainly warrant the expenditures necessary for this survey.

Dr. Nichols suggested that Dr. Hawkes report these discussions to the Post-Graduate Education Committee, and develop some program of education in the modern methods of tuberculosis diagnosis and treatment for the general practitioners in the counties.

EXAMINATION FORM CARDS

Dr. Nichols asked that a committee of Drs. Levy, Lathrop, and Ireland present at the next meeting of the Public Health Committee an examination form to be used in examining the wards of the Board of Children's Guardians.

Health cards for recording the examination of persons of various ages have been prepared by the Public Health Committee and are available at the following prices:

Pre-Natal History cards—free
Infant Health cards—one cent each
Pre-School cards—one cent each
School Age cards—two cents each
Adult Health cards—five cents each

These may be obtained from the Executive Offices.

PNEUMONIA CONTROL

Dr. Kilduffe reported that the Pneumonia Committee was trying to work out an educational program in the county societies. There are two films available, through the Department of Health, for showing in the counties. In connection with the purchase and distribution of serum now being done through State funds, there is no provision made for paying the doctor for the administration of this serum. The committee is going to make an effort to have this provision included in the pneumonia bill so that the money appropriated will not be limited solely to the purchase and distribution of serum. There is a trained technician working in the Department of Health. He is supplied by the United States Public Health Service, but the equipment he uses is furnished by the Department of Health. Through the efforts of this technician we will be able to get some idea of the types of pneumonia prevalent throughout the State, and can concentrate on the manufacture of a proper serum or sera to treat those cases.

VENEREAL DISEASE COMMITTEE

Dr. Blaisdell reported that courses in venereal disease are being given in Philadelphia and in East Orange. These are available to venereal disease clinical workers. New York State is giving free courses in venereal disease work to anyone, whether from New York or another state.

EXAMINATION OF AUTO DRIVERS

Dr. Sherman presented a form prepared by his committee at the request of Commissioner Magee for the examination of suspected drunken drivers. A motion was made by Dr. Kilduffe, seconded and unanimously carried, that the committee approve the blank for transmission to the Commissioner of Motor Vehicles, giving him full authority to revise it in the light of his experience.

The meeting adjourned at 5:30 p. m.

LEROY A. WILKES, M.D., *Secretary.*

WORKMEN'S COMPENSATION COMMITTEE

A meeting of the Workmen's Compensation Committee was held on November 13th, 1938, at 11:00 a. m., in the Executive Offices of The Medical Society of New Jersey, Trenton, New Jersey. Those present were Dr. Comando, who presided, and Drs. Carpenter, Harryman, Shafer, Griffith, and McBride.

The meeting was called to discuss recommendations to be included in a new workmen's compensation law, or in amendments to the present law. The committee felt that the desirable points for inclusion were as follows:

1. A free choice of physicians with proper safeguards.

The employer should be notified within seventy-two hours of the diagnosis of the case.

Consultations should be made available as often as desired by the employer.

2. An arbitration board for disputed bills.

3. State doctors should be full-time men, not allowed to do any private practice. There should be one for each compensation district.

4. If any case, after consultation with the employer or representative of the carrier, was felt not to be receiving proper treatment, that case will be disposed of at decision of State Doctor. In stubbornly contested consultations, an immediate consultation with the State Doctor is necessary, allowing the State Doctor to decide the disposition of the case.

5. Some means should be provided whereby the employer is able to easily get an examination of the injured employee for litigation.

6. The doctor's fee and the hospital fee for a hernia case should be two separate sums. The fee for the doctor should be $100.

7. Each compensable dermatosis should be specifically listed in the list of compensable diseases.

8. A joint commission composed of doctors and lawyers with the power to scrutinize testimony and to make a man fear to perjure himself. Give the commission power to present charges of perjury, which might bring revocation of licenses.

9. Force appellate courts to hand down a decision within a reasonable length of time,—60 to 90 days.

Discussion was brought up about the feasibility to set up a board to prevent arbitrary cutting of physicians' fees in compensation work. To make this successful, there would have to be annual registration, and a panel of physicians approved for compensation work.

After the Medical Society has decided whether or not A-511 is going to be reintroduced this year, it will decide whether or not amendments to the Workmen's Compensation Act should be introduced this year. It was felt that it was not wise to sponsor two medical acts the same year.

The committee recommends to the Medical Practice Committee that at the next meeting of the Workmen's Compensation Committee representatives of industry, labor, the bar, and insurance carriers be invited.

The meeting adjourned at 12:45 p. m.

LeRoy A. Wilkes, M.D., *Secretary.*

COURSE IN SYPHILIS, DIAGNOSIS AND TREATMENT

Dr. J. Lynn Mahaffey, Director of the New Jersey State Department of Health, has named the following New Jersey physicians to take the Intensive Training Course at the Institute for the Control of Syphilis, University of Pennsylvania, conducted all day Wednesdays from November 2nd to December 7th, 1938, inclusive:

M. H. Axilrod, M.D., Atlantic City
J. F. S. Carter, M.D., Asbury Park
Jasper W. Crowley, M.D., Camden
A. J. Friedland, M.D., Woodbine
Samuel Goldstein, M.D., Mays Landing
Charles M. Gray, M.D., Vineland
A. D. Jordan, M.D., Manasquan
B. A. Livingood, M.D., Swedesboro
Elizabeth Ford Love, M.D., Moorestown
Alfred F. Mezzetts, M.D., Vineland
William E. Mountford, M.D., Trenton
Anthony Pino, M.D., Bridgeton
William Scheffler, M.D., Camden
L. E. Viteri, M.D., Mt. Holly.

THE PROGRAM

All day Wednesdays, Nov. 2 to Dec. 7 inclusive, 1938

November 2—

9:30 A. M.—Pathogenesis and classification of syphilis; symptomatology of early syphilis; with discussion of suspicion-arousers and diagnostic pitfalls.
Dr Ingraham.

P. M.—The management of latent syphilis, excluding late congenital syphilis.
Dr. Beerman.

November 9—

A. M.—Antisyphilitic remedies; their pharmacology and dosage.
Dr. Pariser.

P. M.—Management of syphilis in pregnancy. Infantile congenital syphilis and late congenital syphilis.
Dr. Ingraham.

November 16—

9:00 A. M.—Standard treatment courses and the control of infection.
Dr. Stokes.

P. M.—Laboratory diagnosis; the application and intrepretation of the various diagnostic tests employed for syphilis.
Dr. Beerman.

November 23—

9:30 A. M.—A State laboratory service.
Dr. Tuft.

P. M.—Treatment reactions and their management.
Dr. Pariser.

November 30—

9:00 A. M.—Specific case problems with demonstration of cases and typical examples from clinical and private practice. The clinic set-up.
Dr. Stokes.

P. M.—Venereal diseases other than syphilis and gonorrhea.
Dr. Pariser.

December 7—

9:15 A. M.—The principles of case finding and case holding and the practical aspects of syphilis epidemiology.
Miss Woods.

P. M.—Correlation of previous material.
Dr. Beerman.

HOMEMAKERS' FORUM

The program of the Homemakers' Forum of Rutgers University for October, November and December, 1938, is on the subject "The Family in Transition", and will consist of fifteen-minute discussions over WOR and other stations of the Mutual Broadcasting System on Wednesdays at 1:15 p. m.

The subjects and dates are as follows:

Oct. 5—*An Educator Surveys the Family*
Prof. H. J. Baker, Director, Extension Service in Agriculture and Home Economics, N. J. College of Agriculture.

Oct. 12—*Home and School Work Together*
Mrs. Leonard G. Twitchell, First Vice-President, and Mrs. Morris Foulk, Second Vice-President, N. J. Congress of Parents and Teachers.

Oct. 19—*Know Your State Health Services*
Dr. J. Lynn Mahaffey, Director, N. J. Department of Health.

Oct. 26—*Is Family Life Changing?*
Dr. Anna S. Starr, Assistant Director, Psychological and Mental Hygiene Clinic, Rutgers University.

Nov. 2—*Government and Family Needs*
Mrs. Leonard S. Robbins, President, N. J. League of Women Voters.

Nov. 9—*Churches Go Farther on an Old Road*
Rev. L. Foster Wood, Committee on Marriage and the Home, Federal Council of the Churches of Christ in America.

Nov. 16—*The Family Meets a Psychologist*
Dr. Otis C. Ingebritsen, President, N. J. Association of Psychologists.

Nov. 23—*Parents Go to School Again*
Winifred Fisher, Executive Director, N. Y. Adult Education Council, Inc.

Nov. 30—*Educating for Family Life*
Dr. Ralph P. Bridgman, Executive Director, National Council of Parent Education.

Dec. 7—*The State and Family Welfare*
Dr. W. J. Ellis, Commissioner, N. J. State Department of Institutions and Agencies.

Dec. 14—*The Child under State Care*
Dr. L. N. Yepsen, Director, Division of Classification and Parole, N. J. State Department of Institutions and Agencies.

Dec. 21—*The Library Meets New Needs*
Jennie M. Flexner, Readers' Adviser, New York Public Library.

Dec. 28—*Tomorrow's Homes*
Mrs. Marion F. McDowell, extension specialist in child training and parent education, N. J. College of Agriculture.

DR. THEODOR TEIMER

THEODOR TEIMER, M.D.

With the death of Dr. Theodor Teimer The Medical Society of New Jersey loses one of its most esteemed and beloved members; science, an untiring worker and enthusiastic admirer; his patients, a fatherly friend and a painstakingly conscientious, self-sacrificing physician, in the best sense of the word; and his friends, a most loyal adviser and unselfish supporter.

Dr. Teimer was born in 1871 in Pilsen, Bohemia, at that time part of the Austro-Hungarian monarchy. He studied in that country and graduated in 1898 from the medical school of the State University of Vienna. A few months later he came to America and settled in Newark. Here he practiced medicine for forty years until a few days before his death October 12, from coronary thrombosis.

After several years of general practice Dr. Teimer confined his work to internal medicine, particularly the disorders of metabolism. His work in this field won him recognition which went far beyond the boundaries of this State. For many years he has been responsible for Newark's low death rate of diabetes, which hardly finds its equal in any other city. For years he was attending physician and head of the metabolism department in both the City Hospital in Newark and the Essex County Isolation Hospital in Soho, and a consulting physician to the Newark Eye and Ear Infirmary, the Presbyterian and Beth Israel Hospitals in Newark, and St. Mary's Hospital in Orange. In his field he was one of the most popular consultants in this State. Dr. Teimer was an organizer and pathfinder, and an original worker in fields which were later cultivated by special research laboratories, among them being the simplified modern treatment of diabetes, and the extensive recent use of calcium in internal medicine.

In addition to his own specialty, Dr. Teimer was deeply interested in public health, and took active part in its promotion. In 1915 he was appointed a member of the Newark Board of Health. In 1918 he participated in the fight against the influenza epidemic and carried on his work in his own self-sacrificing manner. Dr. Teimer was credited with initiating the maternal welfare movement in this country in 1926. He organized a commission in Essex County which fought against child-birth mortality. This movement spread rapidly from here over the State, and then over the entire nation. Even recently, in spite of his extended practice and his age, he accepted the nomination as Chairman of the Pneumonia Control Committee of the city, and enthusiastically helped to organize the modern treatment of this disease.

Dr. Teimer also was an ardent believer in the value of medical gatherings where opinions on professional problems were exchanged, and doctors met informally to forget the burdens and worries of the day's work. Aside from several other medical societies, he was a charter member and the first President of the Essex County Anatomical and Pathological Society, which was founded in 1906.

Dr. Teimer had many excellent personal qualities, but among these there was one which overshadowed all others. His generosity is well known to many patients, and to scores of physicians. He never refused aid to anyone who came to him for advice, and always lent an actively helping hand—many times to his own disadvantage—to straighten out difficulties in the life of his fellow men. Many younger doctors owe their success to the fact that Dr. Teimer was their friendly adviser.

There is hardly anything more a physician can wish for in his professional life than to acquire the esteem and love of his patients and colleagues, to live up to the highest ideals of his profession, and to leave behind an honored name. Dr. Teimer achieved all these objectives and earned an enviable reputation. It will be difficult to fill his place, but the memory of his noble soul will live in our hearts.

William Nyiri.

CHARLES S. NEVES, M.D.

Dr. Charles S. Neves, of Montclair, died on November 4, 1938, aged fifty-one years. He was born in Providence, R. I., and received an A.B. degree from Harvard in 1909, and an M.D. in 1913.

During the World War he served as Lieutenant of the Medical Corps of the Navy. He practiced medicine in Hoboken for six years, and in Montclair since 1925. He was on the staffs of the Mountainside, the Community and the St. Vincent's hospitals, and was a member of The Medical Society of New Jersey, and of the Harvard Club of New York City.

DECEASED PHYSICIANS—NEW JERSEY

Data Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Edgar Cowan	58	Oct. 24, 1938	Pensauken	Same	Chronic nephritis.
Bradford W. Giveans	69	Oct. 7, 1938	Maplewood	Bloomfield	Cerebral hemorrhage.
James J. McGuire	62	Oct. 11, 1938	Trenton	Same	Chronic nephritis.
Robert M. Smith	71	Oct. 30, 1938	Camden	Same	Chronic myocardial degeneration.
Theodor Teimer	66	Oct. 12, 1938	Newark	Same	Coronary thrombosis.
John M. Wainright	58	Oct. 20, 1938	Jersey City	Same	Syncope due to myocarditis.

NUMBER OF CHILDREN RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1938

DIPHTHERIA TOXOID

County	Total to Oct. 31	Month of Nov.	Total to Nov. 30	Average per Month
Atlantic	379	6	385	77.
Bergen	1252	369	1621	324.2
Burlington	38	12	50	10.
Camden	261	389	650	130.
Cape May	274	72	346	69.2
Cumberland	55	5	60	12.
Essex	4192	1031	5223	1044.6
Gloucester	31	11	42	8.4
Hudson	1339	560	1899	379.8
Hunterdon	4	0	4	.8
Mercer	695	68	763	152.6
Middlesex	366	495	861	172.2
Monmouth	202	7	209	41.8
Morris	196	35	231	46.2
Ocean	3	0	3	.6
Passaic	909	405	1314	262.8
Salem	22	24	46	9.2
Somerset	63	18	81	16.2
Sussex	0	0	0	0.
Union	460	62	522	104.4
Warren	6	2	8	1.6
Totals	10747	3571	14318	2863.6

SMALLPOX VACCINE

County	Total to Oct. 31	Month of Nov.	Total to Nov. 30	Average per Month
Atlantic	239	10	249	49.8
Bergen	1091	232	1323	264.6
Burlington	225	12	237	47.4
Camden	2047	77	2124	424.8
Cape May	226	100	326	65.2
Cumberland	176	4	180	36.
Essex	2027	818	2845	569.
Gloucester	270	10	280	56.
Hudson	2127	52	2179	435.8
Hunterdon	17	0	17	3.4
Mercer	702	97	799	159.8
Middlesex	1533	64	1597	319.8
Monmouth	133	1	134	26.8
Morris	561	39	600	120.
Ocean	45	0	45	9.
Passaic	888	228	1116	223.2
Salem	323	5	328	65.6
Somerset	645	462	1107	221.4
Sussex	0	0	0	0.
Union	605	84	689	137.8
Warren	147	0	147	29.4
Totals	14027	2295	16322	3264.4

CONTACTS AND COMMENTS

THE MID-YEAR OF THE ADMINISTRATION

This issue of The Journal completes the record of *the first half* of the administrative year of The Medical Society of New Jersey which began at the close of the 172nd Annual Meeting on May 19, 1938. The opening of the year found President Carrington ready to announce his policies as the fruit of three years of active preparation as Second Vice-President, First Vice-President, and President-elect. The careful selection of the subordinate officers and their advancement year by year to the presidency has accounted for the outstanding efficiency which has characterized The Medical Society of New Jersey since its establishment in 1766.

The mid-year of the present administration was marked on December 4 by a meeting of every one of the thirty or more committees and boards of the State Society, followed by a social dinner, and a conference of the members of the Welfare Committee at which the members of the other committees took part. The fact that one hundred leaders of the State and county societies spent an entire afternoon in active consultation is convincing evidence of the deep interest which the members of the Society are taking in its affairs.

The members who attended the sessions were not guests who came together to listen to philosophical speeches, but they took part in the discussions, and debated the burning problems of medical relationships even as they sat at the dinner table. Every member made a contribution to the informal discussions based on his own experience.

For several years this earnestness of purpose and directness of expression has been a swelling tide of practical interest in medical relationships on part of the physicians of the State, which is reflected in their activities in their local societies, where the essential work of the State Society is carried out. *Theory* was conspicuous by its absence; while *practice* and local *experience* were exemplified.

The expanded activities of the State and local societies have steadily grown during the past five years, but their growth has been stimulated by the threatened domination of the heads of Federal Welfare Departments in fields of service which can be tilled only by practicing physicians whose opinions are based on actual contacts with all classes of people. The day is past when efficient medical service can be given by an individual physician acting on his own initiative and impulse. Hospitals, nurses, and welfare workers are essential adjuncts to the practice of every family doctor and specialist; and so the medical society has become the medical adviser to every political and welfare organization. Each medical society—county, State and national—is a continuing school of instruction, and a forum in which plans of medical practice are clarified and standardized. There is no graduation from that school in which every member is an active worker. The exemplification of this principle by the members of The Medical Society of New Jersey has reached new heights during the past six months of the present administration.

Passaic County's Public Relations Committee has increased the acceptance of the weekly health feature "The M.D. Says:" 300 per cent. A courteous letter to editors requesting publication of the feature, with a self-addressed, stamped reply card secured the increased editorial acceptance.

Amid the numerous papers on rare or extremely serious conditions, a discussion of common disorders of the anus and rectum is most timely and valuable. Every famliy doctor sees numerous patients with pruritis, or piles; and therefore a clear, simple description of the conditions, such as that by Dr. Gerendasy on page 713 is most valuable.

On editorial page 709, note the comment on the portrait of Dr. Lawrence VanderVeer, of Somerset County, one of the founders of The Medical Society of New Jersey on July 23, 1766.

Doctor's Gig

As a further example of material which is available for a medical history, a photograph of a typical "Doctor's gig" is here reproduced. It was used by Dr. John Wiley, of Cape May Court House, a century ago. Dr. Wiley was born in 1815. He graduated from Jefferson Medical College in 1837, and began to practice medicine in Cape May Court House in 1838. The child in the gig is Thurston Elliott Wood, great-greatgrandson of Dr. Wiley.

COUNCILOR DISTRICT MEETINGS

The meetings of the Councilor Districts have been resumed with commendable enthusiasm. Those of the Third and the Fifth Districts are reported on pages 752 and 753 of this issue of The Journal.

The programs of two other District meetings have also been issued. That of the Second District, Dr. Vincent P. Butler, Councilor, scheduled for Thursday, December 15, at 9 p.m. in St. Peter's College auditorium, Jersey City; with Governor A. Harry Moore as the principal speaker. Also Drs. Morris Fishbein, W. J. Carrington, and H. S. Read will insure a feast of reason combined with wit and humor.

The meeting of the Fourth District, Dr. James F. Fisher, Councilor, is scheduled for Tuesday, December 13, at 9 p.m. in the Silver Lake Inn, near Berlin, Camden County. This will be a "Dutch Treat" and Ladies' Night, but its primary object is the entertainment of members of the Legislature from the four counties of the District.

PRESERVING COMMUNICATIONS

President Carrington has issued the following appeal to the Secretary of each county society:

"This is to ask you to carefully preserve the material sent to your County Medical Society for the use of the officers and committees, and to keep this information in files so as to be available for succeeding officers and chairmen of committees. This insures the continuity of programs.

"As your officers and chairmen retire, the material used by them during their term of office should be turned over to their successors for study, so that your accomplishments may be measured from time to time, and your revised programs will insure continued efforts along lines which have proven effective and productive.

"Only in this way can organized medicine develop and justify programs sponsored by the medical profession and make them effective and economical, as well as consistent with the investment of time, effort, and money involved."

One of the greatest functions of the Executive Offices of the State Society is to preserve complete files of the correspondence and information that passes between the county societies and the State Society. The county societies should not depend upon the State Society for essential information. Efficiency of administration depends on the preservation of its own records by every county society;—not only temporarily, but in a form that is always readily accessible.

BULLETINS OF COUNTY SOCIETIES

The monthly Bulletins of the fourteen county societies which issue them are valuable records of the activities of the local organizations and a source of information and inspiration to their members, especially those who are unable to attend every meeting. They also reveal the individuality of each society.—for there is a commendable degree of independence among the societies, and their methods of adapting their methods of administration to local needs. A summary of the Bulletins was published in The Journal of July, 1938, page 450.

Two files of the Bulletins are kept in the offices of the State Society in Trenton, and are in constant use by both the Executive Officer and the Editor. These copies are invaluable as more detailed records than are contained in the monthly reports which are published in The Journal.

KEEPING THE BULLETINS AND JOURNALS

Preserve your local Bulletins and your State Journals. They are invaluable records of current events; and in a year or two they will be almost the only sources of historical information that are readily available.

Do you know why the Journals are perforated with two holes near the margin? These holes are for the insertion of inexpensive brass fasteners for binding the Journals.

Shall we send each member a box of the fasteners? We would prefer that you buy them yourselves at your stationery store.

County medical societies are urged to send the weekly health feature "The M.D. Says" to *all* the weekly papers in the county. Sending them only to those which use them at the outset prevents any possibility of growth in the acceptance list.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

December, 1938				January, 1939			
6	Hudson	13	Cumberland	3	Camden	12	Passaic
6	Camden	14	Mercer (Annual	3	Hudson	13	Atlantic
8	Burlington		Meeting)	6	Salem	17	Warren
8	Essex	14	Ocean	10	Bergen	18	Middlesex
8	Passaic	15	Gloucester	11	Mercer	19	Gloucester
8	Somerset	15	Morris	11	Ocean	19	Morris
9	Atlantic	21	Middlesex (An-	11	Union	24	Hunterdon
9	Salem		nual Meeting)	12	Burlington	25	Monmouth
13	Bergen	28	Monmouth	12	Essex		

ATLANTIC COUNTY

The regular monthly meeting of the *Atlantic County Medical Society* was held at the Hotel Ambassador on October 14th, 1938, President Dr. James H. Mason presiding, and sixty-five members and guests present.

VISIT OF PRESIDENT'S CABINET

Dr. W. B. Morris, of the New Jersey State Medical Society, congratulated Dr. W. J. Carrington on his activities as State President, and outlined the objectives and administrative policies of the State Society for the coming year.

SCIENTIFIC

The scientific program was presented by Dr. Leonard Averett, of Philadelphia, Pa., whose paper "The Advantages of Vaginal Approach to Pelvic Pathology", was well received. It was discussed by Drs. Carrington, Uzzell, Poland, and Andrews.

Dr. C. D. Head of the Pneumonia Control Committee of the State Society gave a brief résumé of the serum treatment of pneumonia with instructlnos for obtaining serum for patients who are unable to pay for it.

TRAFFIC REGULATIONS

A letter from the Traffic Department of Atlantic City was read, which notified physicians that their courtesy cards dld not give them the privilege of using Parkometer spaces without depositing the proper coin.

COMMUNITY CHEST

Dr. Carrington urged the members to make whatever contribution they could to the Community Chest.

Dr. D. W. Scanlon, reporting for the Public Health Committee, made recommendations for the Baby Keep-Well Station vacancy and for the vacancy of a Feld Physlclan in Maternal Welfare work.

AUXILIARY PLANS

Dr. Myrtile Frank reported the outline of the activities planned by the Auxiliary for the coming year. Five members of the Atlantic County Medical Society are to be appointed by the President to act as judges of the essay contest the Auxiliary will sponsor.

A pamphlet received by the Auxiliary regarding a fund for orphans and widows of physicians in New Jersey will be abstracted for the Bulletin of the Society, and more thorough study made of it for report at the November meeting.

A motion was made and passed that this Society recommend Dr. Samuel Barbash for the vacancy on the State Board of Medical Examiners.

The regular meeting of the *Atlantic County Medical Society* was held November 11, 1938, at the Ambassador Hotel, President James H. Mason, presidnig. Fifty members and guests were present.

WOMAN'S AUXILIARY

The Auxiliary will hold a Hill-Billy Dance at the Northfield Country Club on November 19th.

The President appointed the following judges for the Essay Contest to be sponsored by the Auxiliary: Drs. D. C. Reyner, W. B. Stewart, J. A. Gruler, S. Rosenblatt, and R. A. Kilduffe.

JUNIOR RESEARCH CLUB

Notice was read of the annual drive for books for the Public Library by the Junior Research Club.

LOCAL LEADERS

Dr. D. B. Allman emphasized the importance of having the activities of the State Society brought before the local membership and the good fortune of this society in having not only Dr. W. J. Carrington, State President, but also Dr. Read, who is Chairman of the Welfare Committee.

Dr. Carrington spoke briefly on the importance

of an organized front to preserve the private practice of medicine; and Dr. Read gave some facts on health and hospital insurance plans as they should be worked out under the control of the practicing physicians of each State and not by politicians.

SCIENTIFIC

Two scientific papers were presented: Dr. M. Poulson of the Johns Hopkins University, Baltimore, M. D., spoke on the "Diarrhoeas and Dysenteries of the Adult"; and Dr. B. I. Golden, of the Golden Clinic, Elkins, W. Va., presented a paper and motion picture on "Hernia".

The papers were discussed by Drs. Allman, Johnson, Andrews, Hyman, and De Hellebranth.

BERGEN COUNTY

LeRoy W. Black, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held in the auditorium of the Hackensack Hospital Nurses' Home, Hackensack, N. J., on Tuesday evening, October 11th, 1938. The meeting was called to order at 9:00 p. m. by the President, Dr. Chester A. King.

NEW MEMBERS

From Junior to Regular membership:

Francis I. Tomlins, of Ridgewood
Henry E. Prall, of Cliffside Park
Isabel B. Turner, of Englewood
Charles R. D'Amato, of East Rutherford
S. Calthrop Bump, of Ridgewood

One application was received for junior membership and one for regular membership.

ANNOUNCEMENTS

Dr. King called attention to a scientific session being conducted by the Passaic County Medical Society this coming Thursday, October 13th, concerning low-back pain. He urged those who could do so to attend this program, which promised to be very interesting and well conducted.

Dr. Vita, Chairman of our Entertainment Committee, presented a report concerning the annual banquet which this year will be held at the Hackensack Golf Club on November 17th. He promised a good time and enjoyable entertainment for all.

Dr. King enlarged upon a letter published by Dr. Carrington in the Atlantic County Society Bulletin referring to the Chicago Conference of the A. M. A. He read us important excerpts from this letter which pointed out that the sum planned by the Federal Government for medical aid was far in excess of needs, and was unfortunately so arranged that the areas most in need of help will be unable to raise necessary funds. Dr. King stated that it was necessary to continue our greatest efforts in the support of organized medicine in this present battle against government control.

Dr. Farr announced that the Woman's Auxiliary to our Society will pay the dues of three of our members who are at present in severe financial straits.

SCIENTIFIC

Dr. S. B. Reich, Chairman of our Venereal Disease Committee, introduced the program for the evening, which consisted of a moving picture entitled "Diagnosis and Treatment of Syphilis". This is the official picture of the United States Public Health Service, presented by the State Department of Health. It proved to be extremely interesting and informative, presenting all phases of diagnosis and treatment of syphilis in its various stages.

The regular meeting of the *Bergen County Medical Society* was held at Bergen Pines, Bergen County Hospital, Ridgewood, New Jersey, on Tuesday evening, November 8th, 1938. The meeting was called to order at 9:00 p. m. by the President, Dr. Chester A. King.

ADDRESS BY PRESIDENT CARRINGTON

Dr. W. J. Carrington, President of The Medical Society of New Jersey, explained the five proposals put forth by the National Health Conference on July 18, 1938 (Jour., August, p. 503, and September, p. 575). He also explained the reply of the A. M. A. at its special meeting on September 16 (Jour., October, p. 614).

To counteract these very definite and distressing tendencies, Dr. Carrington felt that the following principles would have to be carried out by organized medicine:

First, we must have an absolutely solid front in our Society and our members must take a more active interest in national and state elections to assure ourselves of proper representation in the various State capitals and at Washington.

Second, we must earnestly attempt to get all practicing physicians within the fold of organized medicine.

Third, we must all be extremely careful and conscientious in our behavior toward patients to foster the best medical practice with careful diagnosis of illnesses, thus preventing any possible feeling on the part of the government, or any other group, that individual practice of medicine can be improved.

Fourth, to remember that the public will get what it desires. It therefore behooves organized medicine to instruct the public properly as to what they should want concerning medical practice, and as to what they will probably get under governmental bureaucratic control of medicine.

POST-GRADUATE

Dr. Coppoletta, Chairman of the Post-Graduate Committee, reported that plans were under way for a course in dermatology during the coming season, and the lectures would start February 2nd.

NEW MEMBERS

Three applications for membership were received.

Three physicians were elected to junior membership:

R. E. Banta, of Tenafly
E. R. Neary, of Palisades Park
J. J. Coughlin, of Ridgefield Park

Dr. Roslyn Barbash, Teaneck, was elected to regular membership.

ANTI-VIVISECTION

Dr. Knowles called the attention of the society to a letter which he had received and which contained grossly exaggerated and misinterpreted statements affecting the practice of medicine released by the Anti-Vivisection Society. He asked the members to warn their patients about receiving such inaccurate information in the mails and to ask them to obtain correct information before making any judgment or decision themselves.

PNEUMONIA COMMITTEE

Dr. Ellmers, Chairman of our *Pneumonia Committee,* announced the Bergen County program of the committee, and restated the program of the State committee. He also enlarged upon the plans in this county for obtaining serum, and for the typing of sputum as concerns the indigent sick with pneumonia. This information he had prepared in mimeograph form for the members.

SCIENTIFIC

Dr. Jessee G. M. Bullowa, physician at Harlem and Willard Parker Hospitals, and consulting physician at the New York Hospital for Women and Children, was introduced to our society by Dr. Walter Farr, Chairman of our Scientific Committee.

Dr. Bullowa gave us an excellent discussion on the pneumonias, and the methods of administering sera.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The regular monthly meeting of the *Camden County Medical Society* was held November 1st, 1938, at 9 p. m. at the Tuberculosis Hospital, Lakeland, with President H. Wesley Jack presiding, and eighty-seven members and guests present.

SCIENTIFIC

The following papers were given:

1. "Indication for Collapse Therapy", by T. H. McGlade, M.D.
2. "Thoracoplasty in Tuberculosis", by I. E. Deibert, M.D. Dr. Deibert presented two cases.
3. "T. B. in Bones and Joints", by B. Franklin Buzby, M.D.
4. "Case Findings in Tuberculosis", by Martin H. Collier, M.D.

The talks were all very interesting. Dr. Collier reported that tuberculin tests on 3,000 children revealed that 40 per cent were positive; and that among these positive cases seven were found to have active tuberculosis.

Dr. Deibert suggested that it was only proper that all teachers should be given frequent physical examination, tuberculin tests, and chest x-ray if necessary. There is a great deal of tuberculosis among the young teachers, and it should be discovered and given the proper treatment as soon as possible.

NEW MEMBERS

The following men were elected to active membership:

Dr. Milton H. Gordon, Camden
Dr. Gerald H. Husted, Haddon Heights
Dr. Harry E. Fredrich, Camden
Dr. J. Harvey Dempsey, Berlin
Dr. C. Frazier Hadley, Westmont

A social hour followed the meeting, and chicken salad and ice cream were served by the nursing staff.

CAPE MAY COUNTY

Warren D. Robbins, M.D., Reporter

The fifty-fifth annual meeting of the *Cape May County Medical Society* was held on Tuesday, November 22, 1938, at the Bellevue Hotel, Cape May Court House, with the President, Dr. H. H. Tomlin, presiding, and the following members were present: Dandois, Brooks, Cryder, Crowe, Friedland, Giddings, F. Hughes, S. Hughes, Haines, Hornstine, Jennings, Monoson, Pettit, Robbins, Smith, Tomlin, and C. Way.

OFFICERS AND COMMITTEES

The following members were reëlected for the coming year:

President, Dr. H. H. Tomlin, Wildwood
Vice-President, Dr. A. C. Crowe, Ocean City
Secretary, Dr. W. D. Robbins, Cape May
Treasurer, Dr. H. H. Tomlin, Wildwood

The following committees will serve during the coming year, or until their terms expire:

Board of Censors

George F. Dandois ..... Term expires Jan. 1, 1940
Allen Corson ..... Term expires Jan. 1, 1942
Frank R. Hughes ..... Term expires Jan. 1, 1941

Delegates to State Society

George F. Dandois ..... Term expires Jan. 1, 1940
Clarence W. Way ..... Term expires Jan. 1, 1942
Herschel Pettit ..... Term expires Jan. 1, 1940

Alternate Delegates to State Society

John B. Townsend ..... Term expires Jan. 1, 1940
Frank R. Hughes ..... Term expires Jan. 1, 1941
Samuel Hughes ..... Term expires Jan. 1, 1942

Nominating Committee of State Society—
Clarence W. Way

Delegates to Atlantic County—
Eugene Darby, Ocean City
John H. Whiticar, Ocean City

Delegates to Cumberland County—
Millard C. Cryder, Cape May Court House
Hurlbert H. Tomlin, Wildwood

Delegates to Gloucester County—
George M. Brooks, Cape May Court House
Clarence W. Way, Sea Isle City

Emergency Relief
W. P. Haines, Chairman

Millard Cryder	Frank R. Hughes
Clarence W. Way	George F. Dandois

Public Health
Aldrich C. Crowe, Chairman
A. J. Friedland H. H. Hornstine

Welfare Committee
Herschel Pettit, Chairman
Samuel Hughes G. F. Dandois

Public Relations
G. F. Dandois, Chairman
H. Pettit Millard Cryder

Venereal Disease
Frank R. Hughes, Chairman
W. P. Haines A. J. Friedland

Post-Graduate Education
Clarence W. Way, Chairman
C. Eugene Darby

Legislation
Allen Corson, Chairman
G. F. Dandois Millard Cryder

Liaison
C. Eugene Darby, Chairman
Julius Way

Executive
Millard Cryder, Chairman
John B. Townsend H. H. Tomlin

Maternity
John B. Townsend, Chairman
F. R. Hughes Margaret Mace

Credit Bureau
George M. Brooks, Chairman
J. H. Whiticar H. H. Tomlin

Medical Defense
George F. Dandois, Chairman
Aldrich C. Crowe

Sub-Committees
George F. Dandois, Cancer Control Problem
Samuel Hughes, Tuberculosis Problem
C. W. Way, Mental Hygiene Problem
W. D. Robbins, Crippled Children Problem
J. B. Townsend, Maternal Welfare Problem
F. R. Hughes, Venereal Disease Control Problem
A. C. Crowe, Child Health Problem

VENEREAL DISEASE CLINICS

The Secretary was instructed to advise the Cape May Board of Freeholders that the Medical Society respectfully asks that the Board continue their support, financial and otherwise, to the venereal disease clinics in the county.

THE POOR

Dr. Cryder reported that his special committee had not as yet contacted Freeholder Clouting in reference to patients unable to pay for medical care, and recommended to the society that Mr. Clouting be invited to a special meeting of the society. It was properly moved and seconded that the work of this special committee be continued with particular reference to the admission of patients with contagious diseases into the Atlantic City Hospital.

MEETING DATES

It was decided that meetings be held on the second Friday nights of alternate months at the Bellevue Hotel, Cape May Court House; and that one member be appointed as the program committee for each meeting. Dr. Samuel Hughes was appointed the Program Committee for the next meeting.

STATE OFFICERS

Dr. William J. Carrington, President of the State Society, gave a short talk on the work of the State Society, and welcomed the reorganization of the Woman's Auxiliary.

Dr. Thomas K. Lewis, of Camden, the adviser of the local society, spoke on the work of the State Society committees in dealing with the vast number of problems now arising in the practice of medicine.

Other speakers were Dr. LeRoy Wilkes, Executive Secretary of the State Society, and Mr. B. C. Bowen of the State Board of Health.

Other guests present were Dr. Mabel Haines, and Dr. Stella Fisher, delegates from Camden County; Dr. William Ball, of Cape May, and Dr. John Friel, of Ocean City.

On motion, the meeting adjourned to meet the second Friday of January.

ESSEX COUNTY

Paul H. Hosp, M.D., Reporter

The regular monthly meeting of the *Essex County Medical Society* was held in the Academy of Medicine, Newark, on November 10th, at 9 p.m. President David A. Kraker was in the chair.

METHOD OF ELECTING NEW MEMBERS

Dr. Kraker announced a new and more accurate method of election of new members. Instead of just handing out the ballots as heretofore, each member in good standing as he enters the room to vote, his name is checked, he is given a ballot and after marking same, it is collected.

INSURANCE PLAN

Dr. Kraker introduced Dr. Frederic E. Elliot, Secretary-Treasurer of the N. Y. Associated Medical Service. He described the details of a plan, now being initiated in Brooklyn, of Medical Expense Insurance. This is the much-discussed plan for helping meet the risks of illness and the better distribution of medical services. It works on true principles of insurance. The insured pays and receives the benefits for what he pays. Hospital insurance has been found very successful and has pulled most hospitals out of the red. The business has to be carried on under the insurance laws and not the Medical Practice Act.

When starting it in New Jersey, put it into the hands of men who know. Have accountants and actuaries hired at a nominal sum; but do not lose control. Have five medical men on the Administrative Board. These doctors can also be on the Arbitration Committee. Here overcharging and com-

plaints can be settled. The free choice of physician is one of the main points to be maintained; also a schedule of indemnities formulated and the limitations of what a doctor is allowed to do.

Dr. Elliott was well received and many questions asked him.

SCIENTIFIC

Dr. Royal Schaaf, President-Elect, took over the second half of the meeting and introduced "Motion Pictures on Diagnostic Procedures in Tuberculosis". These were with sound effect.

The second feature was a short film on "Highway Safety", with remarks by Lowell Thomas.

The following were elected to membership:

To active membership—

Budington, Walter I., Newark
Colmer, M. Jonas, Newark
Gaylor, Earl Leslie, Jr., Montclair
Hagman, Frank E., North Arlington
Lurie, Wolf, Bloomfield
Palladino, Alessandro, Orange
Shack, David N., Newark
Taffet, William, Belleville

To associate membership—

Bernson, Samuel F., Newark
Fader, Ferdinand, East Orange
Fleming, Joseph A., Montclair
Forte, Daniel L., Orange
Fortunato, Samuel J., Newark
Griefinger, William, Irvington
Howell, Thomas W., Newark
Jones, Elwood K., East Orange
Klosk, Emanuel, Newark
Levison, William, Newark
Opacity, Ernest A., Newark
Pinto, Joseph A., Newark
Pizzi, Mario V., Orange
Rachlin, Harry T., Irvington
Reich, Mortimer, Newark
Tepper, Victor, Newark

SPEAKERS' BUREAU

The Essex County Medical Society, through its Public Relations Committee, has organized a Speakers' Bureau under the chairmanship of Dr. Manfred Kraemer. This bureau has available a group of thirty physicians prepared to give talks on various phases of medicine and public health. The bureau has circularized all the service clubs, Rotarians, Kiwanis, Lions, etc., forty-five P.-T. A. groups, and Y. M. C. A., Y. W. C. A., Y. M. H. A. and Y. W. H. A. groups, the Diocese of Newark, and various church groups, and offered the services of the Speakers' Bureau.

Already over forty talks have been scheduled and given. The speakers are introduced as representatives of the Essex County Medical Society. This title is also used in press releases. The speakers are not permitted to discuss medical economics, nor do they advise patients to see a doctor.

We are giving the service to the public, so that the public will look to the medical profession for advice on health matters rather than some other organiza ions.

THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

The December programs of the Academy of Medicine of Northern New Jersey are as follows:

Council meeting, Thursday, December first.

Eye, Ear, Nose, and Throat Section, Monday, December 12. Clinical meeting, Newark Eye and Ear Infirmary, 77 Central Avenue, Newark.

Section on Medicine and Pediatrics, Tuesday, December 13.

"Congestive Heart Failure" (15 minutes), Harold Goldberg, M.D.

"The Nephrotic Syndrome", Dana Atchley, M.D., Professor of Clincial Medicine, Columbia University.

Stated Meeting, Thursday, December 15, 1938.

"Some New Operative Procedures in Urology", Oswald S. Lowsley, M.D., Director of Urology, James Buchanan Brady Foundation, New York Hospital.

Section on Surgery, Tuesday, December 27. Clinical meeting of Surgeons at the Academy.

All meetings are open to the general profession, and to medical students.

The stated meeting of the Academy of Medicine of Northern New Jersey was held on Thursday, October 20, 1938, at the Academy, 91 Lincoln Park, South, Newark, and was called to order by President Henry C. Barkhorn at nine p. m.

Dr. Barkhorn welcomed the audience to the twenty-eighth season of the Academy, and announced that the new office of the Essex County Medical Society would be located in the Academy.

Dr. Barkhorn introduced the guest speaker, Dr. George A. Harrop, Director, Squibb Institute for Medical Research. Dr. Harrop's paper, "Recent Advances in Our Knowledge of the Adrenal Glands", was a timely topic to the profession in the study of the endocrines. Drs. Edgar Ill and Casilli discussed the paper.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

One of the best-attended meetings in the history of the *Gloucester County Medical Society* was held at the Homestead Coffee Shop on Thursday evening, November 17, at 9 o'clock. The meeting was called to order by the President, Dr. William E. Crain, of Woodbury, with thirty-nine members and visitors present.

DISTRICT MEETING

Dr. Chester I. Ulmer, of Gibbstown, reported on the meeting of the Fifth Councilor District, which was held in Bridgeton on November 15.

NEW MEMBER

Dr. Wentzell, of Wenonah, was elected to membership.

VISITORS TO OTHER SOCIETIES

Meetings of the various county medical societies were reported by the various delegates who attended the meetings.

PUBLIC RELATIONS

The Public Relations Committee reported that speakers had been supplied for six meetings since the society had last met. Contacts have been made with about 200 people.

X-RAYING TUBERCULOSIS GROUPS

The Public Health Committee submitted a report concerning the testing and x-raying of groups in the county. The report was ordered mimeographed and sent to each member of the society for study before any definite action was taken.

SCIENTIFIC

Dr. Wayne Babcock, Professor of Surgery at Temple University School of Medicine, spoke on the subject "The Gall-Bladder". His talk was illustrated by numerous lantern slides.

HUDSON COUNTY

John N. Connell, M.D., Reporter

A regular meeting of the *Hudson County Medical Society* was held on Tuesday, November 1, 1938, at the Carteret Club, at 9:15 p. m., with the President, Dr. R. L. Ballinger, presiding.

NEW MEMBERS

The following physicians were elected to membership:

Samuel Cohen, 28 Duncan Ave., Jersey City
Jacob David Katz, 115 Belmont Ave., Jersey City
Concetta G. Mango, 1 31st St., North Bergen
Joseph D. Mastromonaco, 35 W. 34th St., Bayonne
Joseph Napoli, 575 Summit Ave., Union City
Joseph Anthony Papalia, 308 8th St., Union City
David B. Simpson, 9 E. 35th St., Bayonne
Matthew Sorin, 47 Glenwood Ave., Jersey City
Eugene L. Spohn, 921 Bergen Ave., Jersey City

One new member was proposed.

SCIENTIFIC

1. Introductory remarks, by Dr. Abraham E. Jaffin, Chairman of Public Health Committee, under whose supervision this meeting was arranged.

2. A sound film was shown of "The Technical Aspects of Intravenous Serum Treatment in Pneumonia".

3. Dr. Ballinger introduced Dr. Harvey Doe, Medical Assistant, State Department of Health, who spoke on the "State Program on Pneumonia".

4. Discussion by: Dr. Angelo G. Gnassi, Pathologist, Jersey City Medical Center; and Dr. John F. Von der Leith, Bacteriologist, County Board of Health.

5. Discussion from the floor by: Drs. Jaffin, Kerdasha, J. Swiney, and Cosgrove; and closed by Dr. Doe.

Adjournment at 11:05 p. m.

MIDDLESEX COUNTY

Louis R. Panigrosso, M.D., Reporter

The regular meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, N. J., October 19th, 1938, Dr. J. V. Smith, President, presiding.

SCIENTIFIC

The speaker of the evening, Dr. Normand Trevese, Associate Attending Surgeon, Memorial Hospital, spoke on the subject "Diagnosis and Treatment of Breast Tumors".

Discussions by Drs. Goldman, Feher, and Lazow.

NEW MEMBERS

The following were admitted to associate membership:

Dr. Weiner, Perth Amboy
Dr. Fazio, South Amboy
Dr. Lang, Perth Amboy
Dr. Sidney Tucker, Perth Amboy

COUNCILOR DISTRICT MEETING

Dr. Fuhrmann, district representative, urged all the members to attend the District Councilor meeting at Princeton, November 17th, 1938.

COMMUNICATIONS

A letter was read from Dr. Rothfus, of Woodbridge, which was referred to Ethics Committee.

A letter from Dr. Leach, formerly of South Amboy, requesting a transfer to Arkansas, was also referred to Ethics Committee.

Dr. Rowland moved that a minimum fee of $5.00 per person be charged for a premarital Wassermann test. Seconded by Dr. Feher. Motion defeated.

Meeting adjourned at 11:30 p. m.

MONMOUTH COUNTY

O. R. Holters, M.D., Reporter

A regular meeting of the *Monmouth County Medical Society* was held in the Nurses' Home, Fitkin Memorial Hospital, Neptune, N. J., on Wednesday evening, October 26th, at nine o'clock, with Dr. C. Byron, Blaisdell, of Long Branch, President, presiding.

SCIENTIFIC

The scientific program was as follows:

1. "Diabetes in Children and Problems in Treatment", by Dr. Alfred Fisher, Attending Pediatrician, Mt. Sinai Hospital, New York.

2. Present Status of Protamine Insulin", by Dr. Frank Altschul, Long Branch, N. J.

3. "Treatment of Diabetic Coma", by Dr. Samuel Edelson, Neptune, N. J.

4. "Cardiovascular Aspect of Diabetes", by Dr. Joseph Wiener, Asbury Park, N. J.

THE EXECUTIVE COMMITTEE

The October meeting of the *Executive Committee* was held at the Fitkin Memorial Hospital, Neptune, on Monday evening, October 17th, at 8:30. The following members were present: Drs. MacKenzie, K. G. Brown, Magee, Moffat, Jamison, and Featherston. Vice-President Dr. MacKenzie presided in the absence of Dr. Blaisdell.

It was reported that to date only fourteen members of the Monmouth County Medical Society have subscribed to the Hospitalization Plan of New Jersey. Literature pertaining to this subject has been mailed to our members and, as explained in the September Bulletin, if 50 per cent of our member-

ship subscribes, we ca nsecure some advantages in rate and speed of coverage. If you are interested, mail your application and check to the Hospital Service Plan of New Jersey, 550 Cookman Avenue, Asbury Park. Enrollment information can be obtained at this office. All applications must be in by November first.

THE WORKMEN'S COMPENSATION COMMITTEE

A meeting of the Workmen's Compensation Committee was held on October 2nd to discuss a proposed amendment to the Workmen's Compensation Act permitting the free choice of physicians. The members of the committee were unanimous in making this recommendation to the Legislative Committee, with a proviso or safeguard for the employer and insurance carrier. The safeguard included the right to have a consultation; and in the event that the consultant and the attending physician disagreed as to diagnosis or treatment, the employer-carrier can submit the case to the medical examiner of the Department of Labor.

The committee also recommended full-time physicians be employed by the State Department of Labor. It was the consensus of opinion that the examiner should be a paid, full-time physician not engaged in any other type of practice.

There was a discussion of the feasibility of forming a medical committee of from three to five members, for the purpose of conducting examinations and estimating awards. The result of these examinations would be made a matter of record to prevent a continuance of the present situation in formal hearings; that is, a permanent award being based on the average value between the figure estimated by the physician for the defendant and the figure estimated by the physician for the plaintiff. Dr. Andrew McBride, who was present in an advisory capacity, felt very strongly on the subject, and stated that no award made to an injured workman should be a compromised figure.

The above ideas are in the formative stage, and your committee member would welcome an opinion and advice from any member before the recommendations are submitted to the Legislative and Welfare Committee.

There was an unusually large attendance, and a collation was served after the meeting.

NOTES

The regular monthly meeting of the *Staff of Monmouth Memorial Hospital* was held at the hospital on Wednesday, October 12th.

The regular monthly meeting of the *Staff of Fitkin Memorial Hospital* was held on Monday night, October 17th, at which time case histories were reported by Dr. Louis F. Albright, of Spring Lake, and Dr. O. R. Holters, of Asbury Park.

Within the last month there has been inaugurated at the Fitkin Memorial Hospital, Neptune, a postgraduate course of lectures given by the members of the visiting staff to the officers of the hospital's house staff. The following men have lectured:

October 6th, Dr. O. K. Parry, "Acute Surgical Abdomen".

October 13th, Dr. K. G. Brown, "Obstetrical Accidents During Labor".

October 25th, Dr. Charles Prout, "Pediatric Diagnosis".

October 27th, Dr. B. Moffat, "Osteomyelitis".

This innovation is to be a permanent part of the intern training at the Fitkin Memorial Hospital, and the attendance at these courses is compulsory. The character of the lectures is somewhat informal so that the house officers may ask questions and be encouraged to discuss the subject under consideration.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

The November meeting of the *Morris County Medical Society* was held the evening of Thursday, the 17th, at The New Jersey State Hospital, Greystone Park, with President Thomas presiding.

NEW MEMBERS

New members were admitted to the society as follows:

Dr. Robert F. Zimmerman, Morristown
Dr. Walter L. Tanner, Morristown
Dr. Francis A. Wade, Morristown
Dr. Otto Rubens, Dover

CANCER CONTROL

The Executive Committee reported that they had given approval of the County Medical Society to the organization of a group of the laity to disseminate information on the control of cancer. Further interest of the society was indicated in this subject, and Secretary Young presented a tentative plan whereby a definite start might be made, the plan combining the program of the State Committee on the Control of Cancer covering local conditions as they exist in Morris County, and recommending that the personnel of the Cancer Control Committee be increased so that it may include adequate representation of groups of physicians and surgeons representing the staffs of the hospitals in this county. This motion was unanimously carried.

BABY KEEP-WELL STATION

Dr. Edward T. Carberry, of Wharton, was recommended to the State Welfare Committee for the Baby Keep-Well Station at Wharton.

SCIENTIFIC

Dr. Grant Thorburn, Associate Physician in Tuberculosis of Bellevue Hospital and Lenox Hill Hospital, New York, was introduced and gave a most interesting address on "The Differential Diagnosis of Diseases of the Lung". His excellent presentation was accompanied by some fifty lantern slides as well as a number of actual x-ray plates of the cases presented. Dr. Thorburn's presentation was well discussed, and questions which were asked were fully answered.

Refreshments were served in the hospital cafeteria.

OCEAN COUNTY

J. Bruce Henriksen, M.D., Reporter

The *Ocean County Medical Society* held its first meeting of the current year on October 12th, at the Lakewood Country Club. After an afternoon of golf and a pleasant dinner, the meeting was called to order by Secretary J. Edwin Obert.

PRESIDENT'S CABINET

Dr. T. K. Lewis, Second Vice-President of The Medical Society of New Jersey, and a member of President Carrington's Cabinet, outlined to us the plans of the State Society, explaining the survey being made by the American Medical Association, and asked our coöperation. He stated that the State Society recognized that the government must do something for the medical needy, and that we want to have a voice in saying what that something should be. He stated that the State Society was trying to accomplish a closer relationship between the governing bodies of hospitals and their medical staffs.

SCIENTIFIC

Dr. Thomas M. McMillin, Professor of Cardiology at the University of Pennsylvania, gave an interesting address upon the use of digitalis. He emphasize the practical use of the drug and warned of the dangers of it. He illustrated his remarks by lantern slides.

NAVAL SURGEONS IN PRIVATE PRACTICE

Communications from Congressman Sutphen enclosing a letter from the Surgeon General of the Navy relative to naval officers stationed at Lakehurst engaging in private practice, were received and placed on file. Apparently there is nothing to prevent full-time naval officers from engaging in the practice of medicine in competition with local civilian physicians, on Uncle Sam's time and supplies. The matter of naval officers stationed at Lakehurst was discussed at length. The civilian members of the Society felt it was unfair to their colleagues and themselves for naval officers to compete with civilian physicians. The naval officers presented their side, stating that they had certain rights and privileges which they were unwilling to relinquish, though desiring to coöperate with members of the Society. Dr. Taylor moved that the Secretary be instructed to write to The Medical Society of New Jersey to ascertain what could be done to clarify the matter.

VENEREAL DISEASE

It was moved by Dr. Towbin and seconded by Dr. Buerman that the Ocean County Medical Society favor the establishment of a *Venereal Disease Clinic* as an experimental measure for a period of one year. This clinic is to be sponsored by the North Shore Health Association, and to be supervised by the Committee on Venereal Disease Control of the Society.

Meeting adjourned about 11 p. m.

November Meeting

The regular meeting of the *Ocean County Medical Society* was held at the Paul Kimball Hospital November 9, 1938, Dr. Emanuel Sickel, President, presiding.

SCIENTIFIC

Dr. Doe of the State Department of Health spoke of the method of that department in distributing anti-pneumococcic serum. An interesting motion picture was shown which illustrated the method of administering the serum. General discussion on the subject of pneumonia followed.

THE M.D. SAYS

It was moved by Dr. Goldstein, and seconded by Dr. Halbach, and carried that the Ocean County Medical Society sponsor the publication of the articles furnished by the State Society under the heading of "The M.D. Says" insofar as the articles can be published without expense to the Society.

NAVY COMPETITION

Dr. Towbin presented a letter for discussion which he had written to Dr. David B. Allman, Chairman, Medical Practice Committee of the State Society, in which he discussed at length the reasons why naval medical officers should not be permitted to engage in private practice for renumeration. He suggested an amendment to Paragraph A, Section 21, Article 1, Chapter 9, of the Medical Practice Act, to wit:

"Commissioned surgeons of the United States Army, Navy or Marine Hospital Service in the performance of their duties as such while so commissioned shall neither receive nor accept any compensation, emolument or reward for any medical or surgical services rendered by them from any person or source excepting the Army, Navy, or Marine Hospital Service." Dr. Halbach moved and Dr. Goldstein seconded that the above letter receive the endorsement of the society and that it be sent to Dr. Allman. Motion carried.

DUES

The annual dues of the society were fixed at twenty-five dollars for the coming year.

Meeting adjourned about 11 p. m.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

Each year Valley View Sanatoruim at Preakness is host to the *Passaic County Medical Society,* and on Thursday, November 10th, 1938, at 9:00 p. m., the regular meeting was held at the sanatorium. Dr. L. G. Shapiro, President, presided.

DR. READ'S ADDRESS

Dr. Hilton S. Read, Chairman of the Welfare Committee of the State Medical Society, gave a short talk on the present activities in regard to the proposed government health program, and said that the Society was working on a scheme of voluntary insurance with a free choice of physician, and urged that the political control of medicine be fought by the physicians.

PRESIDENT CARRINGTON'S ADDRESS

Dr. William J. Carrington, President of the State Society, was introduced, and said that he expected

Senator Wagner to introduce the Government Health Bill at the next meeting of Congress. He also discussed the conference between the committee of the American Medical Association and the Government committee. He made two suggestions for the individual physician:

First, that the physician cultivate better relations with his patients. Secondly, that the profession should be 100 per cent organized, so that it can present a solid front to any objectionable legislation.

Both speakers were heard with great interest.

NEW MEMBERS

The following new members were elected to associate membership:

Dr. Andrew F. McBride, Jr., Paterson
Dr. Thomas F. Reilly, Clifton
Dr. Stephen L. Weisman, Paterson

Two applications for associate membership were presented.

RED CROSS DRIVE

Dr. Wayne Hall asked that all the doctors note that they are members of the County Medical Society when joining the American Red Cross in the drive that starts this week.

SURVEY OF SICKNESS

Dr. Yager called attention to the second survey conducted by the Passaic County Medical Society for the American Medical Association and urged that all doctors send in these forms as soon as possible.

SCIENTIFIC

Dr. Shapiro then introduced Dr. Edward D. Churchill, John Homans, Professor of Surgery at Harvard University Medical School, and his subject was *Modern Aspects of Thoracic Surgery*. Dr. Churchill showed many interesting slides, and gave a talk on lobectomy and even the removal of a lung in bronchiectasis, lung abscess, and tumors.

A short discussion by Dr. Stephen A. Douglass, Superintendent of Valley View Sanatorium; Dr. DeYoe and Dr. Spickers followed.

SOCIAL DINNER

Before the meeting Dr. Douglass was host at a dinner to the following: Dr. Chester A. King, President of the Bergen County Medical Society; Dr. G. M. Knowles, Vice-President; Dr. G. Barton Barlow, Secretary; and F. Edward Whitehead, Executive Secretary of the Bergen County Medical Society. Members of the Passaic County Medical Society present at the dinner were Dr. Louis G. Shapiro, President: Dr. Wayne Hall, First Vice-President; Dr. Francis Ash, Second Vice-President; Dr. J. Allen Yager, Secretary; Dr. Harry Wolfson, Treasurer; Dr. Elias Marsh, Treasurer of The Medical Society of New Jersey; Dr. Andrew F. McBride, Sr.; Dr. Norman Dingman, Dr. Francis H. Todd, Dr. William Spickers, Dr. Samuel Ginsburg, Dr. Morris Joseph, Dr. Charles Murn, Dr. James Morrill, and Dr. J. Austin O'Grady.

A collation was served after the meeting, and once again the Passaic County Medical Society appreciates the fine hospitality of the Valley View Sanatorium, Dr. Douglass, and his staff.

The third Clinical Conference of the *Passaic County Medical Society* was held on November 22, 1938, at 9:30 p. m. at Beth Israel Hospital, Passaic, with approximately fifty physicians present.

The program was as follows:

1. "Lower Urinary Tract Obstruction in Children"—Dr. S. J. Pearlman.
2. "A Case of Suppurative Pericarditis with Operation and Recovery"—Dr. H. Cherashore.
3. "Thrombopenic Purpura with Splenectomy and Recovery"—Dr. Samuel Ginsburg.

There was a short discussion after each presentation.

A collation was served after the meeting.

SUMMIT MEDICAL SOCIETY

E. H. Macpherson, M.D., Secretary

The *Summit Medical Society* held its regular monthly meeting on Tuesday evening, October 25th, at the Nurses' Home of Overlook Hospital, with President Hallock in the chair, and thirty members and six guests present.

The subject of the evening was "Modern Concepts in Classification and Treatment of Lower Extremity Lesions in Diabetes", with the medical aspect discussed by Dr. Frederick W. Williams, and the surgical procedure by Dr. Thomas J. O'Kane, both of New York City. A colored motion picture of the operations indicated were presented.

Following the discussion of the exceptional presentation, a collation was served.

TRI-COUNTY MEDICAL SOCIETY

Reported by Jesse McCall, M.D., Secretary

The *Tri-County Medical Society* was first formed in 1898 and was operated continuously from 1898 to 1933 as a social gathering of doctors of the counties of *Sussex*, *Warren*, and *Morris*. This society then suspended its operations until a luncheon meeting of November 2nd, 1938, which was held at Perona Farms in Andover, Sussex County, with about fifty doctors of the society and their guests present.

Dr. H. B. Bossard, of Phillipsburg, Warren County, presiding as President, called upon First Vice-President Dr. Watson B. Morris ,Executive Officer Dr. LeRoy A. Wilkes, and Judicial Councilor of the District Dr. Vincent T. Butler, of Jersey City, for a few remarks.

Dr. Alkenbaugh, of New York City, who had been in medical practice in the various remote parts of the world including China, India, Egypt, Persia, South and Central America, spoke upon the very interesting subject of "Americans Who Cannot Come Home". Dr. Alkenbaugh presented in an entertaining way his very unique experiences, and made us all feel glad that we are safe and secure and respected in our native land.

Two of the original members of the Tri-County Medical Society still retain membership in the present society and were present at the dinner,—Dr. F. W. Curtis, Stewartsville, and Dr. G. W. Cummins, Belvidere.

That there is a need for such an organization as the Tri-County Medical Society to bring doctors into closer personal relationship where good fellowship is equally important with the professional side of medicine is evident from the spirit prevailing and the interest shown at the meeting held November 2nd, 1938. Other counties can profit by the formation of such a social contact.

WARREN COUNTY

H. B. Bossard, Reporter

The annual meeting of the *Warren County Medical Society* was held in Hotel Belvidere, October 19, at eleven o'clock. The meeting was called to order by the President, Dr. C. F. Smith, of Washington.

Dr. G. W. Cummins, the Treasurer, gave his annual report.

Dr. Smith appointed Drs. Zuck, Shimer and Bloom to audit the Treasurer's report.

Dr. Smith appointed Drs. Marlett, Bossard and Lyons on the Nominating Committee.

TRI-COUNTY MEDICAL SOCIETY

The reorganization of the Tri-County Medical Society, which is composed of members of the Warren, Sussex and Morris County Medical Societies, was then discussed. (See page 769.)

ADDRESS BY DR. E. Z. HAWKES

Dr. E. Zeh Hawkes, President-Elect of the State Society, spoke on socialized medicine.

PNEUMONIA PICTURES

Dr. H. Doe, of Newark, then showed moving pictures of the treatment of pneumonia by the use of pneumonia serum, after which he spoke on the subject.

NEW MEMBERS

The following new members were admitted:

Dr. C. Potter, of Washington
Dr. H. Smith, of Phillipsburg
Dr. P. Kassow, of Alpha

The Nominating Committee then presented the following:

President, Dr. W. P. Bostwick, of Blairstown
Vice-President, Dr. Ralph Buchanan, Phillipsburg
Secretary, Dr. N. C. Marlett, Belvidere
Treasurer, Dr. G. W. Cummins, Belvidere
Reporter, Dr. H. B. Bossard, R. D. No. 2, Phillipsburg
Delegate to the State Society, Dr. F. W. Curtis, Stewartsville
Censor, Dr. L. H. Bloom, Phillipsburg
Member of the Nominating Committee to the State Society, Dr. F. W. Curtis, Stewartsville
Alternate, Dr. F. A. Shimer, Phillipsburg
Alternate Delegates to the State Society: For Dr. F. W. Curtis, Dr. C. Lyons, Phillipsburg; for Dr. F. A. Shimer, Dr. C. Smith, Washington; for Dr. F. Gordon, Dr. W. R. Bostwick, Blairstown.

The meeting then adjourned to participate in a turkey dinner.

Members and guests present were: Drs. L. H. Bloom, Charles Lyons, F. A. Shimer, E. Krausz, H. Smith, of Phillipsburg; H. Baldauf, N. C. Marlett, Dr. P. D. Jackson, G. W. Cummins, of Belvidere; William Skinner, William Varney, C. F. Smith, A. C. Zuck, C. Potter, of Washington; W. R. Bostwick, G. Basilicato, of Blairstown; S. Kimmel, of Oxford; F. W. Curtis, of Stewartsville; P. Kassow, of Alpha; H. B. Bossard, R. D. No. 2, Phillipsburg; E. Zeh Hawkes, H. Doe, of Newark; and Mr. Nicolas and Mr. Larna, of Newark.

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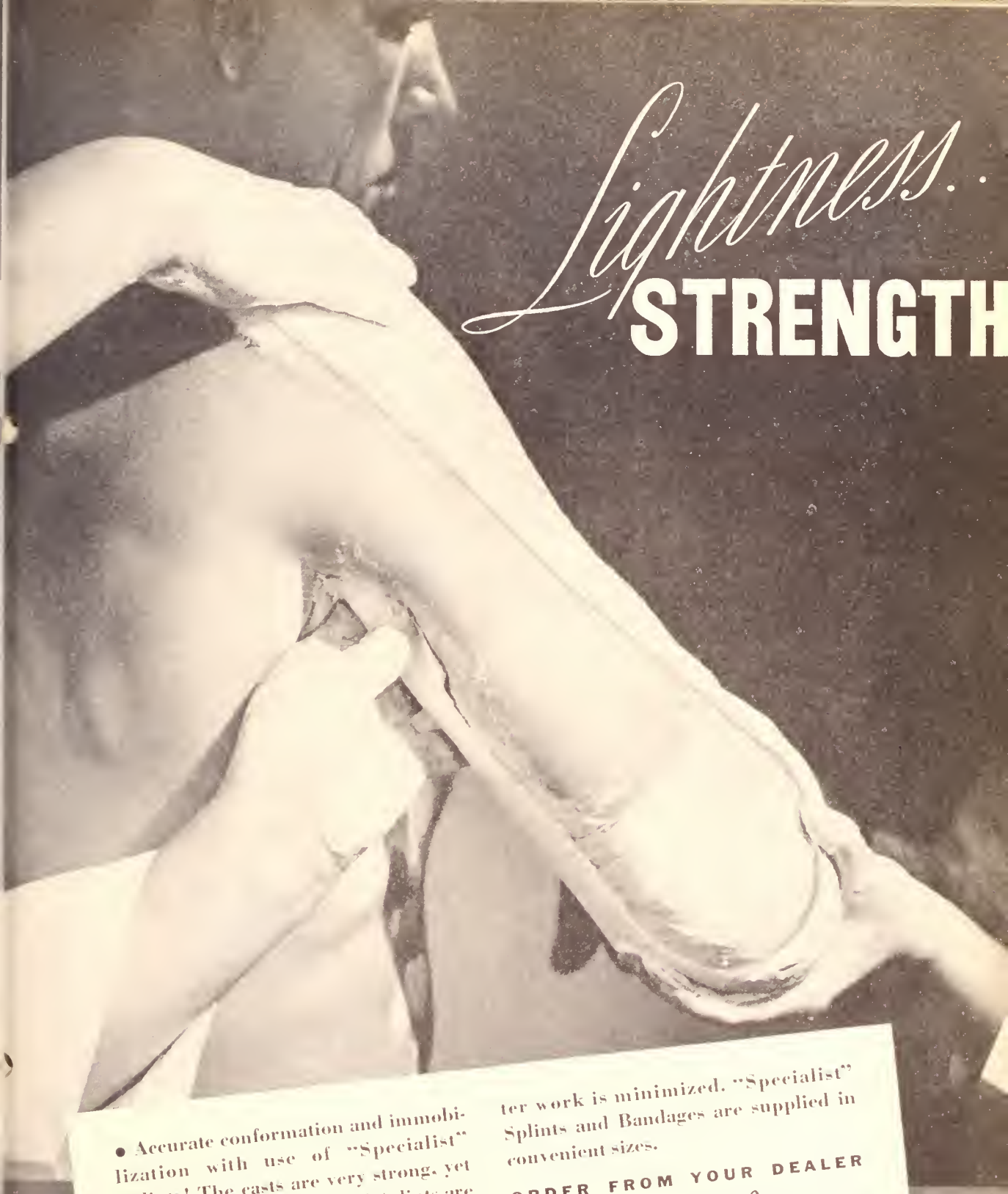

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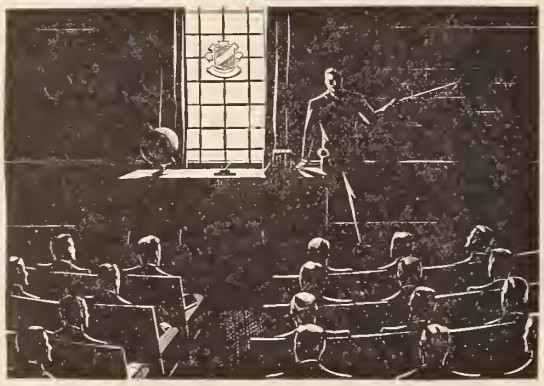

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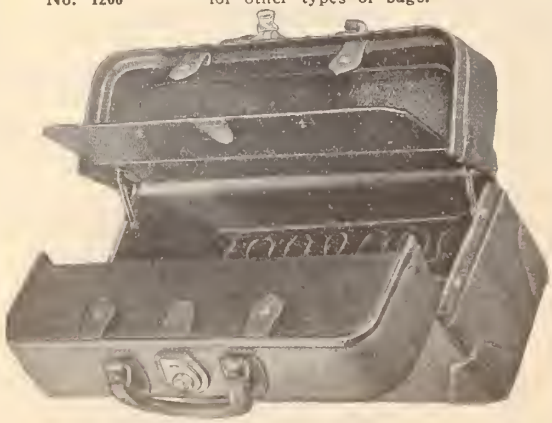

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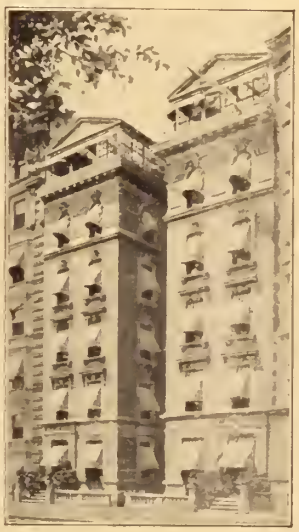

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THE 172nd ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY

Held in Ambassador Hotel, Atlantic City, May 17-19, 1938

THE OFFICIAL TRANSACTIONS

N.Y. ACADEMY OF MEDICINE
AUG 31 1938

IN THREE PARTS

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PART 2. REPORTS OF THE SCIENTIFIC FEATURES---Pages 65-69

PART 3. MINUTES OF THE WOMAN'S AUXILIARY---Pages 71-78

Issued as a Supplement to the Journal of the Medical Society of New Jersey, August, 1938

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PART ONE
THE MINUTES OF THE HOUSE OF DELEGATES
Tuesday Morning Session, May 17, 1938

The first session of the House of Delegates of the One Hundred and Seventy-second Annual Meeting of The Medical Society of New Jersey convened in the Hotel Ambassador, Atlantic City, New Jersey, at 10:20 o'clock, May 17, 1938, Dr. William G. Herrman, of Asbury Park, President of the Society, presiding, and Dr. Alfred Stahl, of Newark, Secretary.

1. Opening Ceremony

President Herrman: I now declare the One Hundred and Seventy-second Annual Meeting of The Medical Society of New Jersey formally opened.

I will ask Reverend Father Rafter, St. Nicholas R. C. Church, Atlantic City, to give the invocation.

Rev. Walter Rafter: Almighty, all-wise, and Eternal God, Creator and Ruler of the Universe, in Whom we live, move, and have our being, we acknowledge Thy omnipotent power and infinite goodness, and our total dependence on Thee. With an abiding faith and utmost confidence in Thy infinite mercy, we beseech Thee that Thou wouldst look favorably down upon these members of a truly noble profession dedicated to the alleviation of the suffering and the sick. As members of the profession, they are truly Good Samaritans and friends of Thine.

With Thy divine inspiration enlighten their minds that every deliberation and discussion during this convention may pave the way for a clearer understanding, a more exact knowledge of the cause, prevention, and cure of the many maladies that threaten man's physical and mental well-being. Renew and increase within the minds and hearts of the members of this Society a zeal for persevering study, continual application and observation, that they may be equipped as excellently as possible for every emergency of their practice.

Grant them a keen satisfaction in matching patience, knowledge, and skill against disease, and love of conflict with the enemies and forces that jeopardize health, that they may be deserving of the honor and distinction conferred on them by their noble calling, and faithful to the trust placed in them by the public. Grant them a scrupulous regard for Thy commandments, and the rights of the suffering sick.

Finally, we pray Thee, when ungrateful human nature would forget the generous employment of their faculties and talents, and their self-sacrifice, may they remember that Thou art the Great Physician who never forgets a service and a duty well done in the spirit of true Christian charity, and may that be their encouragement and solace in this life, and in the life to come their eternal award. Amen.

Dr. S. L. Salasin, Health Officer of Atlantic City, represented the Mayor in welcoming those attending the Annual Meeting.

Dr. James H. Mason, President of the Atlantic County Medical Society, expressed the greetings of the physicians, and Mr. William Hamilton those of the managers of the Hotel Ambassador.

2. Approval of Minutes

President Herrman: The next order of business calls for the reading of the minutes of the previous meeting. They have been printed as a supplement to the Journal of July, 1937, and unless there is objection, I will entertain a motion that they be accepted as printed.

On motion of Dr. Ulmer, seconded by Dr. Salasin, the minutes were approved as printed.

3. Appointment of Reference Committees

President Herrman: The next order of business calls for the appointment of Reference Committees. These are printed in your program, and are as follows:

REFERENCE COMMITTEES

Reference Committee "A" to consider reports of:
The President, Sects. 5 and 47.
Addresses of the President and President-Elect
The Executive Officer, Sects. 9, 47, and 47 D.
The Publication Committee, Sects. 12, 47, and 47 C.
The Secretary, Sect. 47 B.
The Trustees, Sects. 6 and 47 E.

J. Wallace Hurff, Chairman ..... Newark
George M. Knowles ..... Hackensack
Leslie E. Myatt ..... Bridgeton
E. LeRoy Wood ..... Newark
Edgar W. Lane ..... Bloomsbury

Reference Committee "B" to consider reports of:
The Finance and Budget Committee, Sects. 13 and 42 A.
The Treasurer, Sects. 8 and 42 B.

Edward W. Sprague, Chairman ..... Newark
Robert E. Watkins ..... Belmar
Bernard C. McMahon ..... Morristown
D. Leo Haggerty ..... Trenton
Runkle F. Hegeman ..... Somerville

Reference Committee "C" to consider reports of:
The Judicial Councilors, Sects. 11 and 43 A.
The Committee on Medical Defense and Insurance, Sects. 11 and 43 B.
The Sub-Committee on Public Relations, Sects. 16 and 43 C.

Henry C. Barkhorn, Chairman ..... Newark
William L. Williamson ..... Bayonne
A. James Fessler ..... Trenton
Jacob J. Mann ..... Perth Amboy
Norman W. Burritt ..... Summit

Reference Committee "D" to consider reports of:
The Committee on Program and Arrangements
The Sub-Committee on Scientific Program
The Sub-Committee on Scientific Exhibits
The Advisory Committee to Woman's Auxiliary
Sect. 44

Byron G. Sherman, Chairman ..... Morristown
Samuel A. Cosgrove ..... Jersey City
James P. Pregnall ..... Asbury Park
Charles J. Larkey ..... Bayonne
Eugene G. Herbener ..... Lakewood

Reference Committee "E" to consider reports of:
The Welfare Committee
The Sub-Committee on Legislation
The State Board of Medical Examiners
The Committee on Post-Graduate Education
Sects. 4, 14, and 45

C. Wright MacMillan, Chairman ..... Passaic
S. Emlen Stokes ..... Moorestown
Martin A. Quirk ..... Red Bank
Philip S. Avery ..... New Brunswick
A. Dunbar Hutchinson ..... Trenton

Reference Committee "F" to consider reports of:
The Sub-Committee on Public Health
The Advisory Committees to the Sub-Committee on Public Health on:
Cancer
Venereal Disease Control
Mental Hygiene
Adult Health Supervision
Tuberculosis
Child Health
Maternal Welfare
Crippled Children
Pneumonia Control
Eugenic Sterilization
All in Sect. 46

Charles H. Schlichter, Chairman ..... Elizabeth
Thomas McG. Brennock ..... Jersey City
Frank W. Ash ..... Paterson
Henry Haywood ..... New Brunswick
Elwood E. Downs ..... Woodbury

Reference Committee "G" to consider reports of:
The Sub-Committee on Medical Practice
The Advisory Committees to the Sub-Committee on Medical Practice on:
Contract Practice
Hospital Relationships
Medical Care of the Indigent
Nursing and Nursing Education
Pharmaceutical Problems
Workmen's Compensation
Auxiliary Medical Services, 17.
All in Sect. 46 A

Joseph F. Londrigan, Chairman ..... Hoboken
Sigurd W. Johnsen ..... Passaic
Frederic W. Lathrop ..... Plainfield
John A. Connelly ..... Trenton
William H. Areson ..... Upper Montclair

Reference Committee "H" to consider reports of:
City, Hotel, and Dates of 173rd Annual Meeting
Study of Policy in Reference to Annual Meeting
The Delegates to the A. M. A.
The Committee on Honorary Membership
Sect. 50

David B. Allman, Chairman ..... Atlantic City
David W. Green ..... Salem
O. R. Holters ..... Asbury Park
A. Charles Zehnder ..... Newark
J. Allen Yager ..... Paterson

SPECIAL REFERENCE COMMITTEES

I. Credentials
Sect. 30

Thomas B. Lee, Chairman ..... Camden
Elias J. Marsh, Ex-Officio ..... Paterson
Alfred Stahl, Ex-Officio ..... Newark

II. Resolutions and Memorials
Sect. 32

Henry B. Kessler, Chairman ..... Newark
H. B. Wilson ..... Hackensack
Herschel Pettit ..... Ocean City
Joseph E. Roberts, Jr. ..... Camden
Walter J. Farr ..... Teaneck

III. Constitution and By-Laws
Sects. 18, 20, 22, 23, 35, 36

Samuel Alexander, Chairman ..... Park Ridge
C. Wright MacMillan ..... Passaic
Thomas B. Lee ..... Camden
E. LeRoy Wood ..... Newark
Lancelot Ely ..... Somerville

IV. Miscellaneous Business
Sect. 51

Herschel S. Murphy, Chairman ..... Roselle
James G. Boyes ..... Plainfield
Harry J. Perlberg ..... Jersey City
Fred Vosburgh ..... Passaic
Adolph Towbin ..... Lakewood

REPORTS OF OFFICERS AND COMMITTEES

4. Annual Reports

President Herrman: Next we have the annual reports of officers and committees. The regular reports were published in the May Journal, and reprints were sent to each member of the House of Delegates. At this meeting, therefore, we will entertain only the supplementary reports.

The following officers and committee chairmen, on being called upon, announced that they had no further reports:

(The figures at the end of the lines show the pages of the May Journal on which the annual reports appeared.)

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Barclay W. Moffat, Crippled Children, 287
Henry B. Orton, Cancer Control, 265, 316
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5. PRESIDENT'S SUPPLEMENTARY REPORT

(Original report, Jour., May, p. 263)

President Herrman read his supplementary report. He paid tribute to those officers who had died during the past year:

Dr. Blase Cole, Newton, Trustee, died September 30, 1937.

Dr. Dan S. Renner, Superintendent, State Village for Epileptics, Skillman, died December 13, 1937.

Dr. Vanderhoef M. Disbrow, Lakewood, an honorary member, died January 7, 1938.

Dr. Harry H. Satchwell, Irvington, leader in graduate medical education, and a member of the Board of Medical Examiners, died April 6, 1938.

Dr. Thomas W. Harvey, Orange, Past President, and honorary member, died April 8, 1938.

Dr. Herrman dwelt principally on the Uniform Medical Practice Act, and discussed the manner in which the campaign for its adoption was handled, as follows:

SUPPLEMENTARY REPORT OF PRESIDENT HERRMAN ON THE MEDICAL PRACTICE ACT

In the President's report published in the May Journal, mention was made of the introduction into the Assembly of the Uniform Medical Practice Act (p. 264). At the time of the writing of this bill, little could be said as to the progress of this piece of legislation. It is fitting at this time for the information of the members at large that a brief idea be given of the tremendous amount of work that the central office and many individuals have done in an effort to carry out the wishes of the Welfare Committee and the Board of Trustees.

THE UNIFORM MEDICAL PRACTICE ACT

The Uniform Medical Practice Act is not a product of this administration, but was initiated in 1933. The present bill as originally introduced was the product of many conferences and much work by the Committee on the Uniform Medical Practice Act appointed by Dr. Quigley and headed by Dr. Alexander. The original bill was revised and revised time and again, and passed the Welfare Committee in several different years and also the Board of Trustees. It was finally introduced this winter. Since it was constructed to be an ideal bill, it contained as nearly as possible all the ends wished to be reached by the medical profession through legislation on medical practice and it was inevitable that it would receive the maximum of opposition. This has now become apparent.

OBJECTIONS

Industry and insurance companies objected to certain features of the clause on the corporate practice of medicine. Newspapers objected to our prohibition on advertising. The cults objected to our efforts to raise the requirements in the basic sciences so far as they were concerned. Those holding limited licenses did not wish to see their successors required to have the same education requirements as those holding full license. Individuals objected to certain clauses, particularly that requiring full citizenship by those licensed to practice medicine. The profession itself contained some of these objectors.

CONCESSIONS

The result of these objections was that those who were carrying the brunt of the battle felt that certain amendments must be made to the bill. The optometrists and the chiropodists were eliminated from those required to have higher education in the future. Life insurance

companies were mollified by an amendment to the corporate practice of medicine clause, specifically eliminating life insurance examinations. Industry, and casualty insurance companies insisted upon elimination of cases coming under the present compensation act and this amendment was so drawn that it left medical care of compensation cases in the present status quo. Educational interests also insisted upon the elimination of certain school and college physicians from the effects of the corporation clause. Newspapers objected as a matter of principle to our prohibition of advertising and the word "newspapers" was therefore eliminated from the clause, which was left otherwise intact.

DELAYS

Our legislative committee reports that before the recess of the legislature in April we could have passed this bill in the Assembly with votes to spare, but in order that all should be satisfied, objections of certain counties to certain sections of the bill necessitated the postponement for reconsideration. When the Assembly reassembled in the latter part of April, the three weeks elapsed had allowed the opposition to unite all along the line. This made our work from here on doubly hard.

FUTURE PLANS

Our experience in this legislative effort has brought out some very fundamental facts:

1. It is advisable to try to reach known objectives a little more slowly. The bill attempted to reach all the ideal objectives at once. It would have perhaps been better to try to obtain one or two things at one time so as not to draw out the maximum of opposition.

2. An important lesson is that the efforts of a few officers and individuals is not sufficient; but that the entire profession must be unitedly behind any effort that we made, and it must be known to the legislators that the entire profession is interested and behind any effort we make and the members' activity must not be sporadic but continuous.

The amount of work done through the Executive Offices in mimeographing and preparing the various forms and modifications, in contacting the keymen, officers, and members of the component county societies, and in watching the legislature in action, interviewing key people, and in trying to carry out the wishes of the Medical Society has been time consuming and at times exhaustive.

Some of the profession apparently do not know the amount of work which has been done by those taking an active part in the legislative program. Four meetings of the Welfare Committee largely devoted to discussion of the proposed act with attendance at these meetings of our counsellor, Mr. Richman. Two special meetings of the Board of Trustees to discuss various phases of the act and objections thereto were held. The Legislative Committee held three meetings. Six double-page mimeographed legislative bulletins were sent out from the central office to the Presidents, Secretaries, and key men in each county. Five letters to the same group were sent out. Two complete revisions of the bill, which filled forty-two pages, were sent out together with copies of amendments to the original bill. Twelve telegrams were also sent to the above-mentioned groups. There were numerous conferences of State Officers, members of the Legislative Committee and keymen in the various counties. Innumerable telephone calls from the central office and from the President's office were made to keymen, legislators, editors, and others interested for or against the bill. Many of our men, notably Drs. Areson, Alexander, Pollak and Quigley, attended meetings of the legislature and interviewed personally many of the legislators. At a public hearing on the bill there were delegations of doctors from several counties; Atlantic County, particularly, engaging a bus and taking a delegation of their leaders to this hearing. Our attorney, Mr. Richman, and Assemblyman McClave have given liberally of their time and efforts to achieve the passage of this bill. They certainly merit the thanks of our Society for their support and effort. Notice should be taken in passing of the efforts made by the Passaic County members to influence their assemblymen. It is a fine example of what can be accomplished by concerted effort. In the beginning the Passaic assemblymen were 100 per cent actively against the bill. Through the efforts of the Passaic County Medical Society, led and engineered by Dr. McBride, those Assemblymen reversed themselves and became 100 per cent for the bill. It is a fine example of what a county society can do when a large number of its members takes an active interest.

In the future I believe that, before any legislation is introduced, the bill as finally decided upon by the Welfare Committee and the Board of Trustees should be referred to each county society for thorough discussion and understanding by its members; and not introduced until the State Officers have the assurance from each section of the State that not only are the keymen interested, but the entire membership is actively working behind their officers to bring a successful issue.

Action, Sect. 47.

6. Trustees' Report

(See explanation in May Jour., p. 272)

Dr. Thomas K. Lewis, Chairman of the Board of Trustees, presented the following report:

REPORT OF THE BOARD OF TRUSTEES (1937-1938)

During the fiscal year of 1936 and 1937, as a result of the enormous expansion of the activities of The Medical Society of New Jersey, it was necessary to call a number of special meetings of the Board of Trustees in order to cope with the increased amount of referred work. Accordingly the Board, by resolution, abandoned the previously established schedule of four meetings per year, and decided to convene bimonthly during the ensuing year. Even with this increase in the number of regular meetings, it has been necessary, during the past year, to hold many special meetings because of various emergencies and because of the growing multiplicity of problems presented for consideration by the Board.

REACHING COUNTY SOCIETIES

Organization of the State Society has reached a high degree of perfection. Our committees, which now number thirty-three or more, represent activity in nearly every field in which organized medicine should be concerned. More physicians than at any time in the history of the Society are actively functioning in efforts aimed at the betterment of the profession—technically, sociologically, and economically. The annual budget of the Society now represents a large sum of money, and wisdom in the expenditure of our resources occupies an increasing degree of thoughful consideration by those entrusted with the authority to spend. While the report of the Finance Committee is approved each year by the House of Delegates, it is a question whether the members of the Society at large are fully aware of the uses to which their money is being applied.

The development of the structure of The Medical Society of New Jersey has reached a point where it threatens to become top-heavy. The splendid work and efforts of the many men serving on the various committees cannot produce the desired results unless the rank and file of the membership become fully aware of the objectives toward which we are striving to coöperate to the fullest extent, individually and collectively, in all of the many activities of the State Society.

With a well-developed mother organization, our present weakness is the lack of an effective modus operandi for extension of our multiple activities down through the component county societies to the individual members.

The difficulties encountered in the effort to pass the Uniform Medical Practice Act illustrate this break-down in communication. This Act has been before the Welfare Committee and the Board of Trustees for a matter of five years, and yet the average physician, whose chief concern it should be, is almost totally ignorant of its importance. The difficulty that has been encountered in the attempted enactment of Assembly Bill 511 is not in that the Act is a bad one, but because the legislators, while aware of the fact that it is sponsored by the officials of your state organization, are of the opinion that the average doctor is either unacquainted with its provisions, or is luke-warm about it, or is totally out of sympathy with it. Consequently, it would seem that the next step in the perfection of our organization should be toward the development of a system of better contact and closer coördination between the State Society and the component County Societies.

Much of the work of the Board of Trustees, during the past year, it will not be necessary to revive. However, there are several matters that should be brought to your attention.

EDITING THE PROCEEDINGS OF THE HOUSE OF DELEGATES

The Publication Committee consulted with the Board of Trustees as to the desirability of continued publication of the verbatim proceedings of the House of Delegates. Because of the great expense involved, in view of the fact that there is at all times a transcribed verbatim copy of the proceedings at the Executive Offices in Trenton, and in view of the fact that very few of the Delegates ever read this voluminous publication, the Publication Committee has asked the question: "Would it not serve as well to publish a gist of all the important proceedings rather than the verbatim record?" It was the fecling of the Board that this matter should be determined, rightly, by the House of Delegates and refers the matter to that body without any recommendations.

Whether it is your wish to have the verbatim proceedings of your deliberations published or not, it would seem advisable to designate some person or persons to summarize the important actions taken by the House in order that there may be no errors or omissions, and that all actions ordered by the House of Delegates may be put into execution effectively and expeditiously.

OPENING HOUR OF ANNUAL MEETING

After completion of the program for the Annual Meeting, it was discovered, about six weeks ago, that provision had been made that the opening meeting of the House of Delegates should be held in the afternoon of the first day of the Convention rather than in the morning, which previously has been the custom. With a number of guest speakers from outside the state committed, the Program Committee found itself in an embarrassing position and appealed to the Board of Trustees, who decided that the program as arranged for the morning should not be disturbed at this late date.

EXPENSE OF HUDSON COUNTY APPEAL TO A. M. A.

A delegation from the Hudson County Medical Society appealed to the Board of Trustees for payment of expenses involved during the course of

their appeal to the Judicial Council of the American Medical Association last year. It was moved by the Board that, if this bill could be equitably adjusted, and provided the Board had the power so to do, the bill be paid. Opinion of council, however, was to the effect that, in view of the decision of the House of Delegates at its last annual meeting, it was beyond the power of the Board of Trustees to authorize payment. There has been some modification of the bill which will be presented at this session. The Board of Trustees recommends a reconsideration of this matter by the House of Delegates, and is of the opinion that payment of the account as adjudicated would be to the best interest of all parties concerned.

PLACE OF ANNUAL MEETING

As early as October of 1937, it was learned that the only dates open at Haddon Hall, anywhere near our accustomed Annual Meeting time, were May 31st, June 1st and 2nd. Inasmuch as these dates included a national holiday they were deemed unsuitable for the 1938 Convention. Accordingly, the Ambassador Hotel was selected as the place for the present meeting.

IN MEMORIAM

We report with sorrow the passing, during the year, of a beloved and respected member of the Board, Dr. Blase Cole, of Newton. Other prominent members who have died within the year and whose places will be hard to fill are as follows:

Dr. Thomas W. Harvey, an honorary member and a former President of The Medical Society of New Jersey, who, incidentally, sponsored the organization of the Welfare Committee, and who died on April 8th, 1938.

Dr. Vanderhoef M. Disbrow, who died on January 6th, 1938, was an honorary member and the father of a former Trustee, Dr. Harold E. Disbrow.

Dr. Dan S. Renner, a very active member of the Welfare Committee and Superintendent of the New Jersey Village for Epileptics at Skillman, who died on December 13th, 1937.

Dr. Harry H. Satchwell, former President of the Board of Medical Examiners, and Chairman of the Post-Graduate Committee for many years, who died on April 6th, 1938.

Thomas K. Lewis, M.D., *Chairman*
Herbert W. Nafey, M.D., *Secretary.*

President Herrman: I will refer the report of the Trustees to Reference Committee "A".

Action, Sect. 47 E.

7. Hospital Service Plan

President Herrman: Dr. E. Z. Hawkes, our Vice-President, has a report to make of a special committee, and I will recognize him at this time.

HOSPITAL SERVICE PLAN

The special committee consisting of Dr. Spencer T. Snedecor, Dr. Watson B. Morris and Dr. E. Zeh Hawkes, appointed by the Chairman of the Board of Trustees to report on the communication received from the Executive Committee of the Radiological Society of New Jersey concerning the practice of the Hospital Service Plan of selling hospital insurance contracts which include the services of physicians reported to the Board of Trustees last evening.

By order of the Board of Trustees this committee presents to the House of Delegates its recommendations on this subject.

1. That the House of Delegates go on record as opposing the inclusion of the services of physicians in hospital insurance contracts.

2. That The Medical Society of New Jersey, by contacting the New Jersey Hospital Association and the Hospital Service Plan, endeavor to bring about the elimination of physicians' services from hospital insurance contracts.

3. That The Medical Society of New Jersey seek the coöperation of the New York State Medical Society in bringing about this desired result.

We emphasize the importance of this report, and urge its adoption.

E. Zeh Hawkes,
Spencer T. Snedecor,
Watson B. Morris.

President Herrman: I will refer this report of the Special Committee to Reference Committee "C".

Action, Sect. 43 D.

8. Treasurer's Report

President Herrman: The Chair will recognize the Treasurer if he has a report to make. Dr. Marsh.

Action, Sect. 42 B.

Dr. E. J. Marsh: The Treasurer's report is submitted in three parts:

1. The administrative report, which was printed in the May Journal, p. 270.

2. An interim report, which has been distributed to the Delegates and is now in your hands.

3. The final report for the fiscal year, which will end on May 31. (This is published in the June Journal, page 388.—Editor's note.)

The interim report is as follows:

TREASURER'S AD INTERIM REPORT
as of May 14, 1938

The purpose of this ad interim statement is to show the House of Delegates whence the money has come, and where it has gone, and so differs in minor details of set-up from the budget accounting which will be presented by the auditor to the Trustees. As it is not definitive but is chiefly for comparison, figures are given, for convenience of the members of the House, in terms of the nearest $5.00.

PERMANENT FUND

The total sum remains the same as last year, with certain changes in the items as noted in the preliminary report, to which reference is made for these matters. A full statement will appear in the formal report.

The *Kipp Memorial Fund* is also unchanged except for the collection of accrued interest. It is to be desired that the Eye, Ear, and Throat Section should increase this fund to $100.00 at least, for the sake of its dignity, even if nothing more be practicable in the present economic stage.

GENERAL ACCOUNT

RECEIPTS

Balance, May 31, 1937			$ 44,520.
Assessment:	1937 Acc't	1938 Acc't	
Atlantic	$ 117.	$ 1,890.	
Bergen	494.	3,675.	
Burlington	26.	900.	
Camden	39.	2,625.	
Cape May	26.	390.	
Cumberland	0	840.	
Essex	630.	13,215.	
Gloucester	52.	600.	
Hudson	52.	6,615.	
Hunterdon	91.	405.	
Mercer	52.	3,195.	
Middlesex	221.	1,755.	
Monmouth	52.	1,980.	
Morris	91.	1,470.	
Ocean	0	435.	
Passaic	286.	5,445.	
Salem	0	360.	
Somerset	26.	810.	
Sussex	39.	330.	
Union	65.	4,755.	
Warren	13.	510.	
	$2,372.	$52,200.	54,572.
Publication Receipts			10,895.
Interest			710.
Miscellaneous			393.
Total to May 12, 1938			$111,090.

PAYMENTS

	Budget Appropriation	Paid to May 12th	
Administration:			
Executive Officer	$7,000.	$ 6,420.	
Ass't Executive Officer	4,000.	0	
Clerical services	4,690.	4,090.	
Printing	2,000.	2,535.	
Office expenses	1,400.	1,330.	
Travel	1,500.	790.	
Rent	2,880.	2,700.	
Treasurer's office	75.	130.	
Journal:			
Publishing and cuts	13,200.		11,950.
Editor's salary & expenses	5,250.		4,740.
Clerical services	1,610.		1,440.
Office expenses	500.		610.
Welfare—General Fund	4,500.	(Note)	
Main committee	1,200.		695.
Legislative Committee	250.		250.
Public Health Committee	1,500.		1,095.
Public Relations Committee	2,000.		2,425.
Medical Practice Committee	1,000.		195.
President's Fund	2,000.		1,625
A. M. A. Delegates, R. R. fares	500.		0
Allied Professional Conference	125.		25.
Legal expenses	2,500.		765.
Honorarium, ex-Secretary	1,500.		1,375.
Annual Meeting, 1938	2,500.		1,105.
Contingent Fund	3,000.		
Tri-State Directory		$665.	
Office equipment		395.	
Trustees		380.	
Auditing		535.	
Secretary's office		125.	
Miscellaneous		90.	
			2,190.
For 1937 acc't—charged to surplus			2,520.
Transfer to Permanent Fund, charged to surplus			1,000.
Balance, May 12, 1938			59,090.
			$111,090.

(Note.—Credits from the General Welfare Fund have been allowed to certain sub-committees.)

BALANCE AND SURPLUS

estimated as of May 31

Balance, May 12—from last page		$59,090.
Expected income to May 31:		
Commercial Exhibits, Annual Meeting	$3,500.	
Publication, May receipts	1,400.	
Assessment	about 210.	
Interest	50.	
		5,160.
		$64,250.
Expected expenses to May 31:		
Salaries	$1,000.	
Office	1,300.	
Journal	1,800.	
Legal	1,200.	
Annual Meeting	1,400.	
Miscellaneous	1,300.	
		8,000.
Estimated Balance, May 31		$56,250.
Less, unearned assessment (7/12 of collection)		31,450.
Estimated surplus		$24,800.
Surplus, May 31, 1937 (auditor's report)		$20,500.

Respectfully submitted,

E. J. MARSH, M.D.,
Treasurer.

ANNUAL REPORT OF THE TREASURER

1937-1938

The formal annual report of the Treasurer was published in the June Journal, page 388, and is as follows:

PERMANENT FUND

May 31, 1937—	
4M U. S. Treasury bonds	$ 4,045.94
Investors Title & Mort. Guar. Co.	2,910.00
Trenton Mortgage Service Co.	2,415.00
First Nat. Bank of Paterson, Svgs. ac.	5.694.31
Feb. 7, 1938—	
Transfer from Surplus	1,000.00
	$16,065.25
Feb. 7, 1938—	
Depreciation written off	$ 1,000.00
May 31, 1938—	
4M U. S. Treasury bonds	4,045.94
Investors Mortgage & Realty Co.	2,050.00
Trenton Mortgage Service Co.	1,852.75
First National Bank, savings acc't	7,116.56
	$16,065.25

KIPP MEMORIAL FUND

May 31, 1937—	
Deposit, Howard Savings Institution	$30.00
May 5, 1938—	
Interest to date	1.05
	$31.05
May 31, 1938—	
Deposit, Howard Savings Institution	$31.05

GENERAL ACCOUNT

RECEIPTS

Balance, May 31, 1937		$ 44,521.62
Assessment—		
Atlantic	$ 2,007.00	
Bergen	4,169.00	
Burlington	926.00	
Camden	2,664.00	
Cape May	416.00	
Cumberland	840.00	
Essex	14.212.50	
Gloucester	652.00	
Hudson	6,712.00	
Hunterdon	511.00	
Mercer	3,247.00	
Middlesex	2,051.00	
Monmouth	2,032.00	
Morris	1,591.00	
Ocean	435.00	
Passaic	5,761.00	
Salem	360.00	
Somerset	836.00	
Sussex	369.00	
Union	4,895.00	
Warren	523.00	
		55,209.50
Publication receipts		11,855.65
Commercial Exhibits, Annual Meeting		3,704.50
Interest		761.75
Miscellaneous		656.19
		$116.709.21

PAYMENTS

For 1937 account, bills payable May 31		$ 2,517.79
" Administration:		
Executive Officer, salary	$ 7,000.00	
Clerical services	4,474.61	
Printing	2,535.77	
Office expenses	1,548.28	
Travel	829.07	
Rent	2,942.52	
Finance department	761.73	
Secretary's office	202.58	
		20,294.56
" Publication:		
Journal	$13,674.83	
Editor: salary & expenses	5,173.96	
Clerical & office expense	2,213.73	
		21,062.52
" Welfare:		
General Committee	$ 756.14	
Legislative Committee	605.39	
Public Health Com.	1,398.56	
Public Relations Com.	2,566.92	
Medical Practice Com.	237.80	
		5,564.81
" President's office		1,960.36
" Legal expenses		2,268.98
" Honorarium, ex-secretary		1,500.00
" Annual Meeting, 1938		3,622.07
" Tri-State Directory		665.20
" Office furniture & equipment		390.90
" Trustees		411.63
" Miscellaneous		129.09
Refund to Hudson County		1,265.90
Transfer to Permanent Fund		1,000.00
Balance forward		54,055.40
		$116,709.21

SUMMARY

Expected income	$66,000.00
Actual receipts	72,187.59
Budget appropriations	66,680.00
Expenditures	62,653.81
Cash balance	$54,055.40
Unearned income (7/12 of assessment paid)	30,811.06
Surplus	$23,244.34
Surplus, 1937 (auditor's report)	$20,481.96

The report of the Auditor, when complete, will be filed in the office in Trenton, for the inspection of any interested member.

Respectfully submitted,

E. J. MARSH, M.D.,
Treasurer.

PRESIDENT HERRMAN: If there is no objection, according to program, this Report of the Treasurer will be referred to Reference Committee "B". Sect. 42.

I will now recognize the Executive Officer, Dr. Wilkes.

9. EXECUTIVE OFFICER'S SUPPLEMENTARY REPORT

(Original Report, Jour., May, p. 266)

DR. LEROY A. WILKES: The activities of the Executive Officer are pretty well covered in the committees for which he works, so I won't reiterate those (Jour., May, p. 266). I do, however, want to offer you a very sincere apology for taking you through a Moorish maze of technical exhibits to get in here.

The one purpose I had was to add to the finances of the Society through the technical exhibits' increased income, which now practically carries the general expenses of the annual meeting. We will clear about $3500 this year through technical exhibits, and it was with the ambition to have that reach the point where it would carry the general expenses that we attempted to give exhibitors who produce the money a break by promising to route you past their exhibits, because they have complained in the past we haven't given them a sufficient break by visiting their exhibits. I want to say in their behalf these fellows who come here and show the exhibits have to take back some tangible evidence that it was worth while to exhibit at the New Jersey Medical Society's Annual Meeting, and the most convincing tangible evidence is your registration cards showing you have seen the exhibits after they have paid for the space and brought them here.

I hope that you will visit these exhibitors, both scientific and technical, because they come here and go to a lot of work to prepare these exhibits, and bring them here, and buy the space, and it means nothing to them unless you men will go up and show an interest in them and register.

DR. E. P. DARLINGTON: I should like to emphasize what Dr. Wilkes says. I have attended every meeting that has been in Atlantic City, and I find a great many men do not visit the exhibits and register, and they forget that that is an important source of our income to defray the expense. Sect. 47 D.

10. VISITING DELEGATES

PRESIDENT HERRMAN: The Board of Trustees of this Society have within the last year or so started to send official delegates to the Medical Societies of Connecticut and New York, and we have had our official representatives at the New York meeting; and at this meeting we have official delegates from Connecticut and New York. I do not know whether all these delegates are here, but I should like to have the opportunity to present to you these men and those who come later, at some further session.

I know that Dr. Stringfield, of the Connecticut Society, is here. I should like to recognize him and ask him to come forward and introduce himself and Dr. Miller, of Connecticut.

DR. OLIVER L. STRINGFIELD: Mr. Chairman, Dr. Miller is the other representative. Dr. Miller is from Hartford, and since he is the originator of our Journal, I will let him make the remarks.

DR. J. R. MILLER: I extend to you the greetings of our Connecticut Society. Dr. Stringfield and I are here for the first time as representatives to see how you transact your business. We have admired you from a distance, and we hope to learn things in the way that you do them that will be of advantage to us.

As Treasurer of our Society, I have been conscious of our shortcomings in the past, and we are trying to get on a much more business-like basis. Thank you all for your courtesy.

11. MEDICAL DEFENSE AND INSURANCE

(Report in May Journal, p. 310, also of Judicial Council, p. 313)

PRESIDENT HERRMAN: Has Dr. Beling any report for the medical Defense and Insurance Committee?

Dr. Beling read the supplementary report, as follows:

SUPPLEMENTARY REPORT OF THE COMMITTEE ON MEDICAL DEFENSE AND INSURANCE

By DR. C. C. BELING

In 1935, the Insurance Company informed the committee that certain members of the Medical Society maintained beds for patients in conjunction with their practice, and that coverage had been extended for this increased hazard in consideration of an additional premium.

The Company concluded that risks of this type should be carefully investigated and approved before the bed hazard was assumed.

It also brought to the committee's particular attention that these physicians might not have the approval of other local doctors who are on the staffs or have the courtesies of local hospitals, and who feel that the doctors in question could avail themselves of these opportunities. It was also felt that most of these small bed risks had been established during the past few years as a result of economic conditions and not because there were no adequate hospital facilities within a reasonable distance.

The Company did not wish to deny these doctors insurance, but because of the risks involved suggested they should be given insurance with a waiver to exclude any claims that may develop as a result of this hazard whenever, in the opinion of the Company, the risk did not qualify for protection.

The Company also did not want to insure doctors using x-rays and radium because of the great hazard. The committee coöperated with the Company by investigating the fitness of each applicant with regard to qualifications and equipment. It has resulted in reducing suits along this line. Only well-qualified, competent, and well-equipped men are accepted.

During the past year there have been many applications for insurance by doctors who are performing surgical operations in their offices or office rooms equipped with beds.

The Company has required these men to answer a questionnaire regarding the number of beds, their location; the class of cases—medical, surgical, or maternity,—and whether they are kept overnight; what nursing care was given; the operating room and the equipment; how or by whom the anesthesia is given; the personal training, experience, and ability of the applicant; the availability of hospitals in the immediate vicinity, if the applicant was a Staff member of any such hospital or had the courtesy of such institutions, and the reasons for maintaining or using private beds in the office or home; the attitude of other practitioners regarding the use of his own facilities; and the safeguards and personnel available to care properly and adequately for patients in the event of unforseen emergencies.

The Insurance Company has requested the committee to approve these applicants before assuming the risks. Its attitude in this respect is that it does not care to insure any physician who conducts his practice in a manner not approved by the State Medical Society as a whole. The crux of their position is that, where a physician is engaging in a practice not approved or upheld by the best standards of medicine, the Insurance Company would find it difficult to secure the coöperation of the Medical Society or its individual members, which is most necessary to the successful defense of any malpractice suit. The Insurance Company even goes so far as to say that it does not wish to insure any such physician, even though he is agreeable to accepting a waiver of the form heretofore attached to such policies. In other words, unless the insurance company is sure that this type of practice will have the support of the State Society and its individual members, they are not willing to accept the risk of insuring these doctors.

With the continued increase of the so-called bed-office practice in surgery, the losses to the Company have increased proportionately. There seems to be a widespread variance of opinion regarding the standards of this form of practice,—which leaves the Company in a quandary as to the feasibility of successfully protecting such members against malpractice suits. This problem is of recent origin, and has many ramifications which cannot be solved in a short time. Your committee feels that it should be brought to the attention of the Society; and that the committee should be permitted to give it further consideration.

The following is a list of the members insured by counties as compared to the total membership. It shows an increase over the number insured last year, 2728.

	No. Insured	Members
Atlantic	84	124
Bergen	239	255
Burlington	38	57
Camden	134	174
Cape May	21	26
Cumberland	43	53
Essex	791	941
Gloucester	31	37
Hudson	300	429
Hunterdon	21	25
Mercer	159	232
Middlesex	119	122
Monmouth	104	127
Morris	80	82
Ocean	19	29
Passaic	231	357
Salem	12	24
Somerset	29	53
Sussex	19	20
Union	268	305
Warren	28	30
	2770	3484

RECOMMENDATIONS

1. The committee recommends the renewal of the professional liability contract for the next year through Messrs. Faulhaber & Heard, Inc., with authority to act as its official representative in the matter of professional liability protection.

2. The acceptance of the new form of Accident and Health Insurance through Messrs. E. & W. Blanksteen as official agents.

Respectfully submitted,

Christopher C. Beling, *Chairman*
William J. Arlitz
Charles F. Baker
E. Z. Hawkes, *Ex-Officio*
J. Wallace Hurff
John C. McCoy

President Herrman: If there is no objection, this supplementary report will be submitted to Reference Committee "C", without discussion.

Action, Sect. 43 A.

12. Publication Committee

(May Jour., p. 274)

President Herrman: Dr. Barkhorn, Publication Committee.

Dr. Barkhorn read the supplementary report, as follows:

SUPPLEMENTARY REPORT OF THE PUBLICATION COMMITTEE

The Publication Committee emphasizes its suggestion that it be permitted to edit the Transactions to the extent of summarizing the unprepared remarks made in the course of long debates. As a matter of fact, speakers have frequently requested permission to edit their own remarks. But the

primary reason for the suggestion regarding the editing is to promote the ease of reading and understanding the Transactions.

If the present system of verbatim reports of every word spoken is retained, the Publication Committee suggests that it be instructed to insert a brief summary of each debate.

The Publication Committee also suggests that each county society be requested to make an annual report, especially with reference to its activities in carrying on the projects which are promoted by the officers and committees of the State Society; and including its own original projects. A record of the responses of the county society is of great value in estimating the efficiency of the work of the State Society.

The Publication Committee also notes a revival of interest in the histories of the State Society and the County Societies, and the biographies of their leaders. The Publication Committee therefore recommends that the Board of Trustees be requested to establish a standing committee on Medical History.

The Publication Committee also suggests that the House of Delegates request the members to make use of the simple scheme of binding the current issues of The Journal, each number of which is now perforated for the insertion of brass fasteners. A sample of the current issues of The Journal bound with the fasteners is on display at the Registration Desk. A member who preserves bound copies of his Journal will be able to find a record of every important activity of not only the State Society but also of his County Society.

Respectfully submitted,

HENRY C. BARKHORN,
Chairman
EDWARD J. ILL
WILLIAM G. HERRMAN,
Ex-Officio
FRANK J. MCLOUGHLIN
ALFRED STAHL, *Ex-Officio*

PRESIDENT HERRMAN: If there is no objection, that will be referred without discussion to Reference Committee "A".

Action, Sect. 47 C.

13. FINANCE AND BUDGET COMMITTEE

PRESIDENT HERRMAN: Report of the Finance and Budget Committee, Dr. North.

Dr. North presented the supplementary report as follows. This report was submitted to the Reference Committee "B". Sect. 42.

THE MEDICAL SOCIETY OF NEW JERSEY
BUDGET—1938-1939

Executive		$20,310.00
Executive Officer—salary	$7,000.00	
Executive Assistant—salary	4,000.00	
Office Manager—salary	1,820.00	
Clerk-Stenographer—salary	1,300.00	
Clerk-Stenographer—salary	1,170.00	
Clerk-Stenographer—salary	1,170.00	
Extra Clerk (4 months)	250.00	
Overtime (4 months—5 girls)	300.00	
Office Expenses	1,800.00	
Travel	1,500.00	
Journal		8,060.00
Editor—salary	$5,500.00	
Secretary—salary	1,560.00	
Overtime (1 month)	50.00	
Office Expenses	700.00	
Travel	250.00	
Rent—State Headquarters		2,950.00
Publication—Journal		13,800.00
Publication	$13,500.00	
Cuts	300.00	
Welfare Committee		8,450.00
General Welfare	$1,500.00	
Welfare Committee	1,200.00	
Legislative Committee	250.00	
Public Health Committee	2,000.00	
Public Relations Committee	2,500.00	
Medical Practice Committee	1,000.00	
Finance Committee		500.00
Treasurer	$ 75.00	
Bonding	90.00	
Auditor	300.00	
Finance Committee	35.00	
Secretary—Expense account		500.00
Secretary—Pension		1,500.00
Annual Meeting		2,645.00
Program and Arrangements	$900.00	
Guests	200.00	
Art, Hobby, and Medical History	200.00	
Woman's Auxiliary	500.00	
Scientific Exhibits	845.00	
Printing		2,000.00
President's Fund		2,000.00
Secretarial Services to President		500.00
A. M. A. Delegates		750.00
Joint Conference Professional Relations		100.00
Conference of Allied Medical Professions		25.00
Contingent		3,000.00
Legal		2,500.00
County Survey of Medical Care in New Jersey by The Medical Society of New Jersey		1,000.00
Fall Clinical Session		500.00
County Society Officers' Training School		500.00
		$71,590.00

Action, Sect. 42 A.

13 A. County Society Officers' Training School

Dr. Chester I. Ulmer: In the last item of the Budget, reference is made to the County Society Officers' Training School. Could we have an explanation of that? It is a new feature and we are not familiar with it.

Dr. Carrington: It is planned to invite the President, President-Elect, Secretary, and Recorder of each County Society to a day's conference in Trenton at which time the administrative problems of the County Society will be discussed by men who have been through the work; and that is to be at the expense of the State Society. (Journal, June, p. 375.)

President Herrman: Several of our larger counties, as you know, have very active organizations, some of them with executive officers. Some of the smaller counties are not so well organized, and the State Society has found that the machinery clogs when it gets beyond State Society activity and reaches the counties. This has been a problem under discussion for a number of years,—how to lubricate that end of the machinery.

14. Legislation

President Herrman: Dr. Pollak, will you report for Chairman Dr. Areson on legislation?

SUPPLEMENTARY REPORT OF COMMITTEE ON LEGISLATION

A-135—The Chiropractic Bill: This bill has been held in committee and we feel sure it will stay there.

A-511—Uniform Medical Practice Act: After amending this measure, it is a better bill than when it was introduced. At this date, May 9th, the fate of this bill is in doubt. This committee regrets that the profession did not support this bill as it should have.

We believe this bill will prove to be a benefit to humanity and a high resolve to restore medicine to its right standing in the arts, and our profession should have worked with more zeal and coöperation to get it through or assume the responsibility for the collapse of a really important health measure.

William H. Areson,
Chairman
Edward F. Klein
Samuel Alexander
B. S. Pollak
Charles H. Mitchell

Dr. B. S. Pollak: Dr. Areson returned from a meeting of the Legislature this morning at two o'clock. The Speaker of the House finally did put A-511 upon the board. I don't want to go into the intricacies of the board, but he put us in the middle of the board and played checkers with us; and the result was, at 10:30 o'clock a session of both houses of the Legislature was called, and we were left in Trenton with a two-hour ride back home to Atlantic City. It probably will come up today. There is much to be said. Some of it has been covered by you, but so far as the Legislative Committee is concerned, I might emphasize the fact that, regardless of what the legislation may be that we may want to introduce into the House or into the Legislature, *unless we have the coöperation of the County Societies back home, no legislation will be effective,*—and we anticipate a tremendous amount of legislation next year because of information that we have.

We have been put to expense and we have worked hard, and we have spent many, many days at Trenton, apparently with no definite result; however, we are not ready as yet to say that we have been defeated. Last night the Passaic delegation had they been on hand—a check-up by the Assemblymen from Bergen, to whom we are greatly indebted, showed that we had thirty-four votes on the floor provided all the men stuck to their promises, but with the experience of the delegation from Passaic, and other delegations, we ourselves were not convinced, although the Assemblyman from Bergen who introduced the legislation was definitely sure that he could count last night upon thirty-one definite votes;—but thirty-one is a pretty close margin, and perhaps some of the gentlemen don't appreciate it. Some gentlemen walk out at an appropriate time, and then if one walks out, there are only thirty left, or twenty-nine. There have been converts one way and the other, but all of it we realize is definitely due to the *indifferent and lethargic attitude of the membership at large.* I am sorry to have to use those rather harsh terms; but if we want effective legislation, we must have the unanimous and hearty coöperation of the County Medical Societies.

President Herrman: Thank you, Dr. Pollak!

There is no committeeman present on the committee headed by Dr. Alexander, but I have asked him to continue on the committee originally appointed to consider and prepare this legislation and I will ask him if he would like to add to anything Dr. Pollak has said as part of the Report of the Legislative Committee.

Dr. Samuel Alexander: Dr. Pollak has covered the field so well there is very little that I can add, but one thing I have learned in the Legislature this year but I soon found out that I didn't know is that you can't fight cannon with cap pistols, and that is what we, The Medical Society of New Jersey, try to do. These cults spent thousands and thousands of dollars. They had form letters sent out all over the State, signed by thousands of people who, I am sure, didn't know what they were signing, and that type of propaganda makes converts in the Legislature.

We, on the other hand, thought we were dealing with reasonable people. We laid our picture before them and invariably when we did that, the legislators agreed with our viewpoint. But, in the final analysis, it is the votes that count, and we were sure that a week ago we had the necessary number of votes in the Assembly. We were doubly sure last night that we had them, and still, the Bill has not been voted upon this time by the members of the Assembly. I have been told by members of the Legislature that anything the medical profession wants they can have *if they will only assert themselves.* They are perfectly satisfied to heed the advice of the medical men of this State on public health matters if they only will convey that thought to them, but so many of the doctors did so little for this bill that it made it terribly hard for some of the men to carry this program through.

I am perfectly satisfied that, if it doesn't pass in this session of the Legislature and is brought up again next year, it will pass,—but only if the medical men of this State assert themselves as leaders in public health matters. (Applause.)

President Herrman: The Medical Corps in the Army and Navy are noted as non-combatants, but I want to tell you we have some combatants in this Society who never know when they are licked; and in the next unpleasantness they ought to be line officers, instead of medical men.

I am extremely grateful to all those who have stuck to their guns and done the best they could.

We will refer the remarks of both Dr. Pollak and Dr. Alexander to Reference Committee "E".

Action, Sect. 45.

15. Venereal Disease

(Report, Jour., May, p. 290)

President Herrman: I will now call on the Chairman of the Committee on Venereal Disease Control, Dr. Blaisdell.

Dr. Blaisdell: Only one thing has come up since we gave our report, and that consists of a joint move on the part of the American Mental Hygiene Association, the State Officers of Health, and the Public Health Officers Association, and our own State Committee to cooperate in a move to work for a National Anti-syphilis Committee branch in our State. A difference of opinion now exists as to what avenue or what committee shall handle this new work in the State of New York. We are sitting in on all of their meetings, and have asked for representation on Dr. Frank Kingdon's committee which will probably meet in another month.

We do not want any new work to occur in New Jersey which does not thoroughly recognize the very extensive work already worked out in coöperation with the State Department of Health, the State Health Officers' Association, and our own Medical Society.

President Herrman: Would you like to have a reference committee consider advice as to that?

Dr. Blaisdell: Dr. Schlichter's committee could well do that.

President Herrman: I will refer the report to the Reference Committee "F".

Action, Sect. 46.

16. Public Relations

(Original report, May Jour., p. 305)

(See Transactions, 1937, Sect. 71)

President Herrman: We will now have the supplementary report of the Committee on Public Relations, Dr. J. H. Kler, Chairman.

Dr. Kler: The supplementary report of the Committee on Public Relations is as follows:

To the House of Delegates:

Upon the request of the Passaic County Medical Society the Public Relations Committee investigated the elimination of objectionable features of the Classified Telephone Directory. The objectionable features are as follows:

1. Spot advertising by healers not recognized by organized medicine.
2. Advertising by specialists
3. Listing of clinics and medical centers in the classification "Physicians and Surgeons—Doctors of Medicine".
4. Listing of unlicensed practitioners under the heading "Physicians and Surgeons—Doctors of Medicine".
5. Continuing the listing of physicians after they have deceased.

The Committee on Public Relations made a preliminary report to the Welfare Committee on April 10, 1938. The Welfare Commit-

tee accepted the report and instructed the Public Relations Committee to prepare a complete report and present it to the House of Delegates. The Public Relations Committee therefore submits the following report to the House of Delegates:

1. Spot advertising, such as found on the classified page of the directory, will be discontinued. The New Jersey Bell Telephone Company has cancelled all contracts for this advertising.

2. The listing of specialists has been a real problem to the Telephone Company. So far it has had to depend upon the word of the subscriber.

The New Jersey Bell Telephone Company will accept from The Medical Society of New Jersey a list of recognized specialties, and will make its directory headings conform to this list.

It will accept the list of specialists as recognized by The Medical Society of New Jersey on the basis of Board examination, membership in honorary societies and other criteria. It will contact these specialists for the directory listing. The listing to be entirely optional with the physician.

The real advantage to this plan will be the elimination of the listing of all so-called specialists as "therapeutic specialists", etc. Also only the specialists recognized by The Medical Society of New Jersey would be eligible for this listing.

3. In listing clinics and centers in the classification "Physicians and Surgeons—Doctors of Medicine", the New Jersey Bell Telephone Company has established two new headings; so that the three in sub-divisions now are:

a. Physicians and Surgeons—Doctors of Medicine.

b. Clinics.

c. Medical Centers.

These new headings will provide proper space for the clinics and medical centers. However, the legal division of the Telephone Company reports that it cannot legally force these groups to remove their listing from the classification of "Physicians and Surgeons—Doctors of Medicine" as long as the directors of these groups are M.D.'s, regularly licensed to practice medicine in New Jersey.

4. In regard to listing unlicensed practitioners under the heading "Physicians and Surgeons—Doctors of Medicine", the legal division of the Telephone Company reports that it has no legal right to investigate the authenticity of a man's claim that he is an M.D. when he subscribes for telephone service. The laws of New Jersey are such that only the Board of Medical Examiners can do so. Therefore, the company must depend upon this Board to bar would-be physicians. Until it has the legal power, it must accept the advertiser's, or subscriber's claim that he is an M.D.

To prevent the listing of illegal practitioners, it is recommended that each County Medical Society have a special committee to investigate each new issue of the telephone directory and report such names to the Board of Examiners. The Telephone Company will remove all such names from the directory upon notification by the Board of Examiners.

5. Physicians are sometimes carried on the directory after they have deceased. Whenever an M.D. subscribes for a telephone his name and telephone number are automatically placed in the classified section of the telephone directory. This is true in all professions. Every physician is entitled to one line in the classified directory by merely beng a telephone subscriber. Now, if a physician dies and his family prefers to continue the subscription for the telephone under the name of the physician the Telephone Company has no way of knowing that this particular physician died.

In order to combat unlicensed practitioners, a new plan of advertising is proposed. Each County Medical Society has a large advertisement in the directory which states its code and principles so that people may know that membership in a County Medical Society qualifies the physician as professionally qualified and ethically trustworthy. Then each physician will have a line under his name, in the classified directory, stating that he is a member of the County Medical Society. This line immediately distinguishes favorably the members from the non-members.

We should not miss this opportunity to combat quackery and unethical practices in medicine.

Respectfully submitted,
Joseph H. Kler, M.D.,
Chairman
S. Emlen Stokes, M.D.
Edgar P. Cardwell, M.D.
Wright MacMillan, M.D.
J. Berkeley Gordon, M.D.
E. LeRoy Wood, M.D.

Action, Sect. 43 C.

17. Auxiliary Medical Services Committee

Dr. Herrman: Have you a supplementary report, Dr. Maver?

(Report, Jour., May, p. 302)

Dr. Maver: I will simply offer a written report on Hospital Insurance and suggest that it be referred at once to a reference committee.

SUPPLEMENTARY REPORT RELATING TO HOSPITAL INSURANCE

Throughout its deliberations, as well as in the formation of this report, the Committee on Auxiliary Medical Services has felt that it should in large measure be guided by the principles laid down by the House of Delegates of the American Medical Association during the 1937 Convention at Atlantic City.

The resolution adopted at that time may well be cited here and is appended.

In the matter of hospital insurance plans, it has been alleged that the outstanding obstacle to the formation of a plan satisfactory to the medical profession, as well as to the patient and the hospital, is the salaried specialist. In other words, it has been stated that as long as the hospitals, through the employment of clinical pathologists, roentgenologists, anesthetists, and physical therapeutists as whole or part-time specialists working solely or in part on a salary basis, are thus enabled to furnish patients with such services, it is difficult to object to the furnishing of these same services as a part of a hospital insurance plan.

Your committee as a whole is prepared to recognize that there is both some justice and some validity to this contention.

It is more prepared to do so because it desires to emphasize, first, that such financial arrangements are not satisfactory from the standpoints of the specialists concerned; and second, that the existence of this custom is a heritage from the past.

It seems essential, for the purposes of this discussion, to point out that the specialized departments in question constitute not only valuable but essential departments of the hospital. Not only are they essential and a vital concomitant of the modern practice of medicine, but they play an important and equally essential part in its continued development.

It is also essential to recognize that the men engaged in these specialties are, and must be, first of all physicians, and secondly, physicians whose energies and training have been directed toward the attainment of specialized skill in specialties of medical practice as specific and distinct as surgery, obstetrics, or any other specialized entity.

It is important that this be emphasized, for there has been some tendency in the past, which may even yet exist in varying degrees, to the effect that the pathologist was merely an individual who made "tests", the roentgenologist one who took "pictures", the anesthetist one who merely administered a drug, and so on; the corollary to this being, that thus regarded as supernumerary adjuncts, they could, to a greater or lesser degree, be more or less efficiently replaced by technical assistants of greater or lesser training in various technical procedures and manipulations.

Lest it be thought that this is an extreme or exaggerated viewpoint, it can be maintained with small fear of contradiction that some such idea, or variation of it, is not infrequent in the minds of some hospital administrators, and paradoxical as it may seem—may even be encountered among physicians.

While it should be unnecessary, it seems nevertheless advisable to recall with some emphasis that the function of the pathologist or the roentgenologist is not, for the one to make "tests", or the other "pictures". Both are primarily not only liaison officers between the laboratory and bedside and the patient and the physician, but they may properly be regarded as consultants.

The real value of the roentgenologist depends, not upon his ability to produce a set of x-ray films, but upon his ability—which, in turn, is dependent upon his ability as a physician—to know *what* examination should be made and how, and most particularly, upon his ability to interpret its significance, which often involves no mean degree of clinical acumen.

The real value of the pathologist depends, not upon his facility in technical manipulations nor in supervising their performance by others, but upon his ability to determine not only which procedure may be most profitably utilized but, especially, upon his ability to interpret its clinical significance and evaluation which, as before, may demand no small degree of clinical ability.

The real value of an anesthetist depends, not upon his ability to pour ether or chloroform into an inhaler, to operate a machine for the purpose, or to administer a drug intravenously or by lumbar puncture, but upon his ability to select the method suitable to the particular circumstances and to recognize its dangers, fallacies and limitations; and here, again, without clinical acumen and training the anesthetist is lost—and the patient may well be.

The same principles apply to all similar specialties.

All this being true, as cannot successfully be denied, a salary basis for such specialties is seldom, if ever, satisfactory. First, because the salary is seldom, if ever, commensurate with the importance of the specialty, and second, because in striking contradistinction to other branches of medicine, no matter how their specialists may increase in skill or reputation, thus becoming a greater and more valuable asset to the institution, the salary has a definitely static tendency and undergoes but infrequent and reluctant changes.

For these reasons, as well as others which obviously develop from the premises laid down above, the committee strongly deprecates the ham-stringing of these specialties of medical practice by the custom more or less generally adhered to, and, by the same token, deprecates with equal emphasis the effect of this situation upon the development of satisfactory plans for hospital insurance.

The committee desires, therefore, to record its entire accord with the principle *that the services of physicians should not be a part of any plan for hospital insurance,* and to record also its specific and vigorous objection to the inclusion in such plans of the services of pathologists, roentgenologists, anesthetists and physical therapists.

The specific problem before the committee, however, is not to merely express disapproval of such plans but to propose a working outline that will eliminate medical services from Hospital Insurance Contracts.

It is apparent, of course, that the solution of this problem is neither easy, obvious nor to be rapidly evolved.

From what has been said, it is apparent that these suggestions must embody, first of all, some method whereby the salaried specialists, as such, may be eliminated from the hospital economy. As these various departments differ in their nature and method of functioning, it is necessary that they be separately considered.

THE DEPARTMENT OF PATHOLOGY (THE CLINICAL LABORATORY)

It is now rather generally recognized, and the point is emphasized by such bodies as the American Medical Association and the American College of Surgeons, that the Director of the Department of Pathology and the Clinical Laboratory should be: (a) a physician (M.D.), and (b), in order to assure the requisite training and experience, that he should be a Diplomate of The American Board of Pathology. The committee also desires to emphasize that although the laboratory may be subdivided into various departments (Bio-chemistry, Bacteriology, Serology, etc.), there should be one titular Director as above described. (c) The Director must be a member of the Major Staff.

As already said, it is undesirable and unsatisfactory, generally as well as specifically in relation to hospital insurance, that the pathologist should be on a sole or partial salary basis. It is necessary, therefore, to devise some plan whereby he may be equitably remunerated, taking into consideration the fact that his services must be available to those patients (ward and dispensary) to whom the hospital renders free service.

Because of the fact that hospitals vary in size and hence in the size of the laboratory, as well as in the personnel and equipment required to function properly in proportion to the volume of work demanded, the suggestions to follow are to be regarded as an enunciation of principles rather than as specific proposals and are advanced for the purpose of furnishing, at least, a basis for discussion.

I. The services of the pathologist must be available without specific charge to those hospital patients classed as "free patients", as are the services of other Staff physicians.

And just as the equipment and personnel required by Staff physicians for the performance of their duties is equitably supplied by the hospital in return for, or as a concomitant to the gratuitous services of the physicians, so the equipment and personnel of the laboratory should be furnished and maintained by the hospital, the pathologist being thereby equitably compensated for his gratuitous services to "free patients".

II. The remuneration of the pathologist should be derived, not from salary, but should accrue from the practice of his profession as a physician and consultant in relation to: (a) private patients, not hospitalized, but referred to him for his professional services or opinion; (b) paying patients in semi-private or private wards or rooms who, likewise, pay their other attending physicians or consultants.

III. For such services the pathologist should render a personal bill.

IV. It may at times be maintained with some justice that the pathologist's connection with paying patients may arise, in some measure, from the fact that the patient is hospitalized; and as the equipment maintained by the hospital is necessary to his work, the committee feels, therefore, that while the fees from outside patients properly belong to the pathologist in toto, the fees accruing from hospitalized patients may be equitably subject to some percentage allocation between the pathologist and the institution.

V. In order to facilitate bookkeeping under the provisions of paragraph IV, such fees may preferably be placed on the hospital bill and collected by the hospital office, for which a small percentage is not without justification.

Under these provisions, the committee feels that: (a) The salaried pathologist may be eliminated; (b) that the pathologist may be equitably remunerated in proportion to the services rendered; and (c) that there can hence be neither necessity nor excuse for including his services in any insurance plan.

THE DEPARTMENT OF RADIOLOGY

The practice of radiology in hospitals is essentially the same as the private practice of this specialty. The radiologist practices his specialty in the same manner as other specialists in the hospital, with the exception that his apparatus is of such a nature that it cannot be moved about readily.

In many instances, the early practice of radiology in hospitals was accomplished by the installation of x-ray equipment by the radiologist, who bore the entire financial burden and received the entire income. The use of hospital space was compensated for by free services to ward patients.

Many changes have occurred since the original plan, and for various reasons, either a salary or a commission basis of financial return has been quite generally adopted. In spite of the disadvantages that may have existed under the salary or commission arrangement, affecting either the hospital or the radiologist, an attitude of consideration has been maintained, and on the whole, cordial relationships have been the rule rather than the exception.

However, with the advent of Hospital Insurance plans which include radiological services, there has crystallized a definite sense of resistance on the part of radiologists who rightfully feel that their specialty is undergoing exploitation by a third party. Injection of this third party has not only disrupted existing relationships, but has emphasized the necessity for hospitals to agree to practice hospitalization and to permit the practice of medicine to remain in the hands of those licensed by law to practice medicine.

A solution of the problem that will prevent a third party from injecting itself into medical practice, and at the same time protect the status of radiology

in hospital practice, is the one that, in our opinion, is entitled to the support of The Medical Society of New Jersey.

Such a solution is practical under the lease-rental agreement between the hospital and the radiologist. This, in its essentials, is exemplified in the Washington Plan, and consists of an arrangement whereby—

1. The radiologist rents space from the hospital, as in an office building, and supplies the equipment and personnel to operate the department; or

2. The radiologist rents space and leases the equipment by arranging a per-examination monthly rebate to the hospital to cover depreciation, obsolescence, and overhead.

3. The radiologist bills the patient direct, on his own billhead, and assumes full responsibility for his financial return, exactly as in private practice.

4. Should the hospital be obligated to perform free work, the services of the radiologist are contributed free, and the hospital compensates him for the expendable material expense as in examinations of "free patients" and as in the routine examination of interns, pupil nurses and hospital employees.

The lease-rental arrangement for radiological services in hospitals is a workable plan and is in practice in the following hospitals in the United States:

Garfield Hospital, Washington, D. C.
Good Samaritan Hospital, Los Angeles, Cal.
Temple University Hospital, Philadelphia, Pa.
Cottage Hospital, Santa Barbara, Cal.
Queen of Angels Hospital, Los Angeles, Cal.
University of Pennsylvania Hospital, Philadelphia, Pa.

To quote from the report of the Executive Committee of the Pacific Roentgen Club, the advantages of this plan to the hospital and to the radiologist are as follows:

To the Hospital—

"a. It puts the relation of the hospital and of certain members of its medical staff on an ethical and equitable basis, encouraging the selection of the radiologist solely on the basis of competence (unbiased by the percentage or salary to which he might agree).

"b. It removes the question of division of fees, practice of medicine by a corporation, and so forth.

"c. It excludes the criticism that the hospital is competing with outside physicians in the field of diagnostic and therapeutic medicine.

"d. It insures a more competent type of radiological service without additional cost to the hospital. The radiological department becomes increasing'y a 'feeder' to the hospital because of the fact that a good radiologist builds up a clientele of his own and attracts not only good men in the profession to use the hospital, but also hospitalizes many treatment cases of his own.

"e. It removes from the hospital any question of suit for liability in connection with medical x-ray service and care.

"f. It provides what is said by one of the most eminent physicians in this country, to be the only permanent and satisfactory solution to the problem of hospital radiological work."

To the Radiologist—

"a. It places the appointment of the physician-radiologist on the same ethical and legal professional basis as other individual doctors on the staff.

"b. It removes the question of division of fees.

"c. It stimulates the hospital radiologist to build up his practice on the proper basis, namely, that of personal skill and ability.

"d. It places the responsibility for the operation of an efficient radiological practice where it should be placed, namely, with the physician.

"e. It tends to place the economic status of the radiologist on a level comparable with that of his fellow practitioners and consultants and thereby encourages better men to enter the field."

In consideration of the foregoing, your committee desires to record the following specific recommendations for the practice of radiology in hospitals in the State of New Jersey.

I. Every hospital Radiological Department should be under the direction of a competent radiologist, preferably a Diplomate of the American Board of Radiology or one who is working toward that objective.

II. The radiologist should be a member of the senior attending staff.

III. The services of the radiologist should be available, without specific charge, to those hospital patients classed as "free patients".

IV. The plan suggested by this committee eliminates salary or percentage basis arrangements for radiologists in hospitals, and recommends a lease-rental arrangement for space or equipment, or both.

V. In accordance with Resolutions adopted by the American Medical Association, the principles of which are binding upon the component organizations of this Association, radiology should be treated the same as other specialties (surgery, urology, orthopedics, etc.) in any insurance plan.

THE DEPARTMENT OF ANESTHESIA

Well-organized hospitals, whose ratings are graded and regulated by such bodies as the American Medical Association and the American College of Surgeons, recognize the importance of a trained physician-anesthetist in the position of director. However, the rule, rather than the exception, is that this is the limit to which the majority of hospitals go. Because it is a source of revenue to employ nurse-anesthetists at a monthly salary and have each patient pay a fee for each anesthesia administered, the field of the specialty does not progress by reports, new research, or corroboration of work done by our leaders. While the nurse-anesthetist does what she is told and automatically administers ether and the gases well, her knowledge of physiology, pharmacology, pathology and surgery as co-related with what may be expected of an anesthesia, is very much lacking.

Today, because anesthesia is coming into its own, and because demands for residencies by young graduates are already greater than the supply of instructors, many hospitals throughout the country, particularly Boston, Rochester, Minnesota, and the University of Wisconsin have established such schools. The reason for nurse-anesthetists may be

forwarded on the basis of a lack of physicians in the field. This may have been true heretofore, but today hospitals can be manned by trained physicians and many more are ready to fill these places every year. With this new era of training in anesthesia, a well-equipped hospital can have an immediate response to every request for anesthesia.

It is not the intention of this committee to make radical changes in hospital set-ups. Yet, the progress of medicine demands that even though changes are made slowly, recognition of the medical specialists must eventually take its place, even where routine established by custom of old must submit to progress. The contract of the hospitalization plan, including services of salaried specialists, was conceived and adopted during this period of emancipation of the specialists mentioned in our recommendations. The attitude of anesthetists toward an all-inclusive contract of this nature is expressed by a resolution adopted by the Boston Society of Anesthetists in conference with anesthetists from New York, Rochester, Washington and other places during the Congress of Anesthetists in Philadelphia. In essence, this resolution objected to prepayment hospital plan, including anesthetists' services. This would tend to reduce them toward the position of technicians, set them apart from other branches of medicine, and that these influences would tend to stop progress in anesthesia, being a step in the retrograde, and the patient be the final sufferer. In the same vein, this committee urges a resolution concurring in this thought.

I. This committee recommends, therefore, that the anesthetists in organized, highly rated hospitals should be physicians trained in the specialty, based on the fact that they are properly trained in all the fundamental subjects of medicine, such as anatomy, physiology, chemistry, pathology, and surgery. They are prepared to examine patients before operation to decide purely on medical knowledge and training what is best from an anesthesia viewpoint for that particular patient. They are equipped to offer any type of anesthesia known to the science and are the logical officers to suggest post-operative treatment when complications referable to the anesthesia occur. Such an individual can shoulder all responsibility demanded of a licensed physician, thus reducing the responsibility of both the hospital and surgeon in the event of any legal complication.

II. The anesthetist should not be employed by the hospitals. His business relationship shall be direct with the patient. How the bills should be presented, either by himself or by the hospital, is a detail left to be worked out later. All ward services shall be directly the responsibility of the senior attending anesthetist, just as attendings in any other division assume a responsibility for respective services. This shall be without charge to the hospital or to the patient. Arrangements for the upkeep of the department, such as machines and drugs, can be adjusted between the attending anesthetist and the hospital business office, also to include, if necessary, any expense incurred in the bookkeeping department should the hospital collect the bills presented to the patient by the anesthetist.

III. The attending physician-anesthetist should be endorsed by the governing board of anesthetists now functioning so efficiently in the United States.

IV. He should be a member of the major staff governing the medical policies of the hospital.

V. It is recommended that the hospital group insurance plan be amended to exclude the services of any physician practicing any of the specialties.

DEPARTMENT OF PHYSICAL THERAPY

Physical therapy, from the organization standpoint, is in its infancy in this State. Historically, the Departments of Physical Therapy in many instances have originated as subdivisions of Departments of Orthopedics, where at that time they most properly belonged. At present, however, physical therapy has broadened in its scope of usefulness to embrace conditions in other branches of medicine besides those dealt with in orthopedics.

One of the first things to be considered is the divorcement of all Physical Therapy Departments so that they become separate entities, and that they be directed by a licensed physician who is making physical therapy his sole specialty. He should be a member of the senior attending staff.

Because of the nature of the work, it is impossible for one individual to carry on its activities unassisted, and it, therefore, calls for the employment of technicians. The time has come when definite standards are being accepted throughout the country as to the qualifications of such technicians, such qualifications being (1) that they be graduates of a recognized school of physical therapy, (2) that they be members of the American Physiotherapy Association, and (3) that they be listed in the registry of the American Medical Association. It is axiomatic that all technicians should be under the direction of the attending physiotherapist.

Such departments should be equipped with apparatus which is recognized as essential for rendering complete and adequate service.

The four main divisions of physical therapy are:

1. Massage and exercise.
2. Electro-therapy.
3. Thermo therapy (with Helio therapy).
4. Hydro massage.

There has been difficulty in the contractual relations of physical therapists with hospitals throughout the State. These relationships have been unsatisfactory because of inability to come to an agreement as to the economic status and value of physical therapy within the various hospitals.

The services of physical therapists must be available to those hospital patients classed as free patients.

Just as the equipment and personnel required by staff physicians for the performance of their duties is equitably supplied by the hospitals in return for, or as a concomitant to the gratuitous services of the physicians, so the equipment and personnel of

the Physical Therapy Department should be furnished and maintained by the hospital, the physical therapist thereby being equitably compensated for his gratuitous services to free patients.

The remuneration of the physical therapist should be derived not from salary, but should accrue from the practice of his profession as a physician and consultant in relation to:

a. Private patients not hospitalized, i. e., out patients.

b. Paying patients in private and semi-private rooms or wards, who, likewise, pay their other attending physicians or consultants.

For such services the physical therapist should render a personal bill.

It may at times be maintained, with some justice, that the physical therapist's connection with paying patients may arise, in some measure, from the fact that the patient is hospitalized; and as the equipment maintained by the hospital is necessary to his work, the committee feels, therefore, that while the fees from outside patients properly belong to the physical therapist in toto, the fees accruing from hospitalized patients may be equitably subject to some percentage allocation between the physical therapist and the institution.

In order to facilitate the bookkeeping under the provisions of the previous paragraph, such fees may preferably be placed on the hospital bill and collected by the hospital office, for which a small percentage of charge is not without justification.

Under these provisions the committee feels that:

a. The physical therapist may be equitably remunerated in proportion to the services rendered, and

b. That there can be hence neither necessity nor excuse for including his services in any insurance plan.

SUMMARY

In recapitulation, the consensus of this committee may thus be summarized:

1. It is in entire accord with the principles laid down by the House of Delegates of the American Medical Association.

2. It is opposed to the inclusion in hospital insurance plans of the services of physicians engaged in specialized phases of the practice of medicine, specifically, clinical pathology, radiology, anesthesia and physical therapy.

3. It appreciates the undesirable features of the practice of these specialties on a salaried basis.

4. It therefore presents as suggestions for adoption or discussion various methods whereby this undesirable feature may be eliminated, such methods necessarily varying in connection with the particular specialty involved and being subject to such modifications as may be determined upon between the particular physician and the particular institution involved—always, however, with the provision that such specialties shall not be practiced on a salary basis.

5. It emphasizes the essential necessity, in the event of further consideration of this subject, of including among those to whom this problem may be hereafter presented, representatives of the specialties in question.

WILLIAM W. MAVER, *Chairman*
WILLIAM A. TAYLOR
ORD L. SANDS
ABRAHAM L. REICH
ARTURO R. CASILLI
JEROME H. SAMUEL
JOHN D. TIDABACK
ROBERT A. KILDUFFE
SAMUEL BARBASH
ASHER YAGUDA

The following resolutions were adopted by the House of Delegates at Atlantic City, June, 1937, and are to be found on pages 2211, 2224 and 2225 of the A. M. A. Journal, Vol. 28, Number 26:

1. Resolution presented by Dr. F. S. Crockett, Chairman, Reference Committee on Medical Education:

"Your committee believes that, for the purposes contemplated in the resolutions introduced by Dr. C. W. Stone, Ohio, as resolutions adopted by the House of Delegates of the Ohio Medical Association regarding problems from group hospitalization contracts, it is advisable to define hospital facilities rather than to attempt a comprehensive definition of medical practice.

"It is recommended, therefore, that the contract benefit provided by group hospitalization insurance should be limited to the room, bed, board and nursing facilities ordinarily provided by hospitals, routine drugs, and the routine services of interns only when acting under the direction of the attending physician.

"Except as stated above, the contract should not include the services of physicians either general or special. The term physician as used here shall be understood to include all licensed practitioners holding the degree of doctor of medicine and all others who assume on their own account to interpret labratory findings in the terms of disease and diagnosis or to administer or direct treatment."

2. On the next day, the following report of the Reference Committee was adopted with addenda as follows:

"After further conference with many of those interested in defining the services to be rendered under contracts for group hospitalization, your Reference Committee believes that for the purposes contemplated in the Resolutions of Clarifying the Policy of the American Medical Association on the question of Group Hospitalization, introduced by Dr. C. W. Stone in behalf of the Ohio State Medical Association, it is advisable to define hospital facilities rather than to attempt a comprehensive definition of medical practice. It is recommended, therefore, that the contract provided by group hospitalization insurance should be limited to the room, bed, board and nursing facilities ordinarily provided by hospitals, and routine medicines.

"Your Reference Committee would refer to the report of the Board of Trustees as it appears in paragraph 4, page 83, of the Handbook, which was adopted by the House of Delegates yesterday. In

that paragraph the limitations of hospital service are well defined. Your Reference Committee reaffirms this definition of hospital care and recommends its application to contracts for group hospitalization. In regard to certain benefits offered by many hospital insurance plans, combining professional and technical services, your Reference Committee is in complete sympathy with those who would make every possible provision to prevent inclusion of any and all types of service involving medical care.

"It is the opinion of your Reference Committee that further conference between interested groups and the American Hospital Association would be of definite value in clarifying the twilight zone between hospital service and medical care."

Note:—Included in the Addenda, was a suggested Hospital Insurance Contract form, eliminating medical services.

17 A. Dr. Morrison, Past Secretary

President Herrman: I have been watching all morning for Dr. Morrison. I saw him come here. I stated at the last annual meeting I would like to have him on the platform during all meetings of the House of Delegates this year. Dr. Morrison served fourteen years as our Secretary. Please come forward and take a seat on this platform. (Applause.)

18. Constitution and By-Laws

Dr. Herrman: Will you report on Constitution and By-Laws, Dr. Alexander?

Dr. Alexander: The Supplementary Report that I am about to read has been handed to me this morning and so I will read it.

Hudson County has handed me the following proposed amendments to the Constitution. I will read them to you:

18 A. Composition of Board of Trustees

An amendment to the proposed amendment to Article VI of the Constitution (see Transactions of 1937, Sect. 66):

1. Strike out the numeral 28, first paragraph, and substitute therefor the numeral 27.

2. Strike out portions of paragraph two and paragraph three from the words "and who shall be elected by the said component Society" (in paragraph two) and up to and inclusive of the words "At a reasonable time after these elections" in paragraph three, and substitute the following:

"Who shall be nominated by and from the Component Society to represent the said Component Society in the Board of Trustees and at the Annual Meeting of the House of Delegates, they shall be elected by the House of Delegates."

On the adoption of this amendment each Component Society shall at its annual meeting or at a meeting prior to the Annual Meeting of the State Society, nominate and elect a nominee to represent it in the Board of Trustees, in the same way and manner as the Constitution and By-Laws of the Component Society provide for the election of officers, following the annual meeting of the State Society at which the Trustees have been elected.

In order to clarify the meaning of this amendment to the amendments, the following is submitted to show how the article will read:

The Board of Trustees shall be composed of twenty-seven (27) members as follows:

The President, President-Elect, two Vice-Presidents, Secretary and Treasurer, all ex-officio by virtue of their offices, and twenty-one members (21), one from each Component County Society, who shall be nominated by the said County Society to represent the said Component Society in the Board of Trustees and at the annual meeting of the House of Delegates they shall be elected by the House of Delegates.

On the adoption of this amendment each Component Society shall at its annual meeting or at a meeting prior to the Annual Meeting of the State Society, nominate and elect a nominee to represent it in the Board of Trustees in the same way and manner as the Constitution and By-Laws of the Component Society shall provide for the election of officers.

Following the Annual Meeting of the State Society, at which the Trustees have been elected, the President of the State Society shall call a meeting of all the Trustees for the purpose of organizing the Board of Trustees. At this time the twenty-one (21) elected Trustees shall draw by lot who shall serve for one year, who for two years, and who for three years, i.e., seven (7) members for one year, seven (7) for two years, and seven (7) for three years. At this meeting they shall from the complete membership of the Board of Trustees elect a Chairman and a Secretary.

As the term of each elected Trustee expires, each Component Society so affected shall at the Annual Election preceding the expiration of the term of said Trustee, nominate a candidate for the period of three years.

Signed by Dr. Joseph F. Londrigan and Dr. Maurice Shapiro.

(Sections 18 B-18 G are new amendments proposed by Hudson County in 1938.)

18 B. House of Delegates Hearing Appeals

Proposed amendment to the Constitution introduced in 1938:

Amend Article V by inserting the words "and shall hear appeals from the decisions of the Judicial Council" after the words "the House of Delegates shall be the legislative body".

The article shall read as follows:

The House of Delegates shall be the legislative body and shall hear appeals from the decisions of the Judicial Council, and shall consist of the Fellows, Officers and Delegates.

That is signed by Dr. Londrigan and Dr. Shapiro.

(For action in 1939)

The following changes to the By-Laws were recommended by Hudson County:

18 C. Appeals to Judicial Council

Chapter VII, Section 5 (d), of the By-Laws:

Strike out the following:

If in its opinion further evidence is desirable, the Judicial Council may summon witnesses to take such evidence in any manner they deem proper and render its decision by a two-thirds vote of the members present and voting; and all its decisions shall be binding unless or until reversed or modified by the House of Delegates.

And substitute therefor the following:

At the request of the appellant or the defendant in any matter before the Judicial Council, the Judicial Council shall hold a formal hearing at which witnesses or any other evidence shall be submitted by both parties to the appeal, and each party to the appeal may be represented by a member of the County or State Society who shall act as Counsel. The Judicial Council shall render its decision by a two-thirds vote of the members present providing, however, that five members shall constitute a quorum; and all its decisions shall be binding unless or until reversed or modified by the House of Delegates.

Disapproved, Sect 36 I.

18 D. Appeals to House of Delegates

Further amend Section 5 by adding the following subdivision (e):

Any appellant from the decision of the Judicial Council may file a brief with the House of Delegates and the same published and sent to the Members of the House of Delegates before the appeal is heard by the House of Delegates, provided, however, that the said brief shall be submitted to the Board of Trustees and the Judicial Council not less than thirty days prior to the Annual Meeting of the House of Delegates for the purpose of editing the said appeal so that nothing of a scurrilous, slanderous, or libelous nature or any matter detrimental to the medical profession be included therein.

That is signed by Dr. Londrigan and Dr. Shapiro.

Disapproved, Sect 36 I.

18 E. Nominating Committee

Action, Sect. 36 J.

Also the following proposed amendment to Chapter 5 of the By-Laws:

Section 1. Strike out the word "Trustees" in the sentence, "This committee shall meet at 8:30 p. m."

Section 2 (a). Strike out, The Chairman of the Nominating Committee shall be the Junior Past President of the Society or the member elected by the Fellows.

Insert in the sentence following the above, after the words "the committee shall elect one of its own members to serve as" the words "chairman and one to serve as", the sentence to read: "The committee shall elect one of its own members to serve as Chairman and one to serve as Secretary."

That is signed by Dr. Londrigan and Dr. Shapiro.

Disapproved, Sect. 36 I.

18 F. Finance Committee

Also the following: Amend Chapter VIII, Section 5. of By-Laws, Committee on Finance. Strike out the following:

The Committee on Finance shall consist of three members elected by and from the Board of Trustees and three members elected by and from the House of Delegates and their term shall be for six years; provided that the term of one Trustee member shall expire every second, and the term of one Delegate member on each alternate year.

And substitute therefor the following:

The Committee on Finance shall consist of six members (6), one (1) from each Judicial Council District and one at large to be elected by and from the House of Delegates; their term of office shall be for a term of three years. The terms of two shall expire each year. On the adoption of this amendment and following the election of these members they shall choose by lot two members to serve for one year, two for two years, and two for three years.

That is signed by Dr. Londrigan and Dr. Shapiro.

Disapproved, Sect. 36 K.

18 G. Trustee Members of Finance Committee

Amendment to the By-Laws, Chapter VI, Section 5 (d):

Amend by striking out Section 5 (d) in Chapter 6. Signed by Dr. Londrigan and Dr. Shapiro.

Disapproved, Sect. 36 L.

18 H. Qualifications for Membership

I have received this morning the following proposed amendment to the By-Laws from Passaic County: Chapter X—Component Societies—Section 3—Qualifications of Members; Subsection (a), Judging Qualifications:

Remove from Sub-section (a) the words "and legally registered" that follow the word "reputable". Add to Sub-section (a) the following:

Any reputable physician holding a degree equal in requirement to that of M.D. granted by a school of medicine recognized by the American Medical Association, and entitling the holder to apply to the New Jersey State Board of Medical Examiners for a license to practice medicine in this State, and who shall be engaged in the State of New Jersey in any recognized practice of medical practice, shall

be deemed eligible for active membership in a component society. Any applicant engaged in such practice of medical practice requring, according to the laws of this State, a license to practice medicine granted by the New Jersey State Board of Medical Examiners, shall satisfy the Committee of Membership, or the Secretary of the Component Society, that he has such a license. Any applicant engaged in a practice of medical practice not requiring a license to practice medicine granted by the New Jersey State Board of Medical Examiners, shall satisfy the Committee of Membership, or the Secretary of the Component Society, that he holds a degree equal in requirement to that of M.D. granted by a school of medicine recognized by the American Medical Association, entitling him to apply to the New Jersey State Board of Medical Examiners for a license to practice medicine. All applicants shall satisfy the Committee of Membership, or the Secretary of the component society, that they are engaged in some recognized phase of medical practice in the State of New Jersey.

President Herrman: These will be referred to the Special Reference Committee III.

Not approved, Sect. 36 H.

Dr. Wells P. Eagleton: We must all realize that these are proposed changes in the organization of The Medical Society of New Jersey. Many of them will be concurred in by all members who have the good of the Society at heart, but they are revolutionary.

To just bring them here and then refer them to a committee, and then have that committee report, is not, in my judgment, wisdom. I think this committee to which they are referred should publicly and thoroughly advertise that they are going to have a meeting at such-and-such a time, and invite all members to be present and to discuss these alterations.

It is a very important thing. Many of the suggestions are undoubtedly very wise and advantageous, but I do not think that a great deal of time should be taken by the House of Delegates, but by just simply allowing these things to go to a reference committee, they will have very little information about the advisability. They will refer them back to the House of Delegates and then we will go through a long time and probably a great deal of acrimonious discussion, unnecessarily, when that can be avoided by thoroughly calling on every member who is interested in any one or all of these, to appear before the Reference Committee and have the matter fought out at that point.

President Herrman: Dr. Eagleton, I might restate what I stated at the beginning of this session and that is that I would like each Chairman of each Reference Committee immediately to select a time, not place, and notify Dr. Wilkes, at the central office out front and they will be assigned a room, and then the time and place of the meeting of each Reference Committee can be posted so that all those interested may appear before them at that time for the purpose you have in mind.

Dr. Eagleton: I want the Reference Committee on this matter to assign a particular time for discussion of these proposed alterations to the Constitution and By-Laws of The Medical Society of New Jersey, and that would be widely distributed and publicized so every member who was interested in this could appear before that committee.

President Herrman: Dr. Alexander, some of these are presented for the first time, is that not so? They will have to go over until next year anyway.

Dr. Alexander: We have presented this morning the changes to the Constitution which must lay over for another year. The changes to the By-Laws do not have to lie over, and they can be acted upon at this session.

President Herrman: Will you contact Dr. Wilkes and see that the time and place are selected?

Dr. J. Bennett Morrison: May I have the privilege of the floor? I am speaking to a point of order. I do not think these amendments should be referred to this Reference Committee, because the Constitution provides they should be published in the Journal three months before they are presented to this meeting.

Dr. Shapiro: There is only one new amendment to the Constitution and that is the one with reference to who shall hear appeals. The other is an amendment to an amendment which is under consideration and therefore does not have to lie over for one year. The subject matter is before this House, held over from last year. The question was brought up as to legality of election of Trustees by County Societies, and in order to rectify that, we have changed it to "nominated" by the County Societies, instead of "elected"; therefore, that comes up for consideration this year.

The By-Laws, under the usual procedure, are being read and will be laid over for one day and read again.

President Herrman: I will refer these matters to this committee, and then they can make a report as to whether in their judgment the House of Delegates should pass on these or whether they should be published before there is any further discussion, or as to whether some of them should lie over until next year.

They can make a report on these items referred to them in order not to consume any more time just now.

Secretary Stahl: For clarification it might be interesting to read these amendments to the Constitution. It is only a short thing in Article XII, amendments to the Constitution.

> This Constitution may be amended by a two-thirds vote of the members present at any annual meeting, providing the proposed amendments have been considered by the Committee on Revision of Constitution and By-Laws, and that they have been submitted in writing at a previous annual meeting, shall have been published in the Journal of this Society and officially sent to each component society at least three months before the annual meeting at which final action is to be taken.

I don't believe that any official notification has been sent three months prior to this meeting.

Dr. Alexander: If I might amplify that—

President Herrman: If I may, your committee is going to handle this and make a report as to whether it is in accord with the Constitution to have any further action at this time. We can discuss this thing here, but we have New Business and I believe your committee can come out and make its report and ask the House of Delegates what it wishes to do.

19. Eugenic Sterilization

President Herrman: Committee for the Study of Eugenic Sterilization, Dr. C. Wright MacMillan. Have you any supplementary report?

Dr. MacMillan: The Committee for the Study of Eugenic Sterilization submits the following report:

The Committee for the Study of Eugenic Sterilization has found no serious controversy in the subject as far as the scope of the consideration of the State Medical Society can extend. The discussion of differences in religious beliefs is out of place in our organization.

The committee has studied the available literature on both sides of the question concerning the advisability of sterilization in order to improve the inheritable qualities of the race; to relieve the economic burden of caring for the unfit; to prevent inheritable disease and deformities; and as a permanent method of contraception in persons who are unwilling to bear more children, on account of their own physical condition, their economic condition, or for any reason. Some conditions, we think, justify the sterilization procedure which we can recommend, and some do not. We have tried to limit the conclusions to suit our State's needs, rather than to formulate general principles.

We have on file detailed descriptions of the technic of the operations for resection of a portion of the vas or uterine tube. These are the methods of choice at present. They produce no effect on the internal secretions or sexual sensations of the patients. Statistics on 11,000 operations in California show deaths of three women, and one man.

In investigating our local problems we find that in New Jersey the expenditures for the care of those unemployables with predictable inheritable defects and the inmates of state institutions, constitutes a disproportionate part of our total taxes. The per capita debt of New Jersey is greater than that of any other state except one. In this connection it is interesting to note that the New Jersey Taxpayers Association included in its platform adopted in 1936 this statement:

> The care of defectives is one of the heaviest and most rapidly increasing tax costs in the state. We favor the application of medical science to the reduction in the number of state dependents and to prevent the procreation of mentally defective types.

The total population increase for New Jersey from 1920 to 1935 was 28 per cent. Inmates of state institutions for the feebleminded increased in that time by 300 per cent; State hospitals by 250 per cent, and wards of the State Board of Children's Guardians by 400 per cent.

In April, 1936, Governor Hoffman announced that during the three previous years there had been a cut of 20 per cent amounting to $23,817,583 in the appropriations for education. In the same period appropriations for Institutions and Agencies steadily increased.

Mental deficiency contributes substantially to the problem of crime in New Jersey. A recent study on 300 adult delinquents in New Jersey showed 62 per cent with a mental level less than normal (90 I.Q.). Dr. E. A. Doll, Director of Research in Vineland Training School, referring to a series of studies made over a period of years in the state correctional institutions, said, "Feeble-mindedness is present in delinquent and criminal groups from at least six to ten times the prevalence in non-criminal groups."

Prof. J. H. S. Bossard, of the University of Pennsylvania, has found recently that people on relief had a birth rate 60 per cent higher than an equal number of families in the same

social scale but self-supporting. If all employables on relief in New Jersey were given work, there would still be 27,000 families, or almost 120,000 people, to be cared for.

Mental deficiency is a definite factor in the necessity for the steady increase in clinic facilities. The obligation of hospitals to care for the indigent sick increases the cost of hospitalization for those who must pay for this service, and is a drain upon the medical profession both economically and physically.

Without going into the merit or demerit of the various reasons for sterilization, the committee feels that the case for the sterilization of the familial type of the feeble-minded can be recommended without scientific controversy. Proper safeguards should be set up to establish the diagnosis of the cases, and to limit the operation to those for whom it is intended.

Legal difficulties in carrying out a sterilization program have been thrashed out in the courts of the various states having sterilization laws. In 1927 the Supreme Court of the United States upheld the Virginia Law.

Eugenic sterilization has been endorsed by the New Jersey Conference of Social Work, the Health and Sanitary Association, the New Jersey Taxpayers Association, the New Jersey League of Women Voters, and three of the County Medical Societies. The Princeton Survey states, "Not only are the feeble-minded unfit to beget children, but they are incompetent to rear them."

The committee feels that it is acting in the interest of humanity in asking the Medical Society actively to study this entire problem. This report merely gives a résumé of the facts gathered. These facts are purely scientific, and can be used in making intelligent interpretations. This is a major health problem, and as physicians we must have the courage to lead toward the goal of our convictions without bigotry or prejudice.

PRESIDENT HERRMAN: I will refer this report to Reference Committee "F", which considers Public Health. (Sect. 46.) That covers the committees. Is there anyone present from a committee who has a supplementary report to make?

There was no reply.

NEW BUSINESS

PRESIDENT HERRMAN: Well, then, we will pass on to the next order of business, which is New Business. Is there any new business to come before us?

20. AGE LIMIT FOR RE-ELECTION TO OFFICE

DR. MARSH: I have an amendment to the By-Laws. It seems they are a luxuriant crop this year, which I should like to offer, to the following effect:

Amendment to Chapter 5, Selection of Officers, by adding a new section, Section 7—Limit to Re-election:

No person holding any office in this Society shall be reëlected to succeed himself in that office after he has attained the age of sixty-five years.

I am allowing myself a little leeway, but not too much. This amendment has been submitted to the Committee on By-Laws for consideration as to form and architectural structure.

PRESIDENT HERRMAN: I will refer it to the Special Reference Committee on Constitution and By-Laws.

Disapproved, Sect. 36 G.

21. RADIO PRESCRIBING

DR. ULMER: I have a resolution that I should like to present. Is it timely now?

PRESIDENT HERRMAN: Yes.

DR. ULMER: Mr. President and Fellow Delegates: We present this resolution requested by many members of our State Society and prompted also by the remarks of many of our patients, who say, "Why don't you doctors do something about it?" If you have ever listended to the medical ballyhoo of the air, and if you don't, your patients do, you know that daily and nightly this assails us: "Zamuga Oil, recommended by your physician", "Dizzy Well Crystals, Nature's great ally—ask your physician; he knows".

Too long has the public been compelled to listen to a lot of medical bunk relayed over the air by uninformed lay persons who use the health talk merely to camouflage the promotion of certain proprietary medication.

What did I hear the other night over my set? "When your physician writes a prescription, he doesn't write for one item; he writes for several. Did you receive your package of tablets today?"

So, we present this resolution to this House of Delegates, resolution adopted by the Joint Committee on Professional Relations, January 23, 1938:

Resolved, That the Joint Committee on Professional Relations request The Medical Society of New Jersey and the New Jersey Pharmaceutical Association to enter a formal protest against the prescribing of medicines and the giving of medical advice on the radio, with the exception of such broadcasts on health matters as are given under the auspices of recognized associations of licensed physicians or Federal, State, and Local Health Departments; and be it further

Resolved, That such protest be sent to the broadcasting companies and the Federal Communications Commission.

(Signed) Chester I. Ulmer, M.D.,
Chairman
George C. Schicks, M.D.,
Secretary

Dr. Ballinger: As a member of this committee, I am heartily in favor of it. I should like to add a few words to Dr. Ulmer's presentation.

On November 1 of last year, 1937, the Dominion of Canada put a law on its statute books prohibiting any health program to be broadcast in the Dominion unless authorized by their medical association, also to prevent any such programs coming in from the United States. That is included; no hook-up from an outside country may be broadcast over their program. I think this is a matter that should be considered very seriously.

Next month the State Pharmaceutical Association is holding a convention here and the resolution will be sent to it and be endorsed. We should go on record as being the first State to have such a resolution, and start the ball rolling.

Action, Sect. 32 A.

Dr. Norman W. Burritt: It might be well for our House of Delegates at some time to hear a report as to the number of prosecutions that have taken place under the law which is known as the New Jersey State False Advertising Law; also it would be interesting to know, in connection with that, how many prosecutions have taken place in the State of New Jersey under the State Pure Food and Drug Law.

President Herrman: I will ask Dr. Alexander to present some new business.

22. Constitution Amendments

(Introduced in 1937)

Dr. Alexander: I think it is proper at this time, under New Business, to consider the proposed changes to the Constitution brought up at our annual meeting last year. These changes are before you; the proper procedure has been followed, and now we are ready to present it for your approval or disapproval.

22 A. Vacancies in Delegates

Dr. Alexander: The following amendment to the Constitution must be voted upon at this meeting of the House of Delegates (from Transactions 1937, Sect. 63):

Article IV—Composition of the Society—Section 3. Election of Delegates (d) Vacancies—Amend by inserting after the first comma on the fourth line, the following words: "or fails to attend two consecutive meetings (annual or special) except in case of illness". (Approved, Sect. 35 A.)

In other words, Delegates who are absent from the annual convention for two consecutive meetings, annual or special, except in case of illness, lose their positions as Delegates to this convention, and I move that it be approved.

Dr. Marsh: I should like to inquire whether there has been any public hearing on these different resolutions. I think the point Dr. Eagleton made a few moments ago on the new batch is very well taken and unless we purpose to turn this into public debate now, I think the Committee should have a public hearing to be announced before we vote on it. This particular resolution that Dr. Alexander has moved, I am in favor of, but I don't know whether there has been a general hearing on these things or not and unless there has been, I think that opportunity should be given for one.

President Herrman: Dr. Marsh has stated as far as he knows there has been no public hearing on these resolutions, even though they were presented at the last annual meeting, and come up at this annual meeting for a vote. What is the pleasure of the House at this time? They can either hear this and argue it and vote on it, or they can refer it to a Special Reference Committee and have these things brought out, with whatever other matters that committee will have, at the next meeting.

Dr. Londrigan: I move it be referred to a Special Reference Committee.

Dr. Alexander: I might say that this amendment to the Constitution was brought up at the annual meeting last year, presented to the House of Delegates, and published in the Journal (Dec., 1937, p. 747) three months prior to the annual meeting. During the winter the Committee on Constitution and By-Laws sent notice to every Component County Society saying there would be a meeting of the Committee on Constitution and By-Laws at the Academy of Medicine in Newark, at which time any member of the State Society could be present and present his views pro or con on these proposed changes, and so it has been submitted to the membership at large. Since they have been invited to attend this meeting of the Constitution and By-Laws Committee, and under our Constitution and By-Laws it must be submitted to a vote at this session of the conference.

Secretary Staihl: I rise to a point of order. This is an amendment to the Constitution?

DR. ALEXANDER: Yes.

SECRETARY STAHL: It distinctly states "and shall have been published in the Journal of this Society, and shall have been sent to each Component Society at least three months before the meeting at which final action is to be taken".

Now, officially sent, I take it, is with the seal and signature of the Secretary. If that has been done, you can vote on it. If it hasn't, I think you are out of order.

DR. ALEXANDER: The answer to that is, our understanding is that it has been done.

DR. SHAPIRO: I don't believe that the suggestion of Dr. Marsh is going to hurt anything. We consider this our second reading, and it can be referred back to the Reference Committee for any further discussion, and that committee will report it, and we can vote on Thursday. It won't do anybody any harm, and I think it would do a lot of good.

PRESIDENT HERRMAN: Since there does not seem to be unanimity on the matter, the Chair will rule it will go to the Reference Committee and be reported out.

DR. MARCUS W. NEWCOMB: The Secretary ought to know whether he sent out the amendments under his seal.

PRESIDENT HERRMAN: All that can be determined by the Reference Committee, to avoid taking further time now.

DR. MORRISON: It was my pleasure to have introduced this amendment last year personally. It has not been published in the Journal; it has not been sent to the County Societies.

PRESIDENT HERRMAN: It will be referred to the Reference Committee and they can hear all this and bring it out later.

22 B. HONORARY MEMBERS

(From Transactions 1937, Sect. 63)

DR. ALEXANDER: Article IV—Section 5. Honorary Members.

Since Mr. Wall, the attorney of The Medical Society of New Jersey, in a written opinion on file at the State Office states that no rights of an officer, fellow, or active member are affected by his being elected an Honorary Member, no action by this body is recommended on change of this section.

Approved, Sect. 35 B.

22 C. TRUSTEES

(From Sect. 18 A)

Action, Sect. 18 A and 35 C.

The following change to Constitution was recommended by the Hudson County Medical Society at the meeting last year (Transactions 1937, Sect. 66), and is now before the House of Delegates:

Strike out: Article VI—Board of Trustees.

The Board of Trustees shall be the executive body, and shall be composed of the President, President-Elect, two (2) Vice-Presidents, Secretary, and Treasurer (by virtue of their offices), and eleven (11) members—at least two (2) from each Judicial District—who shall be elected as follows:

At the first election of officers following the adoption of this Constitution, three (3) members shall be elected for a period of one (1) year; four (4) members for a period of two (2) years; four (4) members for a period of three (3) years; and, as the terms of these elected Trustees expire, new elections shall be for periods of three (3) years each.

Substitute the following:

Article VI—Board of Trustees.

This Board of Trustees shall be the Executive Board and shall be composed of twenty-eight (28) members, as follows:

The President, President-Elect, two Vice-Presidents, Secretary, and Treasurer, all ex-officio by virtue of their offices, and twenty-one (21) members, one from each component County Society, who shall be elected by the said component County Society, as follows:

One week after the adoption of this amendment, the President of each component County Society shall call a special meeting at which a member to the Board of Trustees shall be elected. At a reasonable time after these elections, the President of the State Society shall call a meeting of all the Trustees for the purpose of organizing the Board of Trustees. At this time the twenty-one (21) elected Trustees shall draw by lot who shall serve for one year, who for two years, and who for three years; i. e., seven (7) for one year, seven (7) for two years, and seven (7) for three years. At this meeting they shall also, from the complete membership of the Board of Trustees, elect a Chairman and Secretary.

As the terms of each elected Trustee expire, each component society so affected shall at the annual election preceding the expiration of the term of said Trustee elect a Trustee for the period of three years.

22 D. COUNCILORS

The following amendment to the Constitution is recommended:

Article VII—Councilors. Fifth line, delete the word "Delegates" and substitute the word "Membership".

Action, Sect. 35 C.

23. BY-LAW AMENDMENTS

For action, see Sect. 36 and its sub-divisions.

The following changes in the By-Laws are recommended:

23 A. ETHICS AND DISCIPLINE

Chapter VII, Section 4. Ethics and Discipline.

Delete first sentence,

All questions of an ethical nature shall be referred to the Judicial Council without discussion.

And substitute the following:

All questions of an ethical nature shall be referred by the House of Delegates or the Board of Trustees without discussion to the Judicial Council.

Approved, Sect. 36 A.

23 B. APPEALS

Chapter VII, Section 5. Appeals.

Sub-section (a) delete:

Any aggrieved member of a component society, or applicant who may have been excluded from membership in such society, may appeal from its action to the Judicial Council.

And substitute the following:

Any aggrieved member of a component society may appeal from the decision or action of the County Medical Society to the Judicial Council of The Medical Society of New Jersey. After ninety (90) days from the day of filing his appeal to the County Medical Society for a hearing, such aggrieved member, if he so desires, may appeal directly to the Judicial Council upon declaration that he has appealed to and been denied, or has not received, a hearing by his County Medical Society. An applicant who may have been excluded from membership in a County Medical Society may appeal from its action to the Judicial Council of the State Medical Society.

Approved, Sect. 36 B.

23 C. APPEALS CONTINUED

Chapter VII, Section 5. Add Sub-section (e) as follows:

The House of Delegates may refuse to hear an appeal made by a Component County Medical Society from the decision of the Judicial Council.

Not approved, Sect. 36 C.

23 D. DUES OF MEMBERS

Chapter IX, Finance. Section 2, Sub-section (a) General Funds—Annual Assessment of Members.

Delete the following paragraph:

(a) On the first day of January in each year there shall be levied on each component society a per capita assessment on the membership of such component society, as hereinafter set forth (Par. B) to be paid to the Treasurer of The Medical Society of New Jersey not less than five days before the fifteenth of March, together with a list of the members for whom such payment is made.

And substitute:

On the first day of January in each year there shall be levied on each component society a per capita assessment on the membership of such component society as hereinafter set forth (Par. B) to be paid to the Treasurer of The Medical Society of New Jersey. Not less than five days before the fifteenth of March each component society will pay the full annual assessment for each member or one-half the annual assessment for each member, whichever has been collected for that member, to the Treasurer of The Medical Society of New Jersey, together with a list of members for whom such payment is made. Not less than five days before the fifteenth of September the balance of the annual assessment shall be paid to the Treasurer of The Medical Society of New Jersey by the component society.

Not approved, Sect. 36 D.

23 E. MEMBERSHIP IN COUNTY SOCIETIES

Chapter X. Component Societies—Section 3. Qualification of members, Sub-section (a). Add the following sentence to Sub-section (a):

It is hereby required that all physicians applying for active membership in component medical societies shall satisfy the Committee on Membership or the Secretary of the component society that he has a license to practice medicine in this State, granted by the New Jersey State Board of Medical Examiners.

PRESIDENT HERRMAN: That is referred to Special Reference Committee III, Constitution and By-Laws.

Not approved, Sect. 36 E.

Dr. Lewis, I believe, has three resolutions to present.

24. U. S. ARMY MEDICAL LIBRARY BUILDING

DR. LEWIS: I will be as brief as I can be, gentlemen. We have a communication from the Surgeon-General of the U. S. Army, explaining that the Army has in its possession a library of medical books from this country and also from authors abroad, which is the largest in the country, and believes it should be suitably housed; therefore the Army is sponsoring a bill for the erection of a suitable building to take care of this library. Through a revolving inter-library loan system, these books are available to anybody in the country; therefore, be it

Resolved, That The Medical Society of New Jersey go on record as favoring passage of the bill known as S-3919 and HR-10455, which provides for the erection of a building in Washington to house the Army Medical Library and request support of this bill by our Legislators in the United States Congress; and be it further

Resolved, That a copy of this resolution be forwarded to each of our legislators and to the Surgeon General of the United States Army.

(Referred to Reference Committee on Resolutions and Memorials.

Action, Sect. 33.

25. Control of County Hospitals

DR. LEWIS: During the course of the survey of public institutions in Camden County, it was found that continuity of governmental philosophy was much interfered with in all the institutions excepting the tuberculosis institution, which has a semi-permanent Board of Trustees. The Camden Medical Society submits the following resolution:

The Camden County Medical Society recommends to The Medical Society of New Jersey that it call the attention of the Princeton Survey to the imperfections of the control of the county medical institutions, excepting the tuberculosis hospitals, and request a study of the feasibility of legalizing permanent Boards of Trustees, consisting of an equal number of physicians (members of county society) and businessmen to direct the management of all County Medical Institutions.

This action was approved by the Trustees.

Referred to Reference Committee on Resolutions and Memorials.

Action, Sect. 33.

26. Treasury Surplus

DR. LEWIS: The third matter is a recommendation for your discussion in reference to financial matters. At a meeting of the Board of Trustees on May 16, it was regularly moved, seconded, and carried that The Medical Society of New Jersey adopt a policy of keeping a surplus of $20,000 in the treasury. The dues are to be reduced automatically when the surplus on hand is greater than this sum, and automatically raised when the surplus is less than that sum, the details to be worked out by the official auditors.

PRESIDENT HERRMAN: I will refer the first two resolutions to the Reference Committee on Resolutions and Memorials; the last, I think, would naturally come under Reference Committee "B" that has to report on the Finance and Budget Committee and the Treasurer's report. It naturally comes in line with their work and that is Reference Committee "B". (Sect. 42 A.)

27. Editor Journal A. M. A.

DR. E. LEROY WOOD: I have a resolution to present.

Whereas, The Editor of the Journal of the American Medical Association is accepted and referred to by the press of the nation as the spokesman of organized medicine; and

Whereas, The said Editor conducts a column in the daily press that advises as to health; and

Whereas, The said Editor has edited a "Modern Home Medical Adviser", the newspaper advertisement of which claims "Money could not buy better health guidance"; and

Whereas, The said Editor has admitted he has control over the advertising of this book; therefore be it

Resolved, That the Delegates from New Jersey to the American Medical Association are hereby instructed to introduce a motion into the House of Delegates of the American Medical Association requesting the Board of Trustees of the American Medical Association to instruct said Editor to confine his writings to the official publications of the American Medical Association.

(Applause.)

PRESIDENT HERRMAN: I will refer this to the Special Reference Committee IV for Miscellaneous Business.

Action, Sect. 51.

I might say I have the entire file of the Presidential correspondence for the past year in my room and it contains several matters that this committee might wish to have; and, furthermore, I think when that committee sits, I will ask that it be read.

Is there any more new business?

28. Inviting A. M. A. to Atlantic City

DR. ALLMAN: Representing Atlantic County, I wish to present the following resolution:

Whereas, The American Medical Association had the largest Annual Meetings in its history when it met in Atlantic City in 1935 and 1937; and

Whereas, An invitation has been extended for the Convention to return here in 1939; and

Whereas, It is the belief of this Component Society that the sphere of influence of the A. M. A. is enhanced by successful annual meetings; therefore be it

Resolved, That The Medical Society of New Jersey endorse the invitation of the Atlantic County Medical Society, and instruct its delegates to the A. M. A. to prosecute to the limit of their ability said invitation for the A. M. A. to return to Atlantic City in 1939.

(Applause.)

Action, Sect. 32 B.

PRESIDENT HERRMAN: I will refer that to the Reference Committee II.

Upon motion regularly made, seconded, and carried, the session adjourned at 12:40 o'clock.

Wednesday Afternoon, May 18, 1938, First Session

The Second Session of the House of Delegates convened at 1:40 o'clock, President Herrman presiding.

29. Election of Officers

President Herrman: The meeting will please come to order. This meeting of the House of Delegates is solely to hear the Report of the Nominating Committee and for the Election of Officers. I have asked the Secretary if he will stand at the blackboard and, after the report on the President-Elect, for whom there is no contest, I will ask for the names of each of the other nominees one at a time. The Secretary will write the names presented by the Nominating Committee, on the blackboard, and I will then call for any nominations from the floor. If there are any, he will then write those names underneath and we will proceed to ballot. If there are none, I will ask that the Report of the Nominating Committee in regard to that particular office be accepted.

Is there any objection to that method of procedure? If not, we will proceed. Is the Chairman of the Nominating Committee present?

Dr. Downs, Secretary of the Nominating Committee!

Dr. Elwood E. Downs: The Chairman was obliged to return. I have had the pleasure of representing our County on the Nominating Committee for the past several years, and I want to say that the meeting last night was the most harmonious and the most peaceful one that I have ever attended. Every candidate whom we nominate today was the unanimous choice of the committee.

Nomination of Officers

For President-Elect, Dr. E. Zeh Hawkes, Essex County

For First Vice-President, Dr. Watson B. Morris, Union County

For Second Vice-President, Dr. Thomas K. Lewis, Camden County

For Secretary, Dr. Alfred Stahl, Essex County

For Treasurer, Dr. Elias J. Marsh, Passaic County

For Trustees:
- From the Second Judicial District, Dr. Samuel Alexander
- From the Fifth Judicial District, Dr. Aldrich C. Crowe
- From the First Judicial District, Dr. William F. Costello
- From the Third Judicial District, Dr. Herbert W. Nafey

For Councilors:
- From the Second District, Dr. Vincent F. Butler
- From the Fifth Judicial District, Dr. Chester I. Ulmer

For Delegates to the American Medical Association:
- Dr. Hilton S. Read and
- Dr. Wells P. Eagleton

For Alternates:
- Dr. Lucius F. Donohoe and
- Dr. Lancelot Ely

For Member of the Publication Committee, Dr. J. Lawrence Evans

For members of the Finance and Budget Committee:
- Dr. David B. Allman and
- Dr. Henry Spence

President Herrman called for nominations from the floor, but there was no response.

A ballot was taken and Secretary Stahl cast one ballot for each of the candidates, with no other members of the House of Delegates voting.

President Herrman therefore announced that all the nominees had been elected to their respective offices.

President Herrman also announced that Dr. William J. Carrington had been elected to the office of President-Elect on April 28, 1937, and that he would automatically become President at the close of the present Annual Meeting without further election.

On motion regularly made and seconded the meeting adjourned at 1:50 o'clock, after a session of fifteen minutes in length.

The election of Trustee Thomas K. Lewis to the office of Second Vice-President left a vacancy in the list of elected Trustees, which was filled by the Board of Trustees electing Dr. Thomas B. Lee, of Camden.—Editor's note.

Wednesday Afternoon, May 18, 1938, Second Session

The meeting convened again at 2:45 o'clock, President Herrman presiding.

PRESIDENT HERRMAN: The work of this session is to hear the reports of the Special Reference Committees, and to carry on with unfinished business.

30. CREDENTIALS

PRESIDENT HERRMAN: The Special Reference Committees having to do with Credentials, Resolutions and Memorials, Constitution and By-Laws will report; also Miscellaneous Business. I will recognize Dr. Thomas B. Lee, Chairman of the Credentials Committee, for his report. Is Dr. Lee present? If not, I will ask the Secretary of the Society, who is a member of that committee.

SECRETARY STAHL: We have checked all the credentials of the incoming Delegates and found them correct and believe that this year we have an exceptionally large registration, and they are still coming in pretty strong.

31. PRESIDENT CARRINGTON'S INAUGURAL ADDRESS

PRESIDENT HERRMAN: I will at this time recognize Dr. William J. Carrington, President-Elect, who will assume office at the close of this annual meeting.

Dr. Carrington read his address on the subject "Objectives and Policies". (This is published in the Journal of June, page 374.)

DR. CARRINGTON: Let me close what I have to say by thanking not only my distinguished predecessor for holding my faltering hand during the past twelve months, but also his predecessors, an illustrious list of Past Presidents of this Society.

One more thing. Out of these two hundred men who are to serve you during the coming year on the various committees, only four turned down the invitation and one, I found out later, was sick and two have come to me since that time and said, "I changed my mind. I want to work on your committee," and I had to say, "Sorry, Doctor, it is too late now." (Applause.)

Action, Sect. 47.

PRESIDENT HERRMAN: As I think you can see from the address which we have heard, why, when I came to know him, I loved the character of the man, and I think the greatest service I have been to this organization is in doing my small part to see that he would have his opportunity to head this organization. He is forehanded, high-minded, and you will see during the coming year just how the Society can move when he gets back of it.

I will now call again on the Special Reference Committee chairmen, at least one of whom has come in. Is Dr. Kessler here?

32. RESOLUTIONS AND MEMORIALS

DR. WALTER J. FARR: This is the Report of Reference Committee II, on Resolutions and Memorials, which I am presenting because Dr. Kessler was called back to Newark.

The committee met last night and recommends the following four resolutions to the Society:

32 A. RADIO PRESCRIBING

(From Sect. 21)

First is the resolution adopted by the Joint Committee on Professional Relations, January 23, 1938, which reads as follows: (See Section 21, Radio Prescribing.)

32. B. INVITE A. M. A. TO ATLANTIC CITY

The second resolution is on the invitation to the A. M. A. to hold its 1939 meeting in Atlantic City. (Section 28.)

33. CONTROL OF COUNTY HOSPITALS

The third resolution which we received and also approved and recommend to you, relates to the Control of County Hospitals. (Section 25.)

34. U. S. ARMY MEDICAL LIBRARY BUILDING

(From Sect. 24)

And the fourth one is on the Army Medical Library Building.

PRESIDENT HERRMAN: How will you receive these? Do you wish to have each read at a separate reading and vote on them one by one, or are you sufficiently acquainted with them to take them as they have been read?

DR. REUBEN L. SHARP: I move we vote on all four resolutions as they have been presented, without further reading of them.

PRESIDENT HERRMAN: Is there objection?

DR. POLLAK: May I request an explanation about the third one? It mentions tuberculosis hospitals.

DR. FARR: That reference is a favorable one. It means that the hospitals other than the tuberculosis hospitals are so reported. Do you want me to read it?

DR. POLLAK: No, thank you.

It was regularly seconded and voted that the resolutions be voted on as a group.

PRESIDENT HERRMAN: All in favor of passing the resolutions as read by Dr. Farr, representing Dr. Kessler, will say "aye"; opposed, "no". It is carried and they are duly passed by the House of Delegates.

35. Constitution and By-Laws

President Herrman: I will call on Dr. Samuel Alexander, Chairman of the Special Reference Committee on Constitution and By-Laws for his report.

Dr. Alexander: The Reference Committee had two meetings yesterday to which we invited all those interested in this subject to appear; we listened to a great deal of discussion on the proposed changes. The Reference Committee met this morning and I have its report to make at this time.

35 A. Vacancies in Delegates

(From Sect. 22 A)

The changes to the Constitution, Article IV. Composition of the Society. Section 3.

Election of Delegates (d) vacancies. Amend by inserting after the first comma on the fourth line, the following words "or fails to attend two consecutive meetings (annual or special) except in case of illness".

The Reference Committee approved of this change.

President Herrman: I think we had better take this item by item. The report of the committee on this first change in the Constitution is now open for discussion.

Dr. Quigley: I move the adoption of it.

The motion was regularly seconded, was put to a vote, and was carried.

35 B. Honorary Members

(From Sect. 22 B)

Dr. Alexander: Article IV. Section 5. Honorary Members.

Last year this proposed change was offered to the Constitution to Article IV, Section 5, regarding Honorary Members: That the election to Honorary Membership does not affect the right of an Officer, Fellow, or Active Member of The Medical Society of New Jersey.

Since then we have received from Mr. Wall, Attorney of the Society, a written opinion on file at the State Office, that no rights of an Officer, Fellow, or Active Member are affected by his being elected an Honorary Member; therefore, no action by this body is recommended at this time.

President Herrman: You have heard the report of the committee in reference to the suggested amendment relating to Honorary Membership and they suggest there be no change at this time.

Dr. Quigley: I move the recommendation of the committee be adopted.

The motion was regularly seconded, was put to a vote, and was carried.

35 C. Board of Trustees

(From Sects. 18 A and 22 C)

Action recorded at end of the section.

Dr. Alexander: Article VI. Board of Trustees.

The Board of Trustees shall be the executive body, and shall be composed of the President, President-Elect, two (2) Vice-Presidents, Secretary, and Treasurer (by virtue of their offices), and eleven (11) members—at least two (2) from each Judicial District—who shall be elected as follows:

At the first election of officers following the adoption of this Constitution, three (3) members shall be elected for a period of one (1) year; four (4) members for a period of two (2) years; four (4) members for a period of three (3) years; and, as the terms of these elected Trustees expire, new elections shall be for periods of three (3) years each.

Substitute the following:

Article VI. Board of Trustees.

This Board of Trustees shall be the Executive Board and shall be composed of twenty-eight (28) members, as follows:

The President, President-Elect, two Vice-Presidents, Secretary, and Treasurer, all ex-officio by virtue of their offices, and twenty-one (21) members, one from each Component County Society, who shall be elected by the said Component County Society, as follows:

One week after the adoption of this amendment, the President of each Component County Society shall call a special meeting at which a member to the Board of Trustees shall be elected. At a reasonable time after these elections, the President of the State Society shall call a meeting of all the Trustees for the purpose of organizing the Board of Trustees. At this time the twenty-one (21) elected Trustees shall draw by lot who shall serve for one year, who for two years, and who for three years; i. e., seven (7) for one year, seven (7) for two years, and seven (7) for three years. At this meeting they shall also, from the complete membership of the Board of Trustees, elect a Chairman and Secretary.

As the terms of each elected Trustee expire, each Component Society so affected shall at the annual election preceding the expiration of the term of said Trustee elect a Trustee for the period of three years.

The Reference Committee gave this proposed change a great deal of time and study, and we feel that so radical a change to our Constitution should be disapproved at this time, but that future committees on Constitution and By-Laws should give this matter further study.

President Herrman: You have heard the reading by the Chairman of the proposed change of the manner in which Trustees shall be elected, and you have heard the report of

the committee whose opinion is adverse to this change. Is there any discussion of their report?

Dr. Shapiro: I move that the amendment lie on the table for another year.

The motion was regularly seconded.

President Herrman: It is moved and seconded that the amendment changing the manner of election of Trustees of the Society be laid on the table for a year. Is there any discussion of the motion? All in favor say "aye"; all opposed, "no". I call for a rising vote. All in favor——

Call for the motion to be stated again.

President Herrman: The motion is that the proposed amendment changing the manner of selection and the number of Trustees of this Society be *laid on the table for one year.* Those in favor of laying it on the table should vote "aye", and those against laying it on the table, "no". In other words, you are voting at this time for or against its taking effect.

Dr. Quigley: Of course, I know this motion is not debatable, but may I ask the Chair to explain to the House the effect of this motion, that tabling it makes it so that anybody may bring it up and pass it next year, whereas the recommendation of the committee is that it receive further study.

President Herrman: The recommendation of the committee is that this amendment be disapproved at the present time and further study given to it by the Committee on Constitution and By-Laws. The effect of laying it on the table will be to bring it up next year. It that right?

Dr. Quigley: If they want it—sure!

Dr. Cosgrove: The motion to lay on the table permits its further consideration by the By-Laws Committee during the coming year, in accordance with the recommendations of the Reference Committee. The two courses of action are not irreconcilable, not opposed.

President Herrman: Is it clear to the House what the effect of laying this on the table is? It will not be a vote disapproving the amendment but a vote disapproving of any further discussion at the present time. I will call now for those in favor of laying this proposed amendment on the table for one year to please rise; those opposed, please rise. The vote stand to lay this on the table, 66; and against, 44. Now, if there are any objections to this manner of voting or a challenging of those who vote, we will have to do it in another manner.

Dr. Quigley: I question the constitutionality of this procedure and I would ask the Secretary to read the method of amending. There is no procedure for laying an amendment on the table.

Secretary Stahl: "This Constitution may be amended by a two-thirds vote of the members present at any annual meeting, provided the proposed amendments have been considered by the Committee on Revision of Constitution and By-Laws, and that they shall have been submitted in writing at a previous annual meeting, shall have been published in the Journal of this Society, and officially sent to each Component Society at least three months before the annual meeting at which final action is to be taken."

Dr. Shapiro: May I ask whether you are following Robert's Rules of Order?

Secretary Stahl: We are.

Dr. Shapiro: Robert's says that any motion, including an amendment, may be tabled without debate for any length of time. We are bound by Robert's Manual. That doesn't say that we can't lay it on the table. It simply prescribes the minimum time in which an amendment may be made, but it doesn't stop us from laying it over on the table. We don't have to make it one year or two years. We can keep this alive for ten years if we want to do it. There is no damage done to anybody by laying on the table.

Dr. Marcus W. Newcomb: A motion is always in order to lay on the table. It isn't debatable, according to parliamentary rules.

President Herrman: I will ask Dr. Lewis, whom I have asked to sit here as parliamentarian, if he wants to read the clause in Robert's Rules of Order that governs this.

Dr. Lewis: The action was not on the amendment, as I understand it. It was a motion to dispose of procedure. This motion takes precedent over all other subsidiary motions, and of such incidental questions as are pending at the time it is made. It may be applied to any main motion, to any question of privilege, or order of the day, after it is before the assembly for consideration.

President Herrman: In law there are two things to be considered. A thing may be mandatory or prohibited. There is nothing that is mandatory—you don't have to do it. If there is no prohibition against a proceeding, you can do it. In view of Robert's Rules of Order, and the fact that this is not prohibited by our Constitution, the Chair will rule this motion is in order.

Now, the vote has been 66 to lay on the table and 44 against. We made this count by head, without determining whether some of the votes were not eligible votes; in other words, we did not check on whether they were

all delegates who voted. If anybody wishes to challenge the vote, we will have a poll taken of the Delegates voting; if not, if there is no objection——

Dr. Eagleton: As you say, Mr. President, we don't know how many of these men who voted in favor of tabling a thing that our Committee on Constitution and By-Laws has not approved, and so, in allowing the thing to be moved from the table at any time, we don't know how many of the sixty-odd votes are Delegates to the House of Delegates, and I call upon you, sir, to call a vote by counties.

Dr. Quigley: I second that.

President Herrman: How will you have it, by rising vote or roll call?

Dr. Herbert W. Nafey: Some do not know what they were voting on. Will you definitely explain to the members what are the respective differentiations between those two?

President Herrman: How far do you wish this explanation to go? Perhaps there are some who do not know the results that the amendment would accomplish. Do you mean that, or an explanation of what this motion does with the proposed amendment?

Dr. Nafey: Both. I think both would be in order.

Dr. D. Ward Scanlan: I don't see any difference between these two sides. The committee recommended that it be studied by the Judiciary Committee for another year, and then a motion to lay it on the table still permits it to be studied by the Judiciary Committee.

President Herrman: In reality, there is no time to discuss it, because there has already been a vote taken. A vote has been challenged and a method of counting a vote has been asked for, a roll call of the recognized Delegates of each County Society. Since it has been challenged, the Chair will rule we take a vote by that method to insure an actual count and insure there is no objection by anyone to the vote, and it is finally counted to the satisfaction of everyone.

Secretary Stahl: We should have the motion read before the vote is taken.

Dr. Shapiro: As the maker of the proposed amendment, and as the maker of the motion to table, I am accepting the report of the committee. All we are asking is that it be laid over for one year for further study as recommended by the Chair;—and I see no room for argument, since there is a question of legality in the vote and there may be some non-delegates who voted on each side. I therefore request that the ballot be secret.

President Herrman: It is a viva voce vote. It was merely a question of whether some voted who had no right to vote.

Dr. Shapiro: And that the ballot be secret. I make that as an amendment to the motion.

Dr. Quigley: As Dr. Shapiro has spoken to this, the danger of tabling it is the possibility that at any meeting any small group, not representative of the Society, when they see a propitious time, might move to take it from the table and it might be passed.

President Herrman: The motion was for one year.

Dr. Shapiro: I agree with what Dr. Quigley has said, that this be referred back to the Constitution and By-Laws Committee and that following their report and reference to the Reference Committee, that properly handles it, and that at a regular session of this House, the matter be taken up. If he wants that, we are ready to do it.

President Herrman: Dr. Shapiro, this has been voted on and the vote has been challenged, and the challenge is the legality of the vote, and the rest of this discussion is at the present time out of order. We will proceed to a roll call to determine whether this was a true and accurate count of those voting. If you wish to have the motion read for your information, in case you have forgotten what it was you voted on, I will ask the Chairman of the Committee to read it, but there shall be no further discussion until this count is taken.

Dr. Alexander: The Report of the Reference Committee on this proposed change is that it be disapproved.

President Herrman: No, no, I am asking for the motion to table. I will ask the reporter to read it.

The official reporter read the motion, as follows: "Dr. Shapiro: I move that the amendment lie on the table for another year."

Dr. Shapiro: That is not my motion.

Dr. Quigley: That is the motion.

President Herrman: The Chair is required to take what the stenotypist has as an accurate record of your motion as originally made and voted upon.

We will now proceed to a roll call. Those in favor of tabling the vote will say "aye"; and those against tabling, "no". The Secretary will read the Delegates accredited by county.

A roll call vote was taken (on the question of tabling the motion).

President Herrman: The Chair now declares that the vote is taken and we will proceed to count. Gentlemen, may I have your attention? On the roll call of Fellows, Officers, Trustees, Councilors, and Delegates pres-

ent, the vote as now taken and checked by the Secretary and the Chair is: Ayes, 66; noes, 86.

Dr. Shapiro: I move that the report of the committee be disapproved by this body and that we proceed to vote on the amendment.

Dr. Quigley: Point of order. We return, I think, to the original motion, which was on the adoption of the recommendation of the committee. I made that motion and it was seconded; I believe we now vote on the original motion.

Dr. Shapiro: There was no motion on the floor, or my motion wouldn't——

President Herrman: The Chair remembers no motion except Dr. Shapiro's motion. The committee read their report and I called for discussion. Now, if the stenotypist can find any other motion, then——

Dr. E. LeRoy Wood: I move that we accept the report of the Reference Committee as made.

The motion was seconded by several.

Dr. Norton: To save time, I second the motion made by Dr. Wood, and concur in the motion that the report of the committee be accepted, and go on with the business of the session. (Applause.)

President Herrman: The motion before the House is that the report of the committee on this amendment be accepted, and it was duly seconded. Is there any further discussion on the motion?

The question was called for and the motion was put to a vote and was carried. (Laughter.)

35 D. Councilors

Dr. Alexander: The following amendment to the Constitution has been proposed:

(From Sect. 22 D)

Article VII. Councilors. Fifth line, delete word "Delegates" and substitute word "Membership". (Election of Councilors.)

The Reference Committee approved this. No action is necessary at this time by the House of Delegates. (It comes up for action in 1939.)

36. By-Laws Amendments

Dr. Alexander: Now, the following changes in the By-Laws:

36 A. Ethics and Discipline

(From Sect. 23 A)

Chapter VII, Section 4. Ethics and Discipline.

Delete first sentence, "All questions of an ethical nature shall be referred to the Judicial Council without discussion", and substitute the following, "All questions of an ethical nature shall be referred by the House of Delegates or the Board of Trustees, without discussion, to the Judicial Council."

The Reference Committee approved of this change.

President Herrman: Is there any discussion or motion in regard to the recommendation of the committee?

Dr. Ulmer: I move that the recommendation of this committee be accepted.

The motion was regularly seconded, was put to a vote, and was carried.

36 B. Appeals

(From 23 B)

Dr. Alexander: Chapter VII, Section 5. Appeals.

Sub-section (a), delete "Any aggrieved member of a Component Society, or applicant who may have been excluded from membership in such society, may appeal from its action to the Judicial Council", and substitute the following: "Any aggrieved member of a Component Society may appeal from the decision or action of the County Medical Society to the Judicial Council of The Medical Society of New Jersey. After ninety (90) days from the day of filing his appeal to the County Medical Society for a hearing, such aggrieved member, if he so desires, may appeal directly to the Judicial Council upon declaration that he has appealed to and been denied, or has not received, a hearing by his County Medical Society. An applicant who may have been excluded from membership in a County Medical Society may appeal from its action to the Judicial Council of the State Medical Society."

The Reference Committee approved of this change.

Dr. Quigley: I move its adoption.

The motion was regularly seconded, was put to a vote, and was carried.

36 C. Hearing Appeals

(From 23 C)

Dr. Alexander: Chapter VII, Section 5—Add Sub-section (e) as follows:

The House of Delegates may refuse to hear an appeal made by a Component County Medical Society from the decision of the Judicial Council.

The Reference Committee disapproved of this change.

President Herrman: Is there a motion or discussion?

Dr. Quigley: I move the adoption of the recommendation of the committee.

The motion was regularly seconded, was put to a vote, and was carried.

36 D. DUES

(From 23 D)

DR. ALEXANDER: Chapter IX. Finance, Section 2, Sub-section (a), General Funds—Annual Assessment of Members.

Delete the following paragraph: "(a) On the first day of January in each year there shall be levied on each Component Society a per capita asssesmnet on the membership of such Component Society, as hereinafter set forth (Par. B) to be paid to the Treasurer of The Medical Society of New Jersey not less than five days before the fifteenth of March, together with a list of the members for whom such payment is made".

And substitute—

"On the first day of January in each year there shall be levied on each Component Society a per capita assessment on the membership of such Component Society as hereinafter set forth (Par. B) to be paid to the Treasurer of The Medical Society of New Jersey. Not less than five days before the fifteenth of March each Component Society will pay the full annual assessment for each member or one-half the annual assessment for each member, whichever has been collected for that member, to the Treasurer of The Medical Society of New Jersey, together with a list of members for whom such payment is made. Not less than five days before the fifteenth of September the balance of the annual assessment shall be paid to the Treasurer of The Medical Society of New Jersey by the component society."

The Reference Committee on Constitution and By-Laws disapproved of this change, but recommends to a subsequent Constitution and By-Laws Committee the study of the advisability of semi-annual payment of amounts due the State Medical Society by the Component County Societies.

It was moved that the recommendation of the committee be accepted.

DR. H. ROY VAN NESS: That is not quite clear.

DR. ALEXANDER: They recommend to a subsequent Committee on Constitution and By-Laws the consideration of semi-annual payment to the State Medical Society of dues due by the Component County Medical Societies.

DR. MARSH: I want to inquire the effect of adopting this motion. There would be no present effect.

PRESIDENT HERRMAN: We disapprove of any present application, but consideration in the future of payment of dues to the State Society by Component Societies in semi-annual payments.

DR. MARSH: For future action, I think that is a good thing; and I think something could be worked out with that. I will be glad to cooperate with that if I am asked to do so, but the resolution as it is now, practically speaking, in operation, would be impractical if not to say chaotic.

PRESIDENT HERRMAN: The motion is before the House on the report of the committee disapproving any further change at this time, that that be accepted.

The motion was put to a vote and was carried.

36 E. MEMBERSHIP IN COUNTY SOCIETIES

(Sect. 23 E)

DR. ALEXANDER: Chapter X. Component Societies, Section 3. Qualification of Members, Sub-section (a). Add the following sentence to sub-section (a):

It is hereby required that all physicians applying for active membership in component medical societies shall satisfy the Committee on Membership or the Secretary of the Component Society that he has a license to practice medicine in this State, granted by the New Jersey State Board of Medical Examiners.

The Reference Committee disapproves of this recommendation.

DR. ALLMAN: I move the adoption of the recommendation, as presented by the committee.

The motion was put to a vote and was carried.

36 F. PROPOSED AMENDMENTS TO CONSTITUTION

DR. ALEXANDER: There has been a proposed amendment to amend Article VI of the Constitution. (Sect. 22 C.) The Reference Committee considered it; and I have no recommendation to make at this time, because it is not before the House for any action at this session of the House of Delegates.

There have been some proposed changes to the By-Laws, and I will just read them by title:

36 G. AGE LIMIT FOR RE-ELECTION

(From Sect. 20 A)

Amend Chapter V of the By-Laws by adding a new section:

Section 7. Limit to Reëlection. No person holding any office in this Society shall be elected to succeed himself in that office after he has attained the age of sixty-five years.

The Reference Committee disapproved of this.

PRESIDENT HERRMAN: This is an amendment to the By-Laws and can be accepted at

this meeting. Do I hear a motion in regard to the committee's recommendation of disapproval?

It was regularly moved and seconded that the recommendation of the committee be accepted. The motion was put to a vote and was carried.

36 H. Qualifications for Membership

(From Sect. 18 H)

Dr. Alexander: The Reference Committee considered the change in Chapter X, Section 3, Sub-section (a), as follows:

Any reputable physician holding a degree equal in requirement to that of M.D. granted by a school of medicine recognized by the American Medical Association, and entitling the holder to apply to the New Jersey State Board of Medical Examiners for a license to practice medicine in this State, and who shall be engaged in the State of New Jersey in any recognized practice of medical practice, shall be deemed eligible for active membership in a component society. Any applicant engaged in such practice of medical practice requiring, according to the laws of this State, a license to practice medicine, granted by the New Jersey State Board of Medical Examiners, shall satisfy the Committee of Membership, or the Secretary of the component society, that he has such a license. Any applicant engaged in a practice of medical practice not requiring a license to practice medicine granted by the New Jersey State Board of Medical Examiners, shall satisfy the Committee of Membership, or the Secretary of the component society, that he holds a degree equal in requirement to that of M.D. granted by a school of medicine recognized by the American Medical Association, entitling him to apply to the New Jersey State Board of Medical Examiners for a license to practice medicine. All applicants shall satisfy the Committee of Membership, or the Secretary of the component society, that they are engaged in some recognized phase of medical practice in the State of New Jersey.

The Reference Committee *disapproved* because they didn't think it was necessary, since the suggested change to Chapter X on Component Societies, Section 3, was disapproved, Sects. 23 E and 36 E.

President Herrman: Do I hear a motion on that?

Dr. Morrison: That motion was offered in the Reference Committee as a substitute for the previous motion, which was disapproved. The previous motion I entered last year myself, because Bergen County had elected to membership a doctor from New York who was not practicing in New Jersey. In the discussion before the Reference Committee it was brought up in Passaic County there were three classes of doctors, pathologists, clinicians, and public health officers who were doctors working in the county, but were not required by the law to be licensed; and yet they should have the privilege of joining the County Society, and that was offered as a substitute for the one withdrawn. I think it is very desirable.

It was regularly moved and seconded that the report of the committee be approved.

President Herrman: It is duly moved and seconded that the report of the committee, which is adverse to this, be approved.

Dr. Norman McL. Dingman: Will that mean these men who are laboratory workers or members employed in institutions, fully qualified except for State license, will be excluded from the Society?

Dr. Alexander: They would not, unless the component society excluded them, but nothing we have done today would exclude them from membership.

Dr. Morrison: Would it exclude doctors in New York?

President Herrman: It would if they held membership in New York State, except as Honorary Members.

Question: Can a man practice pathology without a state license?

Dr. Alexander: Yes.

Dr. Knowles: If they hold their regular membership in New York State Society and live in New Jersey, we give them the privilege of courtesy membership, not regular membership.

The motion for approval of the report of the committee was put to a vote and was carried.

36 I. Appeals to Judicial Council

(From Sect. 18 C)

Dr. Alexander: Chapter VII, Section 5 (d), of the By-Laws:

Strike out the following:

If in its opinion further evidence is desirable, the Judicial Council may summon witnesses to take such evidence in any manner they deem proper and render its decision by a two-thirds vote of the members present and voting; and all its decisions shall be binding unless or until reversed or modified by the House of Delegates.

And substitute therefor the following:

At the request of the Appellant or the Defendant in any matter before the Judicial Council, the Judicial Council shall hold a formal hearing at which witnesses or any other evidence shall be submitted by both parties to the appeal, and each party to the appeal may be represented by a member of the County or State Society who shall act as Counsel. The Judicial Council shall render its decision by a two-thirds vote of the members present pro-

viding, however, that five members shall constitute a quorum; and all its decisions shall be binding unless or until reversed or modified by the House of Delegates.

Further amend Section 5 by adding the following subdivision (e):

(From Sect. 18 D)

Any appellant from the decision of the Judicial Council may file a brief with the House of Delegates and the same published and sent to the members of the House of Delegates, provided, however, that the said brief shall be submitted to the Board of Trustees and the Judicial Council not less than thirty days prior to the Annual Meeting of the House of Delegates for the purpose of editing the said appeal so that nothing of a scurrilous, slanderous, or libelous nature or any matter detrimental to the medical profession be included therein.

The Reference Committee disapproves of this change. The committee received this change yesterday, and we feel a subsequent Committee on Constitution and By-Laws should give it further study; and if they want to recommend it next year, that is within their province.

Upon motion regularly made and seconded, it was voted to accept the recommendation of the Reference Committee.

36 J. Nominating Committee

(From Sect. 18 E)

Dr. Alexander: Proposed Amendment to Chapter 5 of the By-Laws:

Section 1. Strike out the word "Trustees" in the sentence, "This committee shall meet at 8:30 p. m."

In Section 2 (a) strike out, "The Chairman of the Nominating Committee shall be the Junior Past President of the Society or the member elected by the Fellows."

Insert in the sentence following the above, after the words "the committee shall elect one of its own members to serve as" the words "Chairman and one to serve as"—the sentence to read: "The committee shall elect one of its own members to serve as Chairman and one to serve as Secretary."

The Reference Committee, after discussing this matter, wishes to suggest that a future Committee on Constitution and By-Laws consider this matter, as it was presented only yesterday morning.

President Herrman: The recommendation of the committee is against approving this change at the present time.

It was regularly moved and seconded that the recommendation of the committee be concurred in.

The motion was put to a vote and was carried.

36 K. Finance Committee

(From Sect. 18 F)

Dr. Alexander: The Reference Committee disapproves the amendments entitled "Finance Committee", Sect. 18 F.

On motion, the House concurred with the committee's report.

36 L. Trustee Members of Finance Committee

(From Sect. 18 G)

Dr. Alexander: The Reference Committee disapproves the amendment entitled "Trustee members of Finance Committee". Sect. 18 G.

On motion, the House concurred with the committee's report.

President Herrman: I am not going to entertain much unfinished or new business at this time because the meeting has been carried on to what should be its normal length, but Dr. Lewis, Chairman of the Board of Trustees, has a supplementary report to read, which will then be referred to a Reference Committee without discussion at this time. I will recognize Dr. Lewis.

37. Pure Food and Drugs

Dr. Lewis: I wonder whether it will be necessary to read the report. It simply brings up to date the recommendations which we have to offer to the Pure Food and Drugs Act, which will make it satisfactory to the State Society. I simply want this opportunity to present it in order that it may be handed over to a Reference Committee for further consideration tomorrow. Will it be necessary to read that report?

President Herrman: I will rule it is not unless somebody wishes to hear it, or will you wait until it comes out of the Reference Committee? If there is no objection, it is so ruled.

38. REPORT OF THE PURE FOOD AND DRUG COMMITTEE OF THE BOARD OF TRUSTEES

By Andrew F. McBride, Chairman

A meeting of a committee from the Board of Trustees met with a committee of the New Jersey Health Officers' Association and the New Jersey Pharmaceutical Association. The conclusions were that the Pure Food and Drugs Bill, S-5, now pending in the United States Congress, can be made an effective law if at least two provisions contained in it are amended, as:

1. There is not now any real enforcement

clause in the Bill, and the Minor Violations clause could be used to cover any lack of proper enforcement.

a. In order to eliminate the permissive character of the bill and make it mandatory, omit in Chapter VII, Sec. 702 (a), page 85, lines 12 through 25 and substitute the following:

Sec. 702 (a). That the examinations of specimens of foods and drugs and cosmetics shall be made in the Bureau of Chemistry of the Department of Agriculture, or under the direction and supervision of such bureau, for the purpose of determining from such examinations whether such articles are adulterated or misbranded within the meaning of this act; and if it shall appear from any such examination that any of such specimens is adulterated or misbranded within the meaning of this act, the Secretary of Agriculture shall cause notice thereof to be given to the party from whom such sample was obtained. Any party so notified shall be given an opportunity to be heard, under such rules and regulations as may be prescribed as aforesaid, and if it appears that any of the provisions of this act have been violated by such party, then the Secretary of Agriculture shall at once certify the facts to the proper United States district attorney, with a copy of the results of the analysis or the examination of such article duly authenticated by the analyst or officer making such examination, under the oath of such officer. After judgment of the court, notice shall be given by publication in such manner as may be prescribed by the rules and regulations aforesaid. That it shall be the duty of each district attorney to whom the Secretary of Agriculture shall report any violation of this act, or to whom any health or food or drug officer or agent of any State, Territory, or the District of Columbia shall present satisfactory evidence of any such violation, to cause appropriate proceedings to be commenced and prosecuted in the proper courts of the United States, without delay, for the enforcement of the penalties as in such case herein provided.

b. Section 306 should be changed to read:

Nothing in this Act shall be construed as requiring the Secretary to report for prosecution or for the institution of libel or injunction proceedings, minor violations of the misbranding of foods provisions of this Act, whenever he believes that the public interest will be adequately served by a suitable written notice or warning, except that in no case shall more than one letter of notice or warning be sent to any one person.

2. In Chapter V, Sec. 501 (b), page 69, delete that part of the paragraph beginning on line 2 with the words "no drug defined" and ending on line 6 with the words "plainly stated on its label".

Deleting these words completely eliminates the famous "variation clause". This is the famous variability clause on which Dr. Copeland made such a fuss. In his discussion he recalled only cascara and tincture of iodine as requiring a strength different than the standards set up for it. It was our opinion that this clause should be deleted and those drugs which Dr. Copeland mentioned be listed as exceptions. In this way, no hardships will be placed on any manufacturer and still the profession will be assured that their patients will receive drugs of standard potency, quality, and purity. This point is of fundamental importance and there is no reason why such a dangerous provision be found in the bill for the sake of cascara and tincture of iodine.

The members of the conference requested that the Board of Trustees of The Medical Society of New Jersey approve the action of this conference, and request all New Jersey representatives in the United States House of Representatives to use their influence toward the amending of S-5 to conform with our ideas. In view of the fact that Congress will adjourn shortly, it was recommended that the above amendments, with an appropriate letter, be sent to the Congressmen (New Jersey) promptly.

The conference felt that it would be very helpful as well as desirable for the three groups to have permanent committees appointed for the purpose of considering jointly health questions and other kindred matters so that there would be better understanding and a finer spirit of coöperation.

39. Resolutions to the A. M. A.

(See Sect. 37)

DR. NORMAN BURRITT: In connection with the report of the Board of Trustees, I wish to submit the following resolution:

"The Medical Society of New Jersey reiterates its demand for complete Congressional investigation of the administration of the Food and Drugs Act and the lobbying in connection with food, drug, and cosmetic legislation before any form of new legislation is passed.

"The Medical Society of New Jersey demands that House of Delegates of the American Medical Association conduct an investigation of the uses of the seals of approval of the Committee on Foods and the Council on Pharmacy guarantying advertisements and products which have been found to be in violation of the Federal Trade Commission Act or of the Federal Food and Drugs Act."

PRESIDENT HERRMAN: I will refer the re-

port of the Trustees and Dr. Burritt's resolution, to Reference Committee "A".

The session adjourned at 4:24 o'clock.

40. Tri-State Medical Directory

Dr. Herschel Murphy: May I bring up one short point of new business? It will take about one minute.

Last year we were fortunate enough to get the Tri-State Directory on an optional basis at $1 from the publisher in New York. Those men who wished to buy it could do so, and those who did not want it did not have to take it. I talked with Dr. Wilkes about it and he said the man they made the contract with was not publishing it this year. I think it was very nice to get this for a dollar, and I should like to see the State Society go on record as entering into a similar agreement this year, if we can get it at a reasonable price, to give the men the option of buying it with the same arrangement as we had this past year.

A second was offered.

President Herrman: Do you make that in the form of a motion?

Dr. Murphy: Yes.

The motion was seconded.

President Herrman: It is that an arrangement be made with the publishers of the Tri-State Directory, if possible, this year, so that the members may buy it at a reduced rate.

The motion was put to a vote and was carried.

The session adjourned at 4:24 o'clock.

THURSDAY MORNING SESSION, MAY 19, 1938

The meeting convened at 10:20 o'clock, President Herrman presiding.

41. Address on Medical Preparedness

President Herrman: I am first going to give the courtesy of the floor to Dr. Lt. Col. Albert G. Hulett, of East Orange, who has a message to bring us in regard to the medical forces of the nation. Dr. Hulett is President of the New Jersey Chapter of The Association of Military Surgeons of the United States. Col. Hulett spoke as follows:

Address of Dr. Hulett

Many citizens confuse medical preparedness with military aggression. My object in coming before The Medical Society of New Jersey is to direct the attention of the Medical Profession to the true essence of medical preparedness in national defense.

War, like bubonic plague, cholera, and other epidemic enemies, lurks about us at all times; and it behooves us to be as fully prepared for its pursuit, should it overtake us, as to prevent its occurrence.

In the United States the doctrine has long been inculcated that this country needs no large standing army, since in emergency our reliance may safely be placed upon "a citizenry accustomed to arms" which, upon call, can "spring to those arms", and, presto, we shall be safe! That beautiful, poetical conception, first awakened in our early school days by our learning of the Minute Men of Lexington and Concord, our admiration of Paul Revere, and our wonderment at the exploits of the patriots of 1776, has unfortunately not been adjusted to fit modern conditions, and changed in accordance with the teachings of modern warfare.

A modern army consists of two very distinct parts: its *arms,* or combat forces such as infantry, artillery, cavalry, air corps, and their associated units; and its *services,* such as medical department, quartermaster, and transport service, signal corps, ordnance department, and other technical organizations. Here may I stress the crucial point that even though it may be possible for our citizenry to "spring to arms" promptly upon the approach of danger, we cannot "spring" to the essential "services" in any such miraculous and instantaneous fashion. Herein lies our chief danger,—herein resides the dire responsibility of every patriotic and conscientious physician.

The experience of the World War should have proven to us that, while a comparatively few months sufficed to draft, clothe, train and transport a sizeable army of combatant troops into the theatre of war, a proper and effective medical, surgical and sanitary service for such an army cannot be fashioned with equal rapidity from an inexperienced and unprepared corps of civilian physicians, no matter how great be their endeavor and how high their enthusiasm. It must be candidly admitted by anyone who carefully studies the medical history of the great conflict that, had we possessed at that time a properly trained medical reserve personnel, much of the physical devas-

tation—both from sickness and battle casualties—could have been prevented.

Let him who still doubts such fact visit the facilities maintained by the U. S. Veterans' Administration, observe therein the thousands of those who still suffer from the effects of wounds and of illness contracted in wartime, and perceive the more than 50,000 insane patients so accommodated, and thus be sorrowfully convinced that, but for the inaccuracies and inexperience shown in the examination of draftees, the sanitary control over our military establishments, and the diagnosis and treatment of wounds and disease encountered in service, more than half of that war's casualties would have been averted.

The American public is prone to forget its errors, and equally ready to pin its hopes and its faith to ideals, no matter how impractical they are upon analysis,—for mob psychology does not stop to investigate, nor to consider, but springs into action upon the basis of wishful thinking. Yet we, as trained scientists, must not permit ourselves to be carried away in any such manner. Ours is the call to stop, look, listen, and prepare for a task whose magnitude no citizen in the streets can possibly comprehend.

Many of us who did see service in the World War do not relish the thought of another conflict; some of us would not perhaps volunteer in a future emergency; others have reached the age where their services could not be employed despite their willingness to offer them. So, for one or all of these reasons, we tend to sit back complacently satisfied that we "did our bit" and should let the younger fellow do his share in turn when war again engulfs our country. But I say to you that, whatever be our age, whatever be our sentiment regarding war and our desire to participate therein, our responsibility to do the utmost in our power to assure for our fellowmen a medical service in time of war, adequate both in size of personnel and in precise knowledge of its duties, cannot be thus flippantly discharged.

Some of us may, in fact, be too old to resume a commissioned status in the Reserve Corps, others may not find it possible to spare the necessary time for active training endeavors; but each and every one of us can and should lend his undivided support to the effort to build up and train a *Medical Reserve Corps* for our Army and Navy which will not, in a future conflict, again be faced with problems and assignments beyond its expectancy and experience. A survey I have recently made reveals that, in this State of New Jersey and at this time, we have enrolled less than one-half the necessary number of Medical Corps Reserve Officers to serve the army units which will be called immediately into active service upon the day of initial mobilization, not counting the additional medical officers to be needed for subsequent formations.

Those of us who can affiliate with the Medical Reserve, and can devote even a small portion of our leisure time to that endeavor, should certainly consider it our especial patriotic privilege to do so; others who, because of age or civilian preoccupation, are estopped from such enrollment, can nevertheless, through their advocacy of the service, and through their influence upon the younger physicians of our State, accomplish the entrance of the additional reserve officers into the medical services of the army and navy which must be attained at this time if the medical profession is to fulfill its sworn obligation to minister to the necessities of human suffering and to prevent calamity in war as well as in peace.

This is the message which the Association of Military Surgeons of the United States would bring to you.

REPORTS OF REFERENCE COMMITTEES

42. Report of Reference Committee "B"

President Herrman: We have our Reference Committees now to hear from, so we will proceed immediately to business. Is Dr. Sprague present, Chairman of Reference Committee "B" on the report of the Finance and Budget Committee; and that of the Treasurer. Will you come forward, please?

42 A. Finance and Budget

(From Sect. 13)

Dr. Sprague read the report of Reference Committee "B", in regard to the report of the Finance and Budget Committee, as follows:

REPORT OF REFERENCE COMMITTEE "B"

Report of Finance and Budget Committee

(From Sect. 13)

Official representatives from Essex and Hudson Counties appeared before Reference Committee "B", asking for careful consideration of the budget with the view of reducing the cost of The Medical Society of New Jersey to the individual membership. Whether certain activities are worth-while—whether all salaries and general expenses should be cut a definite percentage is a matter of policy beyond the domain of this committee.

The various departments and their budget items have been investigated. The volume of work has definitely increased and requires the addition of one more clerk in the executive department. The small salary increases are approved. Most of the other items are more or less fixed.

Our incoming President has requested about $2000 for special work which we believe will be helpful to the Society and we endorse his program.

The item of $2500 for legal expense raises a question from this committee. Are questions submitted too freely for legal opinion? We believe authorization for legal opinion should be in the hands of the Trustees.

The 1938 budget shows an increase over the 1937 budget equivalent to about $1.00 per capita. While this may be considered a small sum; nevertheless in this period of falling income, any increase in cost must be justified. Unfortunately from certain quarters of high governmental authority, the medical profession is looked upon as a *public utility*, and as such should be regulated, and our well-known principles for, and practices in, the delivery of the best form of medical care is attacked on many sides. We need a strong going organization to meet and combat such trends. Such an organization costs money.

After hearing from all who came before the committee, and after careful study of the budget items, the following recommendations are hereby presented:

1. That the budget for 1938-1939 presented by the Finance and Budget Committee totaling $71,550 be approved.

2. We approve the recommendation of the Finance and Budget Committee that the dues of The Medical Society of New Jersey be fourteen ($14.00) dollars per member for the coming year.

Respectfully submitted,

Edward W. Sprague,
Chairman
Runkle F. Hegeman
B. L. McMahon

Dr. Van Ness: I move that the report of the committee in regard to Finance and Budget be concurred in.

The motion was seconded.

Dr. Marsh: The motion to accept it does not extend beyond simply accepting the report, as I understand it.

President Herrman: The report and the recommendations.

Dr. Marsh: Unless some subsequent motion is made to adopt the separate recommendations.

President Herrman: That is the way the motion was made. It was my error it was not so stated.

The motion was put to a vote and was carried.

42 B. Treasurer's Report

(From Sect. 8)

Dr. Sprague read the report of Reference Committee "B" in regard to the Treasurer's Report as follows:

Reference Committee "B" on the Treasurer's Report

The Treasurer's report has been reviewed and analyzed. We note that the new accounting system which was installed this year has facilitated the work and has markedly lessened the arduous routine duties of the Treasurer and the Finance and Budget Committee.

The Permanent Fund has a face value of $15,500, but its actual value is much less. This year a write-off of $1000 has been advised.

The lists of Receipts and Expenditures are found to be in order and the cash position estimated May 31 shows a current suspense account of $54,150, which sum includes an estimated surplus as of May 31 of approximately $22,500.

This committee again calls your attention to the confusion that may arise because:

1. The budgetary year and the fiscal year are from June 1st to May 31st.

2. The assessment year is from January 1st to December 31st.

Respectfully submitted,

Edward W. Sprague,
Chairman
Runkle F. Hegeman
B. L. McMahon

DR. QUIGLEY: I move the report be accepted and its recommendations adopted.

The motion was regularly seconded, was put to a vote, and was carried.

42 C. TREASURY SURPLUS

Dr. Sprague read that part of the report of Reference Committee "B" dealing with the Special Resolution in regard to the policy of keeping a surplus of $20,000, which is marked No. 23.

The following resolution was submitted by the Trustees to Reference Committee "B":

"At the meeting of the Board of Trustees on May 16th, it was regularly moved, seconded and carried that The Medical Society of New Jersey adopt a policy of keeping a surplus of $20,000. The dues are to be reduced automotically when the surplus on hand is greater than that sum, and automatically raised when the surplus is less than that sum. The details are to be worked out by the official auditors."

Motion made by Dr. Herrman, seconded by Dr. Marsh, and unanimously carried.

Reference Committee "B" recommends the adoption of the above resolution. We suggest that one qualification should be added—i. e., that the fund be available for emergencies and that the automatic feature when the surplus is less than $20,000 be eliminated.

Respectfully submitted,
EDWARD W. SPRAGUE,
Chairman
RUNKLE F. HEGEMAN
B. L. MCMAHON

DR. HOLLINSHED: May we have an explanation of the exception?

DR. SPRAGUE: The resolution has two mandatory phases. The fund, when it was over $20,000, was to be used to reduce the dues. It was automatically a requirement when the fund is under $20,000, likewise, automatically the dues were to be raised. The Reference Committee felt that was perfectly safe to have an automatic mandatory phase when the surplus fund was over $20,000 but we should not have a mandatory clause when it is $20,000 minus, under $20,000.

DR. QUIGLEY: I move the report be accepted and the recommendation be adopted.

The motion was regularly seconded.

DR. MORRISON: This report is contradictory. It advises the acceptance of a plan of establishing and maintaining a reserve of $20,000 and then it advises removing the provision for keeping it up to $20,000.

DR. NORTH: There was a little error in that report. That was not unanimous. In the Board of Trustees I voted against the automatic feature. I think still that it is wrong. If your surplus happened to be $20,200, how would you reduce the dues? I think the automatic feature should be taken out and we should simply say that the surplus should be kept at about $20,000.

DR. JULIUS LEVY: The impression is that the raising or lowering of dues should be taken care of only by the reserve funds.

DR. HERSCHEL MURPHY: I think Dr. North's position is very well taken, that it is nice to keep that surplus at $20,000, and let it be adjusted as it goes along. If he will make that in the form of a motion or an amendment, I will second it.

DR. NORTH: I will make it as an amendment.

PRESIDENT HERRMAN: Will you state your amendment?

DR. NORTH: I don't know just how to put that. I want to put it in some way that you can reserve a surplus—that the surplus should be kept at about $20,000, and drop the "automatic".

DR. MORRISON: Move that an effort be made to maintain the reserve fund at $20,000.

DR. QUIGLEY: I think we might move that this recommendation be amended to state that it shall be the policy to keep the balance of the surplus at about $20,000.

PRESIDENT HERRMAN: Will you second that motion?

DR. MURPHY: Yes.

PRESIDENT HERRMAN: Is there any discussion on the amendment? The Chair would like the privilege of discussing this a little bit.

We have been slowly accumulating a cash reserve, and it has seemed wise that we should do so. Many of the rank and file of the Society have not understood that and have felt that these funds should not be accumulated. In order to bring it out clearly to the membership that we do want some funds for whatever emergency we may have to meet, whenever it should occur, and that we do not wish to pile up money out of the pockets of the membership, the idea was to bring this before the House as a policy.

I will ask for a vote upon the amendment to the original motion.

The motion was put to a vote and was carried.

DR. SPRAGUE: That completes the report of my committee, Reference Committee "B".

43. REPORT OF REFERENCE COMMITTEE "C"

PRESIDENT HERRMAN: Reference Committee "C", Dr. Barkhorn, Chairman.

43 A. JUDICIAL COUNCIL

(Report, Jour., May, p. 315)

(From Sect. 11)

Dr. Barkhorn read Reference Committee "C's" report on the Report of the Judicial Council, as follows:

REPORT OF REFERENCE COMMITTEE "C"

Dr. Barkhorn, Chairman

REPORT OF THE JUDICIAL COUNCIL

Christopher C. Beling, M.D., Chairman

(Report, Jour., May, p. 315)

(Sect. 11)

We congratulate The Medical Society of New Jersey because the Council had no real problem throughout the year. We urge individual societies to consult with their councilor both informally and formally as suggested by Dr. Ulmer when questions of minor ethical nature arise, particularly when a physician's qualifications for county membership are being considered. The individual Councilors are elected because of their mature judgment and are eager to be helpful.

We recommend the adoption of this committee report.

DR. VAN NESS: I move the report of the committee be received in regard to the Judicial Council, and the recommendations be adopted.

The motion was regularly seconded, was put to a vote, and was carried.

43 B. MEDICAL DEFENSE AND INSURANCE

(Jour., May, p. 310)

(Sect. 11)

Dr. Barkhorn read the report in regard to the Report of the Committee on Medical Defense and Insurance, as follows:

REPORT OF THE COMMITTEE ON MEDICAL DEFENSE AND INSURANCE

Christopher C. Beling, M.D., Chairman

(Report, Jour., May, p. 310)

We congratulate the committee on having approximately 90 per cent of the members insured under the State Medical Defense Plan and urge them to continue their magnificent work with unabated energy. In addition, we urge the State Society and its component County Societies to discourage placing of this kind of insurance with individual brokers under the mistaken impression that the moral protection is the same in an individual policy as it is in our group policy. We believe that *group* Accident and Health insurance, aside from its validity as a protection is particularly helpful to those of our members who are otherwise careless in financial matters but who are likely to be responsive to the group idea.

The new policies have many attractive features for doctors. We urge their adoption.

Since group automobile insurance is illegal, we agree with the committee, "all State automobile insurance activities should be discontinued". We recommend the adoption of the entire report with in addition a vote of thanks to this committee for its careful conscientious work and at the same time urge them to give constant watchful attention to the financial conditions of the companies and very deep study of the many problems involved in Medical Defense Insurance.

DR. ULMER: I move it be adopted as recommended.

DR. SPRAGUE: I second the motion.

The motion was put to a vote and was carried.

43 C. PUBLIC RELATIONS

(Report, Jour., May, p. 305)

(From Sect. 16)

Dr. Barkhorn read the report in regard to the Report of the Sub-Committee on Public Relations, as follows:

REPORT OF THE SUB-COMMITTEE ON PUBLIC RELATIONS

Joseph H. Kler, M.D., Chairman

(Jour., May, p. 305)

This report is the best our Reference Committee has seen in any State Journal.

Its grasp of the responsibility of the physician in public education on matters medical and its clear statement of its projects and accomplishments merit careful study.

It has done a tremendous job making available to physicians all sorts of material; and best of all, it has given a great group of physicians an opportunity to join in community activities of every description, furnishing the necessary background whenever requested.

This committee has made friends with the newspapers and technical journals, so that our point of view can now be presented in any number of ways at frequent intervals.

THE SUPPLEMENTARY REPORT

(Sect. 16)

The supplementary report of the Sub-Committee on Public Relations has solved the telephone listing problem in an orderly manner. Spot advertising will be discontinued. Specialties will be listed according to a list furnished by The Medical Society of New Jersey. Doctors of Medicine, Clinics, and Medical Centers will be listed separately. Members of County Societies may insert a line so stating; and it is suggested that each County Society have a special committee whose responsibility shall be to keep the listing correct and up to date. The entire plan will be ineffectual unless this is done.

We urge adoption of this report and recommend its activities to physicians generally in every respect. We suggest that every doctor in the State Society collaborate with this committee.

It was regularly moved and seconded that the report of the Reference Committee on the Report of the Sub-Committee on Public Rela-

tions be approved and the recommendations adopted. The motion was put to a vote and was carried.

43 D. Hospital Insurance

Dr. Barkhorn read the report in regard to the Special Committee on Hospital Insurance, as follows (Sect. 7):

THE SPECIAL COMMITTEE ON HOSPITAL INSURANCE
E. Z. Hawkes, M.D., Chairman

"Concerning the practice of the Hospital Service Plan of selling hospital insurance contracts which include the services of physicians, we recommend:

"1. That the House of Delegates go on record as opposing the inclusion of the services of physicians in hospital insurance contracts.

"2. That The Medical Society of New Jersey, by contacting the New Jersey Hospital Association and the Hospital Service Plan, endeavor to bring about the elimination of physicians' services from hospital insurance contracts.

"3. That The Medical Society of New Jersey seek the coöperation of the New York State Medical Society and the Pennsylvania State Society in bringing about this desired result."

Reference Committee "C" reaffirms the importance of this report and urges its adoption.

HENRY C. BARKHORN, *Chairman*
NORMAN W. BURRITT
ESTELLE KLEIBER,
representing Dr. J. J. Mann

PRESIDENT HERRMAN: In entertaining a motion for the adoption of this, the Chair would like to see the wording changed slightly. This House went on record last year, and possibly previous to that, against the inclusion of physicians' services in hospital insurance plans, so I think it should be stated that this House of Delegates continues in that opposition rather than phrasing it as though it were a new policy.

DR. BARKHORN: It "reiterates".

DR. SPRAGUE: "Reaffirms."

DR. ULMER: I move that the report of the committee and its recommendations be adopted.

DR. SPRAGUE: I second the motion.

DR. LEWIS: I should like to offer an amendment to that, namely, to include Pennsylvania in that phrase which refers to the contact with New York State.

Dr. Lewis's amendment was regularly seconded, was put to a vote and was carried. The original motion as amended was then put to a vote and was carried.

44. Reference Committee "D"

PRESIDENT HERRMAN: We will now consider the report of Reference Committee "D", Dr. Sherman.

DR. BYRON G. SHERMAN: None of these reports are controversial, and so I should like to read them all and that will save time.

Dr. Sherman read the Report of Reference Committee "D", as follows:

REPORT OF REFERENCE COMMITTEE "D"

ANNUAL MEETING COMMITTEE
(Jour., May, p. 280)

The Reference Committee has read the report of the Annual Meeting Committee, and considers that the hard work done by the committee has been reflected in a very successful program, attractive and instructive, and sufficient reward for the time and effort of the members who are in attendance.

The committee believes that the new Sections on Surgery, Medicine, and Obstetrics are a distinct addition to the annual program.

SUB-COMMITTEE ON SCIENTIFIC PROGRAM
(Jour., May, p. 281)

The Reference Committee desires to state that the attempt of the Committee on Scientific Work to provide a program meeting the demands of the individual members is considered to have been a success.

COMMITTEE ON SCIENTIFIC EXHIBITS
(Jour., May, pp. 281 and 318, also Sects. 4 and 49)

The Reference Committee especially wishes to congratulate the Committee on Scientific Exhibits upon the excellence of its work.

The committee feels that the new method of distributing awards should be continued.

ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY
(Sects. 4, 44; Jour., May, p. 314)

The report of this committee reflects good cooperation between the officers of the Woman's Auxiliary and the Medical Advisory Committee.

The Reference Committee feels that this is a significant fact and that the helpfulness of this liaison will increase.

BYRON G. SHERMAN, *Chairman*
SAMUEL A. COSGROVE
JAMES P. PREGNALL
CHARLES J. LARKEY
EUGENE G. HERBENER

On motion of Dr. Murphy, the report was adopted.

45. Reference Committee "E"

PRESIDENT HERRMAN: We will go on with Reference Committee "E", Dr. MacMillan, Chairman.

Dr. MacMillan read the report of Reference Committee "E", as follows:

REPORT OF REFERENCE COMMITTEE "E"
(From Sect. 4)

Reference Committee "E" has studied the reports of the—

Welfare Committee, Jour., May, p. 282.

The Sub-Committee on Legislation, Jour., May, p. 308.

The State Board of Medical Examiners, Jour., May, p. 313.

The Committee on Post-Graduate Education, Jour., May, p. 279.

The report of the Welfare Committee gives an interesting review of the development of its importance through the years, and comments on the principles on which the work was administered.

Dr. Read merits the gratitude of the Society for the efficient and impartial manner in which he has presided over this important body.

The Sub-Committee on Legislation has reported on twenty-four bills, only three of which have not received the action desired. This is an excellent record.

We hope the work of this committee will continue to be aided by the County Societies by keeping in close touch with their legislators through personal contact, and instruction in the significance of all medical bills introduced at Trenton.

The report of the State Board of Medical Examiners shows the need at the present time of some legislative measure to protect the public from unqualified physicians from foreign countries and to protect and save the profession of medicine for graduates of our own schools. Sixty-four medical licentiates of last year attended foreign medical colleges. It is for the Board to determine whether some of these colleges meet the minimum standards of medical education here. We believe that this should not be the easiest of all important countries in which to get a medical license.

Two legislative bills have been passed this year permitting unqualified men to take the State Board examinations. We believe it is the will of the Medical Society that such a practice should be discouraged in every possible way and discontinued.

In the report of the Committee on Post-Graduate Education it is noted that the arrangement of the courses was made through the Executive Offices, and with the help of the men in the county societies. Credit is given by the committee to these sources of help. The Medical Society of New Jersey has lost a most valuable and energetic worker by the death of Dr. Satchwell, the Chairman of this committee.

The reports of these four committees are approved and their chairmen and members thanked in the name of the Society for the time and study given for the welfare of our profession.

Wright MacMillan,
Chairman
S. Emlen Stokes
Philip S. Avery

It was voted that the report be adopted.

46. Reference Committee "F"

President Herrman: Reference Committee "F", Dr. Schlichter, Chairman.

Dr. Schlichter read the Report of Reference Committee "F", as follows:

REPORT OF REFERENCE COMMITTEE "F"

(Sect. 4)

(The figures refer to pages in the May Journal.)

Adult Health Education.—Report approved, 295.

Cancer Control.—Approved in all its details, 316.

Eugenic Sterilization.—This report is endorsed with the recommendation that the committee be continued for further study and advancement of this problem. Sect. 19.

Child Health.—Report endorsed in full, 286.

Crippled Children.—Report is endorsed, and we stress the recommendation that only highly trained men, preferably Diplomats of the American Board of Orthopedics, be employed in this work; 287.

Maternal Welfare.—We cheerfully approve this report in full and desire to compliment the committee on the thorough and efficient work it has done and the ground covered in its report, 288.

Mental Hygiene.—No report received.

Pneumonia Control.—We approve this report and the recommendation of this committee, and wish to compliment it on the work performed; 292.

Tuberculosis.—This report is approved as a whole; but the Reference Committee wishes to call attention to the fact that the interpretation of x-ray films should be made only by men highly trained in radiology; 294.

Venereal Disease Control.—This report is approved in full, and the committee is complimented on its work. Sect. 15 and p. 290.

On motion, this report was approved.

46 A. Reference Committee "G"

Dr. J. F. Londrigan read the report of Reference Committee "G".

On motion, reference committee reports, as follows, were unanimously approved:

REPORT OF REFERENCE COMMITTEE "G"

(Sect. 4)

Workmen's Compensation

(P. 303)

The committee adopts the recommendations of the Workmen's Compensation Committee. Emphasis was made on paragraph three of this committee's report, which reads as follows: "After the bill is fully acceptable to the State Medical Society, conferences shall be held with the employers, casualty underwriters, the legal profession, and the Department of Labor."

It was also recommended that further study of the bill be brought up later and that this committee does not approve the present form of the bill as there are some objections by the members of The Medical Society of New Jersey. Further adjudication of the bill should be had after The Medical Society of New Jersey has been fully informed.

CONTRACT PRACTICE
(P. 304)

Reference Committee "G" congratulates the Contract Practice Committee for the work that has been accomplished and wishes to state that further investigation of industrial practice in the State of New Jersey should be taken into consideration. We hardly endorse the code of ethics as stated by the A. M. A. which is contained in this committee's report.

HOSPITAL RELATIONSHIPS
(P. 265, 298)

The report of the Hospital Relationships Committee shows thorough familiarity with the problems and the offering of constructive suggestions.

The relationship of the Medical Staff to the management of their hospital has long been a problem which has led to misunderstanding and conflict of opinion in many of our institutions.

It is the duty of all physicians actively concerned with hospital work to see that the primary purpose of the hospital, the care of the sick, is not diverted or minimized by too much standardization.

We cannot too strongly emphasize the fact that the staff of a hospital must be accepted as a body that must be closely linked to the two arms of hospital administration, the Board of Trustees, and the Superintendents.

We wish to emphasize the necessity as brought out in this committee's report of the standardization of hospital policies in New Jersey.

MEDICAL PRACTICE
(P. 296)

This report is in common with all of Dr. Lewis' reports and it shows a broad understanding of the subject. In emphasizing that socialized medicine is not the cure yet, it will be necessary for organized medicine to coöperate with government agencies for the solution of some of the existing difficulties. As this is one of the strongest features of this report, we are glad to endorse, in toto, this report by Dr. Lewis.

NURSING AND NURSING EDUCATION
(P. 299)

Reference Committee "G" endorses this report, which shows a tremendous amount of hard, constructive work. We can do no better than ask the continuance of this committee.

PHARMACEUTICAL PROBLEMS
(P. 302)

We endorse this report as is. Recommend that the program of different county societies might be devoted to joint discussion of pharmaceutical and medical problems. This Reference Committee extends the suggestion to this Advisory Committee that pharmacists be registered as Class "A" as hospitals now are. Would it not be advisable to have pharmacists of the New Jersey Pharmaceutical Association arrange to have detailed men visit practicing physicians throughout the State as large pharmaceutical houses do.

AUXILIARY MEDICAL SERVICES
(Sect. 17)

We appreciate and compliment the work the Auxiliary Medical Services Committee has spent on its original and supplementary report. We hope that the future program as outlined by this committee can be fulfilled.

This Reference Committee adopts the Auxiliary Medical Services Committee's report as submitted in toto. We particularly call your attention to the summary as outlined by this committee in its supplementary report.

We recommend the insurance features of this report so long as it be limited to room, bed, board and nursing facilities ordinarily provided by hospitals, routine drugs, and the routine services of internes only when acting under the direction of the attending physician, excluding from this contract the services of physicians either general or special. We wish to congratulate this committee on the thorough study of the hospital insurance plan.

Dr. Londrigan also read the report of the Reference Committee on Medical Care of the Indigent, as follows:

MEDICAL CARE OF THE INDIGENT
(P. 300)

We endorse the report of the Medical Care of the Indigent and particularly do we endorse its recommendation of the Medical Relief Agreement between the State Finance Assistance Commission and The Medical Society of New Jersey.

46 B. WORKERS' ALLIANCE

PRESIDENT HERRMAN: It may be slightly irregular, but I have just received a letter which seems so pertinent to this that I will ask the Secretary to read it before we put the motion.

Secretary Stahl read the letter, as follows:

N. J. STATE OFFICE
Trenton, N. J.

NATIONAL OFFICE
Washington, D. C.

WORKERS ALLIANCE
John Spain, Jr., Chairman
George Smith, Executive Secretary

Palmyra, N. J.
May 17, 1938.

The Medical Society of New Jersey,
Atlantic City, N. J.

Greetings:

The State Executive Board, in session at Convention Hall, Camden, New Jersey, on Sunday, May 15th, directed me to extend to you at your convention, our fraternal greetings, and to urge your body to take definite action by resolutions and the appointment of committees to contact the various local relief administrators, as well as the State Financial Assistance Commission, to restore the status of medical attention for relief clients which prevailed during the Emergency Relief Administration, and which proved of much material benefit not only to the clients but to your profession as well.

Even as laymen we cannot overlook the fact that those who are too poor to pay for private care, still need, and perhaps more so, the services of their

personally selected medical attendant; we know how important this is in preserving their physical and emotional well-being, not only because of the confidence inspired by reason of the physician's intimate knowledge of the needs and temperaments of his patients, but because of the many extra-professional services he can and does render.

Dispensaries and clinics, while serving a useful purpose, cannot cope with the situation presented as a result of overcrowding and lack of funds; examinations are necessarily of a cursory nature, and fail to achieve the results which in the light of modern medical knowledge we have a right to expect.

Insufficient health and district physicians, and the mandatory curtailment of these already inadequate services, through the operation of reduced revenues and consequently reduced budgets in almost all municipalities, are other factors which show the absolute need of definite action being taken by your convention to correct a condition which is not only alarming, but a disgrace in a civilized state, where so much knowledge is present to save lives and alleviate suffering, that this important matter should be treated with less concern than many of the relatively less important functions of our complex life.

The constantly increasing number of the unemployed further aggravate this situation, and proves the necessity of immediate and definite action by your convention looking to an effective set-up and the necessary allocation of funds for the purpose of carrying out such a humane program.

We pledge the wholehearted support of the Workers Alliance of New Jersey in any action you may take in furtherance of anything that will add to the greater enjoyment of life, and the establishment of a more secure social order.

With best wishes for the success of your convention, and trusting you will always feel free to call on us for any service within our power to render, we are,

Fraternally yours,

WORKERS ALLIANCE OF NEW JERSEY,
(Signed) GEORGE SMITH,
Executive Secretary.

PRESIDENT HERRMAN: I felt that that was so pertinent to this report that it would naturally fit in here; and it comes certainly as a spontaneous approval of those most concerned, of this Society's work under the old E. R. A. set-up, and our willingness to go ahead upon the same basis.

DR. BURRITT: Is it in order to make a motion that the report of the Reference Committee, together with this letter, be incorporated in our minutes; and request that they be published by the Publication Committee immediately by Public Relations Committee, rather than the Publication Committee, so that the public will get an understanding of that?

MEMBER: I would include that in a motion that it be adopted and published.

PRESIDENT HERRMAN: Let's have one thing at a time.

DR. SHAPIRO: Isn't it proper that this letter be accepted and approved because, after all, it is a communication?

PRESIDENT HERRMAN: The letter was read for your information at this time. This is really the report of the Reference Committee on the work of the Sub-Committee on Medical Care of the Indigent that is before the House.

DR. SHAPIRO: Not the letter?

DR. MURPHY: I move that the report of the Reference Committee be adopted.

DR. QUIGLEY: I second the motion.

DR. SPRAGUE: I rise for a point of information. What is the status of the State Society's activities and endeavors to restore the former E. R. A. plan; what is the present, up-to-date status?

PRESIDENT HERRMAN: As I understand it, a plan similar to the old E. R. A. was approved by the Board of Trustees, and was presented to the Finance Assistance Commission of the State, but has not been put in force, due, I understand, to the fact that the State of New Jersey itself has not provided any funds for such a set-up.

Is there any objection to that statement of the situation?

Is there any further discussion on the motion before the House that the report of the Reference Committees on the Medical Care of the Indigent be approved?

The motion was put to a vote and was carried.

DR. LEWIS: Following that motion of approval, and as a result of this letter, I would move that the House of Delegates direct the Medical Practice Committee to establish immediate contact with the Workers' Alliance for the sake of telling them the story of our activities and plans for the medical care of the people of the State as a whole.

DR. SPRAGUE: I second the motion.

DR. WILLIAM COSTELLO: What is the plan?

PRESIDENT HERRMAN: It is a plan for the organization of unemployed——

DR. COSTELLO: While I heartily approve of this recommendation, I think we should consider a little carefully our contacts with lay groups. We have had a couple of unpleasant experiences dealing with laymen on certain other phases of our activities, and while this is a fine attitude for the Alliance to take, we ought to be careful about tying in with any

lay group unless we know exactly the whole story about it.

PRESIDENT HERRMAN: Would you care to move an amendment that it be referred to the Board of Trustees, the incoming Board of Trustees, for their consideration?

DR. COSTELLO: I offer that as an amendment and that action be deferred until further study has been given.

DR. LEWIS: We recommend in that motion, contact, and telling them our story, which implies no affiliation with that organization; as a matter of fact, you have already approved that in accepting the sub-committee's report, the recommendation which reads: "Contact and enlist the active support of all institutions, agencies, and organizations throughout the State interested in the common welfare, for the fulfillment of the project".

PRESIDENT HERRMAN: I didn't hear a second to that amendment.

Several seconds were offered at this time.

PRESIDENT HERRMAN: We will act on the amendment. Is there further discussion on the amendment?

DR. SPRAGUE: This is a very honest letter from a group of people who value the services under the former E. R. A. plan. I think we should give due consideration to the original motion which is only stating our viewpoint and what we have done to try to bring about a restoration of the E. R. A. plan. I can see no reason for the amendment. I think it might delay the direct value of this letter to the Medical Society.

PRESIDENT HERRMAN: Is there further discussion on the amendment?

The amendment of Dr. Costello was put to a vote and was lost.

PRESIDENT HERRMAN: We will now vote on the original motion. Is there further discussion on the original motion?

The motion was put to a vote and was carried.

47. REPORT OF REFERENCE COMMITTEE "A"

PRESIDENT HERRMAN: We will now hear from Dr. Hurff on Reference Committee "A".

Dr. Hurff read the Report of Reference Committee "A", as follows:

47. REPORT OF REFERENCE COMMITTEE "A"

1. REPORT OF THE PRESIDENT, DR. WILLIAM G. HERRMAN (Sect. 5)

This report is a most commendable résumé covering his year in office. Due to the continued growth of the activities of our State Society, he stresses the amount of time and work required to successfully carry on the duties of President. Although he desired the continued activities of the twenty-nine committees, in which some three hundred or more members of the Society were actively engaged, he felt that it would be physically impossible to spread his efforts over the entire program. He therefore concentrated his efforts upon four objectives, viz:

Preventive Medicine
Legislation
Hospital Relationships
Cancer Control.

Your committee feels that great credit should be given the President for the promptness with which our Society formulated a set of resolutions relative to the Society's policy in matters pertaining to Government in Medicine. (Jour., May, p. 264.)

Our President reports that the *Committee on Public Health* has been very active, especially in the field of venereal disease control, maternal welfare, child health, and crippled children. The number of field physicians has been increased, and there has been definie improvement in the working relations between our Society and the various health organizations. (Jour., May, p. 264.)

In his report on *Hospital Relationships*, our President feels that the committee has been active and has made progress; and we concur in his recommendation that its work be continued.

The work of the *Committee on Cancer Control* is progressing, but has not reached the stage where any concrete plan has been formulated. In discussing this problem, our President has been greatly encouraged by the sympathetic attitude of our State and county officials in relation to providing facilities for the treatment of cancer cases. Dr. Herrman apparently regrets the inability of the Curie Institute and the Committee on Cancer Control to come to an agreement on a program of coöperative effort. He urges our Society to assume leadership in the control of the disease, and expresses the belief that it would be better for our Society to establish a working agreement with some organization such as the Curie Institute, rather than lose control of the problem through State or governmental intervention.

Our President comments on the coöperation he has received from the members of the Society. The larger executive quarters permits a greater centralization of committee work at Trenton. This, together with the increase of county society activities, has added to the work at our central office.

Action, Sect. 47 A.

2. SUPPLEMENTARY REPORT OF THE PRESIDENT (Sect. 5)

Reference Committee "A" has reviewed the supplementary report of the President, and was impressed with the importance of legislative procedures as it affects medicine, and feels that our membership should be familiar with the many difficulties in such work.

Reference Committee "A" recommends that the supplementary report be published in our State Journal. (See Transactions, Sect. 5.)

Action, Sect. 47 A.

2. REPORT OF THE SECRETARY, DR. ALFRED STAHL
(Jour., May, p. 271)

The committee has analyzed the report of our Secretary, and finds it to be a comprehensive résumé of his many duties and responsibilities. We concur in his suggestion that in editing the Transactions, nonessential details be eliminated from the stenotypist's verbatim transcript, in order to condense and clarify these somewhat voluminous reports. Further comment on this subject has been made in our consideration of the report of the Committee on Publication.

Action, Sect. 47 B.

3. REPORT OF THE PUBLICATION COMMITTEE, BY DR. HENRY C. BARKHORN
(Sect. 12)

Reference Committee "A" has reviewed the report of the Publication Committee and wishes especially to congratulate its members for its excellent and comprehensive report. During our conference, the following points were emphasized:

1. The monthly Journal of The Medical Society of New Jersey is the official organ of the State Society and of the component county societies.

2. The contents of The Journal are arranged in five departments: (a) Editorials; (b) Original Scientific Articles; (c) State Society Activities; (d) County Society Reports; (e) Woman's Auxiliary of the State Society.

3. The report carefully outlines the strict editorial policy which insures the completeness, clarity, and accuracy of all reports and articles.

4. Comparative studies covering the contents of The Journal for the years 1933 to 1937 inclusive, show that the Committee on Publication has maintained the high standards of our State Journal. A similar conclusion is reached when we compare our Journal with the publications of other states.

5. We approve the principles established by our Publication Committee for the selection of articles for publication.

6. We concur in the suggestion of the Publication Committee that it be permitted to edit the Transactions of the House of Delegates to the extent of summarizing the unprepared remarks made in the course of long debates. We would suggest, however, that such summaries so treated should be accompanied by an explanatory note stating that complete verbatim reports may be obtained from the stenotypist's transcript filed in the Executive Offices.

7. We concur in the suggestion of the Publication Committee that each County Society be requested to make an annual report, especially with reference to its activities in carrying on the projects which are promoted by the officers and committees of the State Society.

8. We endorse the suggestion that the Board of Trustees establish a Committee on Medical History.

Action, Sect. 47 C.

4. REPORT OF EXECUTIVE OFFICER, DR. LEROY A. WILKES
(Sect. 9)

The first portion of this report was intended to create a historical background of the evolution of the duties of the Executive Officer. Since a member of the Board of Trustees has presented new and additional information not previously obtainable, throwing new light on the historical data, it would indicate that the report is somewhat incomplete and misleading. Therefore, Dr. Wilkes desires to correct the impression given in the early part of his report.

The Executive Officer calls our attention to the fact that the development and logiacl growth of the duties of the Executive Officer are a direct result of the advent of organized lay groups becoming interested in health problems. As Dr. Wilkes suggests, it is essential that organized medicine should maintain a guiding hand in all health problems.

Since the Executive Officer is an agent of the various activities of the Medical Society, the work of this Society will expand in proportion to the increased demands and activities of the many lay groups interested in health problems.

Increased work results in greater expense, and he asks our Society this timely and pertinent question: How far can The Medical Society of New Jersey bear the expense involved in the control and administration of the distribution of medical services?

He feels that the present organization of the central office is sufficient to meet the needs of the Society at this time; and that it would be more economical to encourage our county societies to assume a greater proportion of this work.

In addition to the major fields of health activities, he enumerates many of the responsibilities of his department. The fact that the Annual Meeting costs will be met by income from growing technical exhibits deserves favorable comment.

A Supplementary Report (Sect. 9) by the Executive Officer includes the following suggestions which have been endorsed by Reference Committee "A":

1. That the work of the Executive Officer be periodically resurveyed and his duties outlined.

2. We reaffirm the principle that the Executive Officer be responsible for the interest of the Medical Society in legislative proceedings, but do not specifically require his presence at every and all legislative meetings. This requires considerable time which can be more efficiently devoted to other activities of the Society.

5. ADDRESS OF PRESIDENT-ELECT, DR. W. J. CARRINGTON
(Sect. 31)

Reference Committee "A" has reviewed the program as outlined by the President-Elect, Dr. William J. Carrington. We are greatly impressed by the clarity, extent, and completeness with which this program has been formulated. It shows a thorough understanding of the problems at hand, and he deserves the sincere and untiring coöperation of every member of our Society.

6. REPORT OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES
(Action, 47 E)

Reference Committee "A" has reviewed the report of the Trustees. The committee is impressed with the marked increase in their activities, and wishes to express appreciation of their efforts in behalf of the doctors of New Jersey.

Although our organization has reached a high state of efficiency, the Trustees call our attention to this important fact, viz: The splendid work and efforts of the many men serving on the various committees cannot produce the desired results unless the rank and file of the membership become fully aware of the objectives toward which we are striving, and coöperate to the fullest extent, individually and collectively, in all of the many activities of the State Society.

In order to facilitate the payment of the expenses involved during the course of the appeal of the Hudson County Medical Society to the Judicial Council of the American Medical Association last year, Reference Committee "A" endorses the recommendation of the Board of Trustees that the House of Delegates reconsider this matter, since it is the opinion of the Board that payment of the account would be to the best interest of all parties concerned.

7. PURE FOOD AND DRUG ACT

Included in the Report of the Board of Trustees is the report of the Pure Food and Drug Committee making specific recommendations in the change of the wording of the Pure Food and Drug Bill. The committee suggests that these proposed changes be included in the Transactions of the House of Delegates.

We suggest that the Board of Trustees request the New Jersey Representatives in the United States House of Representatives to use their influence toward making Bill S-5 to conform with the suggestions made by our Pure Food and Drug Committee.

Reference Committee "A" recommends the adoption of the written resolutions submitted to us by Dr. Burritt, said resolutions having been referred to the committee by the House of Delegates. We were impressed with the importance of this subject, and feel that the proposals should be considered and included in the program of the incoming President.

Respectfully submitted,
J. W. HURFF, *Chairman.*

PRESIDENT HERRMAN: You have heard the report of Reference Committee "A". Do you wish to vote on it as a whole, or do you wish to take up sections of it?

DR. POLLAK: I don't know whether I am in order in making the comments I am about to make in relation to a part of the able report that has just been submitted. I speak particularly about the point in question where it is stated that the Executive Secretary shall not attend the meetings of the Legislative Committee because too much time is incurred. That is absolutely correct, but under our present status it is almost a physical impossibility for our Legislative Committee, particularly with the present existing inertia on the part of many of the County Societies, for us to do legislative work on behalf of the Society unless we have the presence of the Executive Secretary; or unless a *legislative agent* of ours be engaged. Unless this agent is engaged, at the discretion of the Board of Trustees, I find that that part of the report submitted now would not be in order because the Secretary will, of course, be required particularly in the coming year when we anticipate a tremendous amount of work for the Legislative Committee.

DR. WILKES: I think there is a slight misunderstanding that I should like to correct, in that suggestion. What I think is not the most effective use of a certain part of the Executive Secretary's time is that under the original instructions, which were very specific, to the Executive Officer, he was to *attend each full meeting* of the Legislature.

Now, the Executive Officer can do a great deal more at committee meetings prior to the formal voting, and between seven and eight o'clock in the evening. When he is put off the floor with the rest of the non-recognizables, he merely sits up in the gallery and watches the wheels go round. He can do nothing. He is there often for hours, sometimes well after midnight, and I can't see that there is any purpose in his sitting up there with the rest of the spectators.

He should attend every meeting of the Legislature to find out what is coming out, and to give the views of the Medical Society to the individual members; and in so far as he can, to do everything he can to protect and promote the interests of the Society, but he has been under the strict instructions that he stay through the full sessions. There are plenty of times when those three or four hours could be spent at the office or in bed to much better advantage than sitting up in the gallery helplessly.

I want to make that clear because it did not refer to the attendance on the Legislative Committee, Dr. Pollak, nor to a throwing off of the legislative work; it was merely to ask for a little more opportunity to use his judgment when his time could be effectively applied to the greatest advantage of the Society rather than sitting up, when he knows he is helpless to do anything except listen to bills, most of which are not related to the medical profession.

PRESIDENT HERRMAN: There are several matters brought out by this Reference Com-

mittee, and some he is going to add, on which there will be special motions and action, so with the House's permission, I will have these things taken up point by point.

47 A. PRESIDENT'S REPORT
(Sect. 5)

PRESIDENT HERRMAN: Do I hear a motion in regard to Reference Committee "A's" report on the *Report of the President?*

DR. QUIGLEY: I move it be accepted and the recommendations adopted.

The motion was seconded by Dr. Pollak, was put to a vote, and was carried.

47 B. SECRETARY'S REPORT
(Sect. 4)

PRESIDENT HERRMAN: Now Reference Committee "A's" report on the work of the Secretary—not the Executive Officer, the Secretary.

DR. ULMER: I move it be accepted and the recommendations adopted.

The motion was regularly seconded, was put to a vote, and was carried.

47 C. PUBLICATION COMMITTEE
(From Sects. 12 and 47)

PRESIDENT HERRMAN: Now, Publication Committee.

DR. POLLAK: I move it be adopted.

The motion was seconded by Dr. Ulmer, was put to a vote, and was carried.

47 D. EXECUTIVE OFFICER
(Sect. 9)

PRESIDENT HERRMAN: Now the Executive Officer's report, over which we have had some discussion.

DR. BURRITT: I move it be adopted.

The motion was seconded by Dr. Quigley, was put to a vote, and was carried.

47 E. TRUSTEES
(From Sect. 6)

PRESIDENT HERRMAN: Now I will let Dr. Hurff continue with the report on the Board of Trustees' report.

DR. HURFF: Committee "A" neglected to include in the Report of the Board of Trustees the fact that our Board of Trustees has voted to pay——

PRESIDENT HERRMAN: Might the Chair explain? The Board of Trustees wishes to recommend to the House of Delegates for their consideration the payment of the legal expenses incurred by Hudson County in their appeal to the A. M. A. A special committee was appointed by the Board of Trustees to sit in with representatives of Hudson County and adjudicate the first bill presented. The Board of Trustees recommends that that adjudicated bill be paid, but the House of Delegates has to decide whether it shall or not.

DR. HURFF: This report should be included with the Report of the Board of Trustees.

PRESIDENT HERRMAN: Now we will vote to take action on the report of Reference Committee 'A" in regard to the report of the Board of Trustees.

DR. ULMER: I move that this recommendation be accepted.

The motion was seconded.

PRESIDENT HERRMAN: Does that take in the whole report, the recommendation in regard to the bill?

DR. ULMER: I refer in my motion to the report of the committee already read and to this amount of expense account rendered by the Hudson County Medical Society.

PRESIDENT HERRMAN: I believe it would be in order to vote on the report of the committee, purposely—no amount has been mentioned—and a second motion could be made to pay so much, if that is the will of the House. I will, therefore, entertain a motion first upon the entire report of the Reference Committee on the Board of Trustees.

DR. BURRITT: Is it not the recommendation of the committee that the recommendation of the Board of Trustees is that this bill be voted on by the Board of Trustees? We are not voting to pay the bill by voting on this motion. Is that correct?

PRESIDENT HERRMAN: You are voting to accept the recommendation, but you are not voting any specific sum.

DR. MARSH: In order to have the bill finally paid, it would be necessary to specify the sum.

PRESIDENT HERRMAN: The Chair may be out of order, but he wanted two motions on this thing.

DR. QUIGLEY: One.

PRESIDENT HERRMAN: Do you feel one will cover it?

DR. QUIGLEY: Yes.

PRESIDENT HERRMAN: A delegation of the County Medical Society appealed to the Board of Trustees for payment of the expenses involved during the course of an appeal to the Judicial Council of the A. M. A. last year. It was moved by the Board that the bill be paid. The opinion of Counsel, however, was to the effect that in view of the decision of the House of Delegates at its last meeting, it was beyond the power of the Board of Trustees to authorize payment. There has been some modification, however, of the bill, which will be presented at this session. That is the reason the

bill has not been presented, and that is why I thought two motions would be made.

The Board of Trustees recommends the reconsideration of this matter by the House of Delegates, and is of the opinion that payment of the account should be to the best interest of all parties concerned.

Is there a motion?

Dr. Costello: I move that the report of the Committee on the Board of Trustees be accepted and the recommendations be concurred in.

The motion was regularly seconded, was put to a vote, and carried.

Dr. Lewis: This implies a reversal of a motion passed at the last annual meeting of the House of Delegates, and I do believe there should be a definite motion providing for the payment of this bill, if it is the wish of the House of Delegates.

Dr. Costello: I propose we reconsider our action of last year in reference to this matter.

President Herrman: Dr. Costello, the action last year was double-barrelled. There were two parts.

Dr. Costello: I move, if in order, that we reconsider all action taken last year in reference to this bill.

President Herrman: I feel, since this is an entirely new House of Delegates, that that isn't necessary. A motion can be made to pay this bill. That is what I want to get before the House.

Dr. Costello: I move that the adjudicated bill, as adjudicated by the Board of Trustees and Hudson County Medical Society be paid.

President Herrman: What is the amount?

Dr. North: $1265.90.

President Herrman: The amount is $1265.90. Is that included?

Dr. Costello: Yes.

Dr. Ulmer: I second the motion.

President Herrman: It is regularly moved and seconded that the adjudicated bill presented by Hudson County Medical Society, incurred in making an appeal to the A. M. A., in the sum of $1265.90, be paid.

Dr. Marsh: Will Dr. Costello accept an amendment that the sum be charged to the surplus and not to the budget?

Dr. Costello: That is what my understanding was with the Finance Committee, that that is acceptable, and I will incorporate that in the original motion.

President Herrman: We will incorporate that in the original motion, then. Is there any further discussion?

The question was called for and the motion was put to a vote and was carried.

48. Pure Food and Drug Act

President Herrman: I will recognize Dr. Burritt for a few minutes and a few only, if he wishes to give any further information to the House of Delegates on this Pure Food and Drugs Act.

Dr. Burritt: The Reference Committee has asked me to present the resolution.

In 1934 and 1935 it was reported to this Society that the punitive measures (criminal prosecutions) provisions of the Food and Drugs Act were deliberately being not enforced to the extent that criminal actions to the number of only 6.4 per cent of the violators of the law. At that time a resolution by this body demanded complete Congressional investigation under subpoena and oath. By the subsequent, not to say "consequent", activity of the officers, this demand seems to have been justified, for within a very few months there was a sharp rise in the percentage of criminal prosecutions, until in 1937 the published Notices of Judgment reveal that 52 per cent are now criminal actions.

The recent entry of charges of adulteration and misbranding (the fullest extent of any violation) against a manufacturer of a fatal medicinal with only a libel action against him would seem to justify a reiteration of this demand, particularly since this same manufacturer has been a repeated violator.

I wish, therefore, to offer the following resolution:

> The Medical Society of New Jersey reiterates its demand for complete Congressional investigation of the administration of the Food and Drugs Act and the lobbying in connection with food, drug, and cosmetic legislation before any form of new legislation is passed. (This be given equal publicity with the report of the Board of Trustees.)

And in order to more clearly state our position within the profession in relation to the guaranteeing of advertisements and products of commercial companies, we would like further to offer the following resolution:

> The Medical Society of New Jersey demands that the House of Delegates of the American Medical Association conduct an investigation of the uses of the seals of approval of the Committee on Foods and the Council on Pharmacy guaranteeing advertisements and products which have been found to be in violation of the Federal Trade Commission Act or of the Federal Food and Drugs Act.

President Herrman: These resolutions which the committee has read were considered by Reference Committee "A" and approved, so when you have voted on the report of the

Reference Committee on the Board of Trustees, it included this material.

49. AWARDS IN THE SCIENTIFIC EXHIBITS

PRESIDENT HERRMAN: I will recognize Dr. Yaguda to announce the decision of the Committee on Awards.

Dr. Yaguda read the report of the Committee on Scientific Exhibits, as follows:

The Committee on Scientific Exhibits wishes to express its appreciation to the staff of the Hotel Ambassador for the splendid coöperation in setting up the Scientific Exhibits. It also wishes to express its sincere appreciation to the exhibitors who at great expense and loss of time prepared these most excellent demonstrations and have so graciously demonstrated them to the members of the Medical Society.

The awards this year were made by a special Committee on Awards, and it was with great difficulty that they arrived at their decisions, because of the numerous excellent exhibits which were also deserving of consideration.

In the group of original investigations:

First Award was given to the exhibit presented by Dr. Benjamin Jablons, of New York City, for an exhibit entitled "The Treatment of Chronic Hypertension with a Choline Histamine-Free Extract of Animal Kidney".

Second Award to Dr. Charles R. Rein and Clarisse E. Hazay, from the Skin and Cancer Unit of Post-Graduate Medical School of New York City, for an exhibit on the "Control and Prevention of Transfusion Syphilis".

Third Award to Drs. Van Slyke, Bourdillon, Farr, Page, Smadel, and Swift, Rockefeller Institute Hospital, New York City, for an exhibit on "Clinical and Experimental Studies on Nephritis".

Honorable Mention to Dr. Jacob Hoffman, of the Jefferson Medical College and Hospital, Philadelphia, Pa., for an exhibit on "Female Endocrinology".

In the group of awards for meritorious excellence:

First Award to Drs. Gray, Bernhard, Toye, Kavanaugh, Samuels and Byrnes, of the Hospital of St. Barnabas for Women and Children, Newark, N. J., for an exhibit on the "Treatment of Chronic Arthritis".

Second Award to Drs. Stanley Woodruff and Joseph S. Grewal, Bayonne Hospital, Bayonne, N. J., for an exhibit on "Diseases of the Genito-Urinary Tract".

Third Award to Drs. Finkler, Marks, Bass, and Ward, Newark Beth Israel Hospital, Newark, N. J., for an exhibit on "The Endocrine Aspects of the Menopause".

Honorable Mention to Dr. S. A. Goldberg, of the Presbyterian Hospital, Newark, N. J., for an exhibit on the "Lesions of the Small Intestine".

Respectfully submitted,

ASHER YAGUDA, *Chairman.*

50. PLACE AND DATE OF ANNUAL MEETING

PRESIDENT HERRMAN: Reference Committee "H", Dr. David B. Allman.

Dr. Allman read the Report of Reference Committee "H", as follows:

Mr. President and Members of the House of Delegates:

Your Reference Committee "H", to consider reports of City, Hotel, and Dates of 173rd Annual Meeting; Study of Policy in Reference to Annual Meeting, the Delegates to the A. M. A., and the Committee on Honorary Membership, met in Room 122 of the Hotel Ambassador at 11:30 a.m. on Wednesday, May 18th, 1938.

The entire committee was present, as were many other members of The Medical Society of New Jersey who were interested in the selection of the time and place of our future meetings.

PLANNING ANNUAL MEETINGS YEARS IN ADVANCE

Your committee is strongly of the opinion that a definite time be selected for all future meetings of this Society, so that the meetings can be arranged at least two or three years in advance. This becomes particularly necessary because of the increasing size of our Society. Your committee, therefore, recommends that the future annual meetings of The Medical Society of New Jersey be held the week beginning the first Monday following the fourteenth of May each year. This time of the year is exceptionally fitting in that it does not conflict with the meetings of any other Medical Society, and because of the fact that it follows immediately after the New York State Medical Society meeting, which gives the exhibitors, whom, of course, we must consider, an opportunity to move their exhibits directly from New York to our convention. We recommend that the meeting for 1939 be held May 16th, 17th and 18th.

PLACE OF MEETING

We recommend that the meeting of this Society for 1939 be held in Atlantic City. We have taken under advisement and study the policy in reference to having the annual meeting held in other parts of New Jersey at varying intervals, say of possibly three or four years. A motion to the effect that the 1940 meeting be held in Asbury Park was made by Dr. O. R. Holters, and was lost. After much discussion, because of the fact that few cities are able to accommodate our convention, and because of the fact that it has been our past experience that attendance in other cities has not been as good as that in Atlantic City, your committee went on record as being in favor of and recommending to your Board of Trustees that Atlantic City be selected as the place of the annual meetings of The Medical Society of New Jersey.

Your committee recommends that the 1939 meeting be held at the Hotel Ambassador. Before arriving at this decision a rather lengthy discussion of hotel accommodates in this city took place. Because of the fact that the Chalfonte-Haddon Hall, which was the other location under consideration, offered us no available dates during the month of May, your committee reached its decision about the Hotel Ambassador. Many minor objections were advanced by various persons attending this con-

vention against the Hotel Ambassador; but upon assurance from the management that every effort would be made to correct these conditions, and because of the fact that the management of the Hotel Ambassador had shown President Herrman, the Executive Officer, and others such a splendid spirit of coöperation and such a strong desire to do anything within its power to satisfy this year's convention, your committee arrived at the above conclusion.

This committee feels that it should be brought to the attention of the Board of Trustees that it is our recommendation there should be a more or less fixed time for the annual meeting and that the hotel be selected far enough in advance of the meeting to assure satisfactory accommodations at whatever hotel this body should select.

Your committee considered the report of the New Jersey Delegates to the A. M. A. Convention Meeting, and approves of it.

Your committee likewise approves of the report of the Committee on Honorary Membership.

Respectfully submitted,

David B. Allman,
Chairman
David W. Green
O. R. Holters
A. Charles Zehnder
J. Allen Yager

President Herrman: You have heard the Report of the Reference Committee "H" in regard to time of annual meeting, the city, and hotel, and in regard to the policy of meeting in Atlantic City and not going occasionally elsewhere in the State.

Dr. Pollak: I move it be adopted and that the recommendations also be adopted.

The motion was seconded.

President Herrman: Is there any discussion?

Dr. Van Ness: I don't know whether it may rightly come up at this time, or whether it should be referred to the Program Committee, but several years ago the policy was adopted of holding the first session of this House of Delegates in the afternoon, and that was a great convenience to the delegates coming from a distance. Why it has been discontinued, I do not know, but I feel very strongly that we should very definitely consider its reëstablishment.

President Herrman: I might explain that there was no intention to alter that this year, but it did not come to the attention of the President and Board of Trustees until the scientific program had already been partially arranged, and visiting guest speakers had accepted the time in the afternoon of Tuesday. For that reason the Board of Trustees took it under very serious consideration because we know the wishes of the House of Delegates, and felt that we had to assume the responsibility this year in changing that because of the scientific program. There was no intention to change that. Is that clear?

Dr. Van Ness: Have you any suggestions as to how it might be rectified, because I feel very strongly it is a great convenience for those coming from a distance to have the first session in the afternoon?

President Herrman: It is one of the thousand and one details, some of which can't be carried through perfectly, and I am sure this thing has been emphasized in the mind of the Executive Officer and the Central Office, and the Annual Meeting Committee.

Dr. Herschel S. Murphy: I think Dr. Allman's report is a very good one and, on the whole, I thought he brought up some very good plans, but I think the question of the hotel should not be decided at the present time because I understand on good authority that Haddon Hall can have us next year in May. I have talked with a good many of the women, and my wife is here, and she is in the Auxiliary, and the women are very anxious to get back to Haddon Hall. They feel it is more centrally located in regard to shops, and I think when we bring our wives with us, if they are happy, it helps make our convention more successful.

I would like to offer an amendment to Dr. Allman's report that the selection of the hotel be left to the Board of Trustees, and next month they may be able to decide definitely whether it will be at the Ambassador or at Haddon Hall.

The amendment was regularly seconded by several.

President Herrman: In the minds of some people it might be a good idea to keep the wives away from the shopping district. (Laughter.)

Dr. Morrison: There is another matter to be considered. Down here at the Ambassador you are away from the smaller hotels, and many of the younger members would like to come here but, as a matter of expense, they want to register at smaller hotels, with which Haddon Hall is surrounded.

Dr. Ralph Hollinshed: Does this include the selection of a permanent date, or is it just a recommendation to the Board of Trustees?

President Herrman: A recommendation to the House that this time of year be adopted as a standard time, instead of, as we have been doing lately, being undecided between April and June.

Dr. Hollinshed: I think that matter should be included in Dr. Murphy's amend-

ment, not only the place of the meeting but also the selection of a permanent date.

PRESIDENT HERRMAN: Do you accept that with your amendment to the Board of Trustees, that it be referred—not only the hotel but the dates?

DR. MURPHY: That is satisfactory, yes.

PRESIDENT HERRMAN: That is part of the report of Dr. Allman and that is the recommendation, but it must be referred to the Board of Trustees, so I don't know that that amendment is a burden—what he wants the Delegates to vote on are these recommendations to the Trustees, who have to decide this matter.

DR. KRAEMER: May I further amend that motion by saying that the Board of Trustees be asked to use all their good influence to go back to Haddon Hall,—not be "directed", but try their best to arrange to go to Haddon Hall? Except for Dr. Yaguda's report, I have not heard any favorable comment in regard to this hotel. There has been objection on every hand.

Speaking as a Section Officer, I can say that, despite the excellence of the speakers and the excellence of the program, much of the program was lost by the bedroom and bath arrangement in which the sections had to hold their meetings.

PRESIDENT HERRMAN: May the Chair say just a word? I was particularly interested in going throughout the meeting into the various exhibits and elsewhere, and I found a very decided difference of opinion. You have made a very definite statement in regard to preference for Haddon Hall. That certainly does exist, but also I don't want to let this go without stating that there are others who feel nearly as strongly about this particular hotel that we are in.

There is one thing I might mention, and that is that we have a great deal of material to store and we have had to pay storage on that at the other place, and this hotel offers to store that without charge, and they also moved it, I believe. Those things should be stated, in all fairness.

There is an amendment to the original motion which I will entertain, but it isn't necessary—as long as it has been seconded. We are now voting on the amendment, the acceptance of this report, that the matter of the time and the hotel be left to the Board of Trustees. Did you accept Dr. Kraemer's amendment to your amendment?

DR. MURPHY: Yes, Mr. President.

PRESIDENT HERRMAN: Does the seconder accept that, too?

SEVERAL MEMBERS: Yes.

PRESIDENT HERRMAN: The seconder accepts it, too. Then the amendment contains also a recommendation to the Board of Trustees that Haddon Hall be given the preference—is that it? We are now voting on the amendment. Is it all clarified to you? The entire amendment, for clarity now, contains the elimination from the acceptance of this report, of the time of year and the hotel; that these matters be left to the judgment of the Board of Trustees with a recommendation that they go to Haddon Hall, if possible. Does that cover the situation? Are you all clear that we are voting on the amendment to the acceptance of the complete report?

The motion was put to a vote and was carried with one dissenting vote.

PRESIDENT HERRMAN: Now we are voting on the original motion to accept the report of Reference Committee "H" in regard to time and place of the meeting and hotel, as amended.

The motion was put to a vote and was carried.

50 A. REPORT OF DELEGATES TO A. M. A. IN 1937

DR. ALLMAN: Your committee considered the report of the New Jersey Delegates to the A. M. A. Convention Meeting, as published in the June (1937) Journal, and approves of the same.

50 B. HONORARY MEMBERSHIP

Your committee also approves of the report of the Committee on Honorary Membership.

It was regularly moved and seconded that the report of the Reference Committee "H" on the reports of the New Jersey Delegates to the A. M. A., and the Committee on Honorary Memberships be approved. The motion was put to a vote and was carried.

51. REPORT OF SPECIAL REFERENCE COMMITTEE IV

PRESIDENT HERRMAN: Special Reference Committee IV on Miscellaneous Business, Dr. H. S. Murphy.

Dr. Murphy read the report of Special Reference Committee IV, in regard to the Resolution of Dr. Wood (Sect. 27) concerning the Editor of A. M. A. Journal, as follows:

REPORT OF REFERENCE COMMITTEE IV

It was moved, seconded and unanimously adopted that Reference Committee IV approve the following resolution referred to it by the House of Delegates:

Whereas the Editor of the Journal of the American Medical Association is accepted and

referred to by the Press of the Nation as the Spokesman of Orangized Medicine, and

Whereas said Editor conducts a column in the daily Press that advises as to Health; and

Whereas the said Editor has edited a "Modern Home Medical Adviser", the newspaper advertisement of which claims "Money could not buy better health guidance"; and

Whereas the said Editor has admitted he has control over the advertising of this book;

Therefore, Be it resolved, that the Delegates from New Jersey to the American Medical Association are hereby instructed to introduce a motion into the House of Delegates of the American Medical Association requesting the Board of Trustees of the American Medical Association to instruct said Editor to confine his writings to the official publications of the American Medical Association.

Herschel S. Murphy,
Chairman
James G. Boyes
Harry J. Perlberg
Adolph Towbin
Fred Vosburgh

It was regularly moved and seconded that report of the Reference Committee be adopted.

Dr. Wells P. Eagleton: I am a Delegate to the A. M. A. I have had a great deal of experience in the A. M. A. If you have, you realize the importance of this stand. Unless you have been on the inside, unless the A. M. A. is reorganized thoroughly, unless the A. M. A. hears from a few states in no uncertain terms, American medicine is doomed to disrepute. It is in disrepute today because of the attitude of the A. M. A.

I had nothing to do with the drawing of this resolution, but to my mind it is one of the most important things that has come before this Convention.

The reprisals that have emanated from headquarters of A. M. A. to any state that had the audacity to even criticize its policies, really is unbelievable in a scientific organization. Another state had the temerity to express an opinion of its own and the reprisals that were put on that state were put on with success. They have tried it with New Jersey. I am not at liberty to tell you how they have tried it. It would not be wise, but I say, without fear of contradiction, that if the reprisal is attempted against New Jersey because we have had the audacity to stand up for what we believe is the interest of American medicine—well, the attempt was contemptible.

I hope this resolution, the importance of this resolution will be appreciated by you all, for New Jersey stands today in the lead, chiefly because it has had the temerity to stand up before the A. M. A.

The organization of the A. M. A. is out of date. The House of Delegates of the A. M. A. has not one penny. All the money is held by the Board of Trustees. They might as well go home.

Now, if whatever they advocate requires money to put into force—and it takes money to put anything over—I hope the time is rapidly coming when the A. M. A. organization will be democratized—*it will be democratized.* All government, representative government, that has lasted, that is still in existence, is based on the principle that was adopted in England, that the House of Commons, elected by the people, holds the purse. That is why it has lived; and yet we in the A. M. A., it is true that we elect Trustees from the House of Delegates, but this money is held by the Trustees. The Journal is owned by the Trustees. The Editor of the Journal is the employee of the Trustees, and not of the House of Delegates.

I want you to all realize the importance of this. It is but a few years ago that an effort was made to do this. It was unsuccessful, but we did succeed in doing this: We succeeded in taking the statement from the Editor that he signed to syndicated articles all over the United States, and compelling him to take off his official position, Editor of the A. M. A., Editor of the Journal of the A. M. A. The effect was immediate; not as much as we would want, but it was immediate, for any man can sell anything if he is allowed to continue to use under his name, "Editor of the Journal of the A. M. A.", but the name alone in three years will be of very little value. (Applause.)

Dr. Hollinshed: I have no desire to start an argument, but what Dr. Eagleton has said may be true. I don't know. I don't care. But I believe that the resolution as presented, if endorsed, will make The Medical Society of New Jersey look rather foolish. I think it is a rather small thing for a medical society like that of the State of New Jersey to petition a body like the A. M. A. and tell it that we demand that the Editor of its Journal stop all other writing except editing the Journal of the A. M. A.

Dr. Herschel Murphy: I don't like to think that anybody that works for the right ever is foolish; and I think anybody who has the temerity to fight for what he thinks is right can command respect. I think we are on the right track, and it is time we do something. Somebody has to start it. New Jersey stuck its neck out before, and maybe they caught it;

but, on the other hand, they didn't lose their spirit. I still think this is a good thing, and I am still for it. (Applause.)

DR. CHESTER I. ULMER: Mr. President and Members of the House of Delegates: I speak not as a proponent for the Editor of the Journal, Dr.——

DR. EAGLETON: I think, Mr. President, that I would suggest to all speakers that the name, any names, should be eliminated from the official transactions. We are talking about the Editor of the Journal of the A. M. A., not about an individual.

PRESIDENT HERRMAN: No matter who the Editor may be.

DR. EAGLETON: No matter who the Editor may be.

DR. ULMER: Mr. President and Members of the House of Delegates: I speak not so much as a proponent for the Editor of the Journal of the American Medical Association as I speak as a proponent for judicious judgment. I feel that there are merits in portions of this resolution; but I see considerable demerit in at least one portion of it. Considerable of the advertising propaganda accorded to the Editor has been not of his own writing, and certainly he is not guilty of much of it. However, the resolution is our thought. The particular part in it that I feel is devastating, unwise, injudicious, and will have a terrific recoil, is this part: "to instruct said Editor to confine his writings to the official publications of the American Medical Association". That is wierd, unfair, and not democratic.

Certainly he has a right, he the Editor, to write books, articles, directed to any other stream of publication than the Journal to which we refer. Let the Trustees of the A. M. A. decide his activities; and in conclusion, let our A. M. A. delegates be vociferous, let them be active on the floor of the House of Delegates when they go out there next month. I think it is a fine thing, and that is where it should be heard; and this resolution is just another scrap of paper, probably; so I think our Delegates should present this point of view definitely out there, and particularly would I be happy if Dr. Eagleton would so vigorously express himself.

PRESIDENT HERRMAN: Dr. Eagleton has said that this is probably the most important thing to come before the House of Delegates at this session, and I concur in what Dr. Read has said; however, it is often not so much *what* you do, as *how* you do it.

I wrote officially to Dr. Olin West and to Dr. Fishbein in reference to the material which Dr. Read has presented to you and, to make it short and snappy, apparently this is the situation: Olin West has no control over Fishbein, and Dr. Fishbein, in his letter to me, has no control over his advertising.

The Trustees of the A. M. A. are very estimable gentlemen, those I have met. I think they are distinguished men from all over the United States. I feel that they should control their paid employees; and I feel that whatever is done by their employees, whether during working hours on Dearborn Street, or outside, should be passed in review by those Trustees; but I do not feel, personally, that this motion, in the form in which it now is, will help matters.

This is a very important thing, and I have asked Dr. Carrington to come here, the incoming President. The policy of this organization is that during the President's year in office the Society revolves about him. Dr. Carrington has been placed on an important A. M. A. committee. At the present time New Jersey has two men on A. M. A. committees, for the first time in a good many years.

I am a strong believer in organization and in organized medicine. I feel that there are a great many things to correct, and I believe those corrections must be made from within the structure; and I believe that the Component State Societies should make themselves heard in those things in which they disagree with the Central Office, whether it is policies or acts; and I feel that we should keep on making ourselves heard;—but, again I say, it is how you do it that is important.

Now I should like to have Dr. Carrington express himself, as the incoming President, not on the material, but the manner in which this is presented.

DR. CARRINGTON: Mr. President, I approve most heartily of the statement that you have just made, namely, that corrections that are to be made should be made from within. Some of us approve, perhaps, of some of the items of the Committee of 430. I think no man in this room approves of the methods used by the Committee of 430 in going to the public, outside of organized medicine; and I heard only a portion of Dr. Eagleton's remarks, for I was called out, and I heard a portion of what Dr. Read said, but I am quite sure that they follow the tenets, and have laid down, indeed, the tenets that evolutionary changes that are to be made in medicine should be made from within and not from without.

Is that what you wanted me to discuss?

PRESIDENT HERRMAN: Well, you know the motion. The wording of the motion is before the House, the resolution presented by Dr. Murphy, do you not?

Dr. Carrington: Yes, I approve of that.

President Herrman: And there has been a motion made and seconded that the report of that committee and its recommendations be concurred in, and the rest of it has been a discussion of that point, and, before the vote was taken by the House, I felt you ought to express yourself on the matter.

Dr. Carrington: I can say this for the coming administration of The Medical Society of New Jersey, as one of your representatives, that we shall do everything in our power to carry out your directions, and in them we heartily concur.

Dr. Eagleton: Would you mind reading the resolution, because there is confusion in the minds, evidently, of Dr. Herrman, at least. This is a specific instruction to the A. M. A. Delegates. It doesn't say how we shall do it, but it is specific instruction to them, and Dr. Ulmer takes exception, and Dr. Hollinshed takes exception. Would you read the resolution's instructions and see if you do not concur in them?

Dr. Carrington: I will leave out the "whereas" paragraphs.

"*Resolved,* That the Delegates from New Jersey to the American Medical Association are hereby instructed to introduce a motion into the House of Delegates of the American Medical Association requesting the Board of Trustees of the American Medical Association to instruct said Editor to confine his writings to the official publications of the American Medical Association."

Now, what were the objections to that?

Dr. Eagleton: You approve of those, do you?

Dr. Carrington: Yes.

Dr. Eagleton: That is all.

Dr. Reuben L. Sharp: We are opposed to the present Editor's policies,—there is no question about that. But the question is whether it is wise to restrict him wholly to that. He might be writing some very able material on some other source aside from his position as Editor of the A. M. A.; and, if it was able and met our ethical standards, there would be no objection to it. What you are objecting to is the present material that he is putting out; and according to the strict wording of he resolution, you are going to prohibit him from doing anything other than those publications. I think that is the point Dr. Hollinshed wanted to make.

Dr. Hollinshed: Yes.

President Herrman: Dr. Eagleton says my mind is confused. It is perfectly clear on this matter. I agree with everything that has been said against the type of writing that has been going on; but I feel that our recommendations to the Board of Trustees should be that he be not allowed to engage in activities or publications that they have not first passed upon and feel are satisfactory; but this is such a mandatory and constrictive resolution, in my humble opinion—and I feel as a member here I have a right to express that.

Is there further discussion upon this matter?

Dr. Clay: The point is he can't use his name or material in advertising as Editor of the A. M. A.

President Herrman: That has been done before and New Jersey agreed. They don't want him to write anything now.

Dr. Hollinshed: If the State wants to do something, why don't you do what you want to do? What you want to do is to get rid of Fishbein. Why don't you tell your Delegates to get a new Editor of your A. M. A.?

Dr. Eagleton: That is not so.

Dr. Read: I disagree, and I do not wish to get rid of Dr. Fishbein. I take exception to that.

President Herrman: Is there any further discussion?

Dr. Carrington: Let me ask a question. I didn't hear all the discussion, but I did hear remarks about the possibility of Dr. Fishbein's being engaged in some other literary work,—making a book. Might not our case be weakened by the strength of this resolution? I don't know who made the original motion.

Dr. Eagleton: I thoroughly approve of the original motion as it is now.

Dr. Morrison: I am heartily in sympathy with the spirit of this motion, that we request our Delegates to the A. M. A. to use their endeavor on the floor to see that the Editor of the A. M. A.'s activities are controlled by the Board of Trustees. I believe that they should control his activities as Editor, to publishing matters pertinent to organized medicine. I do not believe that we have a right to take away from him the privilege of publishing other articles or other books, but it should not be done under the name of the Editor of the A. M. A. It should simply be that they are published under his own name.

President Herrman: You are all familiar with the motion in support of this resolution and you are all familiar with the resolution.

The motion was put to a vote and was carried.

President Herrman: That concludes the reports of the Reference Committees. Is there any unfinished business to come before the House?

52. LIAISON WITH THE BAR ASSOCIATION

DR. ANDREW F. MCBRIDE: Last Spring the Trustees appointed me on a committee to confer informally with a similar committee from the New Jersey State Bar Association on subjects of vital interest to both physicians and lawyers, such as the Physicians' Lien Bill and Workmen's Compensation. I offer a very brief report of the conference for record in the Transactions.

The first item of the report consists of the following letter from the Chairman, to President Herrman, dated May sixth:

Your committee to confer with a similar committee of the State Bar Association met in the City of Newark on March 26, and discussed the desirability of closer relations between the two professions in New Jersey, and came to the conclusion that it was desirable to have committees from the two professions meet from time to time for the purpose of bringing about a better understanding of the problems confronting both the legal and medical professions in the State in their relations to the public.

Mr. Frank Lloyd was made Secretary of the Bar Committee membership; and I have asked Dr. Quigley to act in a similar position for our committee.

Dr. Quigley unfortunately was not able to be present at our first meeting due to illness, but since that time both Dr. Quigley and Dr. Beling met with me at my office on May first, when we discussed fully and completely many questions that might profitably engage the attention of the membership of both professions in New Jersey. It is our purpose to call a meeting of the joint committees in the very near future.

ANDREW F. MCBRIDE,
Chairman
FREDERIC J. QUIGLEY
CHRISTOPHER C. BELING

The second item is a copy of the report of the committee of the Bar Association, dated May 18:

The Committee to confer with The Medical Society of New Jersey respectfully reports as follows:

The committee had a joint meeting with the Medical Society committee at the Essex Club, Newark, March 26, 1938. All State Bar Association members were present. Dr. Andrew F. McBride and Dr. Christopher Beling were present, representing the Medical Society. Dr. McBride was elected Chairman of the joint conference and Frank T. Lloyd, Jr., Esq., Secretary.

Problems of mutual interest were generally discussed with the unanimous thought of better and closer coöperation between the Bar Association and the State Medical Society. Because it was the initial meeting, no specific matters were decided; but the general feeling prevailed that such a Joint Committee would be of material mutual benefit. The Joint Committee had a most harmonious meeting and both groups left with the idea of presenting specific matters at subsequent meetings.

The committee strongly recommends that such committee be made a permanent committee of the Association.

GERALD MCLAUGHLIN,
Chairman
J. WALLACE LEYDEN
FRANK T. LLOYD, JR.

The doctors and the lawyers found many reasons for holding another meeting in the early Fall in order to develop a definite form of organization and scope of action which will receive the hearty support of both of the participating groups.

ANDREW F. MCBRIDE, *Chairman.*

53. RESOLUTIONS THANKING LEGISLATORS

DR. QUIGLEY: I should like to present two resolutions acknowledging our appreciation of the efforts of two Legislators. Preliminary to that I should like to emphasize again the debt that we owe at this particular time to several members of the Legislative Committee, those who have worked for it, as you have acknowledged in your address: first, the Chairman of the Legislative Committee of this year, Dr. Areson, and along with him, Dr. Stahl, of Essex, a member of my own Society, Dr. Pollak, who has done a prodigious amount of work, and Dr. Alexander, I know, more than any, deserves the gratitude of the Society for the tremendous amount of work that he has put in on the Assembly Bill 511, and I think that we can't emphasize enough that we owe a great deal to these men who are giving so much of their time.

In the Legislature we have the two physicians this year, one Dr. Hargraves, of Essex County, who is Chairman of the Public Health Committee; and, of course, he has been supporting our efforts. We have a member of our Society in the Assembly, S. E. Stokes, of Burlington, and it is safe to say no man in the Assembly is more highly thought of, and by his presence there he is aiding us greatly.

The Assemblyman who introduced A-511 is Assemblyman McClave, of Bergen County, a personal friend of Dr. Alexander, a gentleman I have known personally myself for twenty-five years, and his whole family, and he deserves especial recognition for introducing this bill and for his 100 per cent support in the face of a tremendous opposition from the press and from the cults. He has been deluged with objections and yet he is 100 per cent. He has done everything possible to further this bill,

and I think it is only just that we should recognize this.

Then there is Assemblyman Bischoff, from my own county, who is a pharmacist, and he is concluding his seventh year in the Assembly. He has been recently appointed a member of the County Board of Tax Appeals—I think that is it—by the Governor, and will probably finish up in a week or two.

Consistently, year after year, there has been no member of the Legislature who has given more active support in behalf of public health measures and in maintaining the standards of our profession and the allied medical professions, than he, and so, Mr. President, if I may, I will present these two resolutions at one time.

"*Resolved,* That The Medical Society of New Jersey through its House of Delegates record its deep appreciation of the efforts of Assemblyman Roscoe McClave, of Bergen County, in behalf of Assembly Bill A-511—The Uniform Medical Practice Act; and be it further

"*Resolved,* That a copy of this resolution be forwarded by the Secretary of the Society to the Honorable Roscoe McClave."

"*Resolved,* That The Medical Society of New Jersey through its House of Delegates record its appreciation of the active support given by Assemblyman Harry E. Bischoff, of Hudson County, for the past seven years in supporting all measures in the interest of public health and in maintaining high standards of the medical and allied professions; and be it further

"*Resolved,* That a copy of this resolution be forwarded by the Secretary of the Society to the Honorable Harry E. Bischoff."

I move the adoption of these two resolutions.

The motion was seconded, and was put to a vote and carried.

President Herrman: First the Chair would like to entertain a motion that the House thank the Ambassador and its management for their efforts in our behalf during the past few days.

The motion was regularly made and seconded, and was put to a vote and was carried.

54. Resolution to the Legislature

Dr. MacMillan: Our position here favors the expression of our corporate opinion; and the coincidence of the meeting of the Legislature makes it advisable for us to express our views now.

The most important legislative matter which we have under consideration at present is, of course, Assembly 511. A great deal of time and effort has been put forth upon this bill and not to follow through on our efforts would mean a great waste, so I think in appreciation of the work that has been done by the Legislators and by our members in getting this bill passed and in realization of the vast importance of this legislation to organized medicine, I think we should put forth our strongest effort to get legislative support at this time.

I should like to present this resolution for adoption by our present Assembly:

Resolved, That in fulfilling its duty to protect the public from incompetent medical treatment and to maintain the high standards of qualification for physicians, The Medical Society of New Jersey in its corporate Annual Meeting urges the passage of Assembly Bill 511.

Included in this resolution is the recommendation that the Secretary forward this resolution to the members of the Senate, the Assembly, and the Governor.

President Herrman: Do you move the adoption of that?

Dr. MacMillan: I move adoption.

Dr. Quigley: I second the motion.

The motion was put to a vote and was carried.

President Herrman: Is there any more unfinished business?

55. Chiropody Bill

Dr. MacMillan: In the further process of our pushing our present legislative advantage, I should like to call the attention of the Assembly to the fact that a bill, S-237, a chiropodists' bill, gives the chiropodist a free hand in treating all diseases of the foot except amputation. He can treat systemic diseases, diabetic gangrene, compound fractures, and any other diseases which might be a menace to the general health of the patient.

This bill has passed the Senate and will come up for consideration in the Assembly, and I should like to offer this resolution:

"Whereas, Senate Bill 237 is a menace to the public health, The Medical Society of New Jersey in its corporate Annual Meeting urges the Assembly to vote against this bill."

And I should like to include in this resolution that copies of it be sent to the Governor, and to the members of the Assembly.

President Herrman: Do you move its adoption?

DR. MACMILLAN: Yes.

The motion was seconded by Dr. Alexander, was put to a vote, and was carried.

PRESIDENT HERRMAN: Is there any other unfinished business?

56. THANKING WOMAN'S AUXILIARY

PRESIDENT HERRMAN: The Chair would like to entertain a motion giving very sincere thanks and appreciation and admiration to the Woman's Auxiliary and its committees who helped make this meeting a success. I am sure you concur with me in believing that it has been; and also to the Atlantic County Medical Society.

Upon motion made by Dr. Barkhorn, seconded by Dr. Hollinshed, it was voted that the Woman's Auxiliary and the Atlantic County Medical Society be so thanked.

57. ADJOURNMENT

PRESIDENT HERRMAN: Is there any further business to come before this last session?

I now declare this 172nd Annual Session of the House of Delegates of The Medical Society of New Jersey closed.

The meeting adjourned at 1:05 o'clock.

WILLIAM G. HERRMAN, *President.* ALFRED STAHL, *Secretary*

Reported by the Master Reporting Company, 51 Madison Avenue, New York.
The original report is on file in the Executive Offices, Trenton, N. J.

PART TWO

SCIENTIFIC FEATURES OF THE ANNUAL MEETING

The Scientific Features of the Annual Meeting of The Medical Society of New Jersey were conducted along five lines:

1. A General Scientific Session.
2. Meetings of seven sections devoted to specialties of practice.
3. A Scientific Exhibit.
4. An exhibit of Medical History.
5. Technical Exhibits.

1. GENERAL SCIENTIFIC SESSION

A general scientific session was held on the evening of Tuesday, May 17, at 8:30 o'clock, in the Renaissance Room of the Ambassador Hotel, Atlantic City.

Dr. George Crile, of the Cleveland Clinic, was the only speaker, and took for his subject "Clinical Results in the Surgical Treatment of Essential Hypertension". Dr. Crile amplified the discussion on the interrelations of the adrenalin, the thyroid, and other glands of internal secretion, which he gave before the State Society on May 1, 1935. Since that time Dr. Crile had spent several months in Africa dissecting the adrenalin glands of the large carnivorae, and tracing their relationships to the intense degree of effort which the animals put forth while capturing their prey.

In his present address Dr. Crile described the pathological enlargement of the vaso-motor nerves on the surfaces of the abdominal viscera, and the results of their over-action in producing arterial hypertension. He also described cases in which relief from hypertension followed the surgical removal of the excessive innervation.

Dr. Crile is a pioneer in his own particular researches, and is outstanding for the simplicity and clearness of his form of speech, and his unique ability to picture the methods and results of abstruse research and their practical application to a common disease.

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2. MEETINGS OF THE SEVEN SCIENTIFIC SECTIONS IN SPECIALTIES

A. SECTION ON SURGERY

Robert S. Gamon, *Chairman*, Camden
Lyndon A. Peer, *Secretary*, Newark

A meeting of the Section on Surgery of The Medical Society of New Jersey was held on May 17, 1938, in the Renaissance Room of the Ambassador Hotel, Atlantic City, beginning at 2 o'clock.

A very interesting paper was read by Dr. Thomas B. Lee, M.D., F.A.C.S., on "Treatment of Myoma Uteri", with discussion opened by Dr. William J. Carrington, M.D., F.A.C.S.

Dr. Victor B. Seidler, M.D., F.A.C.S., gave a most interesting paper on "The Medical and Surgical Treatment of Gall-Bladder Disease" with a discussion by Dr. B. B. Ranson, Jr., Ph. G., M.D., F.A.C.S.

Dr. Toufick Nicola, M.D., F.A.C.S., presented a paper on "Recurrent Dislocation of the Shoulder", with models of the shoulder and lantern slides used in the illustration of the paper.

Dr. William G. Herrman, President of The Medical Society of New Jersey, introduced Dr. Thomas H. Lanman, M.D., F.A.C.S., of Boston, Mass., guest speaker. Dr. Lanman's paper was on the subject "The Surgical Abdomen in Infancy and Childhood".

A meeting of the members of the Surgical Section was called to order by the Chairman, Dr. Gamon.

By unanimous vote Dr. Robert Gamon was reëlected Chairman of the section, and Dr. Lyndon A. Peer, Secretary.

Meeting adjourned at 5:15.

Lyndon A. Peer, *Secretary.*

B. SECTION ON GENERAL MEDICINE

CLARENCE L. ANDREWS, *Chairman*, Atlantic City
RALPH K. HOLLINSHED, *Secretary*, Westville

A meeting of the Section on General Medicine was called to order by the Chairman, Dr. Clarence L. Andrews, of Atlantic City, Thursday, May 19th, at 2:20 p. m. There were about 125 members and guests present.

The first paper, "The Convalescent Care of Rheumatic Heart Disease", was read by Jerome G. Kaufman, M.D., of Newark. Discussion by Dr. Ives and Dr. Wright.

The second paper, "The Present Status of Sulfanilamide Therapy in the Acute Infections", was read by Thomas K. Lewis, M.D., of Camden. Discussion by Dr. Hyman Goldstein, Dr. Scott, and Dr. Fishberg.

The third paper, "The Recognition of Early Signs of Heart Failure Frequently Overlooked", was read by Arthur M. Fishberg, M.D., of New York City. Discussion by Dr. Tobin, Dr. Goldstein, and Dr. Ives.

The fourth paper, "The Effects of Abnormal Waterbalance upon Clinical and Laboratory Interpretations", was read by John W. Gray, M.D., of Newark. No discussion.

The fifth paper, "Serum Treatment in the Pneumonias", was read by Thomas Kain, M.D., of Camden. Discussion by Dr. Beckner and Dr. Jackman.

NEW OFFICERS

In accordance with report from the Nominating Committee, Dr. John W. Gray, of Newark, was elected President of the Section, and Dr. Thomas Kain, of Camden, Secretary, for 1939.

WALT P. CONAWAY, *Secretary pro-tem.*

C. SECTION ON PEDIATRICS

KENNETH BLANCHARD, *Chairman*, East Orange
IRVING OKIN, *Secretary*, Passaic

The Pediatric Section held its meeting Wednesday morning, May 18, 1938, with the following program:

1. Ozone in Oil,—a preliminary study of its therapeutic value
   Leonard F. Bender, M.D., Philadelphia
   Discussor: Kenneth Blanchard, M.D., East Orange
2. Fetal Morbidity and Mortality in Maternal Toxemia
   Vincent Del Duca, M.D., Camden
   Discussors: Albert B. Davis, M.D., Camden; J. Levy, M.D., Newark
3. Diagnosis and Treatment of the Common Skin Diseases of Childhood (with slides)
   Bart M. James, M.D., Newark
   Discussors: Henry B. Decker, M.D., Camden; Fletcher I. Kraus, M.D., Chatham
4. Pathology and Treatment of Urinary Infection in Children
   Meredith F. Campbell, M.D., New York City
   Discussors: C. H. deT. Shivers, M.D., Atlantic City; Frederic W. Lathrop, M.D., Plainfield
5. The Treatment of Infections of the Central Nervous System, with Special Reference to Sulfanilamide
   Josephine B. Neal, M.D., New York City
   Discussor: Ellis L. Smith, M.D., Superintendent, Essex County Isolation Hospital, Belleville

The attendance reached a total of seventy-five at one time. The meeting room was entirely too small for the large crowd.

Officers for the year 1938-1939 were chosen as follows:

Chairman, Irving Okin, M.D., 165 Passaic Avenue, Passaic
Secretary, Warren Ripley, 7 Trinity Place, Montclair.

IRVING OKIN, *Secretary.*

D. SECTION ON THE EYE, EAR, NOSE, AND THROAT

Oram R. Kline, *Chairman*, Camden
James S. Shipman, *Secretary*, Camden

The Section was called to order at 2:10 p. m., May 19, 1938, by the Chairman, Dr. Oram R. Kline.

The Chairman appointed as the Nominating Committee Drs. Charles S. Schlichter and C. Coulter Charlton.

The Secretary was asked to read communications which had been received.

The first of these read was from Dr. Samuel T. Hubbard, of Hackensack. He stated that the Passaic-Bergen Ophthalmological Society had passed the following resolution: "We see a necessity and request that suitable legislation be adopted making it mandatory for all automobile drivers to submit to a visual test at lease once every three (3) years, to determine the fitness of the candidate (as far as eyes are concerned) to safely operate an automobile."

Dr. Hubbard discussed this resolution and stated that he thought the Commissioner of Motor Vehicles would support this if our Section of the State Medical Society approved of it. He then made the motion that this Section go on record as favoring the above resolution, and that the Secretary so inform the Commissioner of Motor Vehicles of this action.

This motion was seconded by Dr. Wright MacMillan, Passaic, and was unanimously passed.

The second communication read was from Dr. Elias J. Marsh, Paterson, N. J. He called attention to "The Charles J. Kipp Memorial Fund". He stated that this fund was several years old, having been established by a vote of the Section. To give the fund a start, six members of the Section contributed five dollars each, but, unfortunately, no subsequent subscriptions have been received. The amount of the fund today, with interest, Dr. Marsh stated, is $31.05. He expressed the opinion that, if each member of the Section would give to the Treasurer of the Section the equivalent of one-half the fee of a single office visit, the fund could be raised to a respectable amount of $100.00.

The Chairman of the Section felt that this communication required no official action, but stated that anyone who felt inclined to contribute to this fund could do so after the meeting. Up to the present time no contributions have been received.

There was no further new business and so the scientific part of the program was called for by the Chairman, who requested that all discussions of the papers read be presented to the Secretary in typewritten form, so that these might be published with the original papers.

The first paper read was "Report of a Case of Cavernous Sinus Thrombosis with Recovery", by Dr. H. D. Barnshaw, Camden. Dr. O. V. Batson, the Professor of Anatomy in the Graduate School of Medicine, University of Pennsylvania, opened the discussion of Dr. Barnshaw's paper. Further discussion was given by Dr. Samuel T. Hubbard, Hackensack, and Dr. James S. Shipman, Camden.

The second paper read was "Buried Grafts Used to Repair Defects in the Brow, Eye Socket, Skull, and Nose", by Dr. Lyndon A. Peer, Newark. This paper was discussed by Dr. Wells P. Eagleton, Newark, and Dr. J. Maleniack, New York City.

The third paper was that of the guest speaker, Dr. LeRoy A. Schall, Boston, Mass. The subject of his paper was "Diagnosis and Treatment of Malignant Disease of Sinuses". This paper was thoroughly enjoyed by all, and was a real stimulus for the diagnosis and treatment of this most serious condition.

The fourth and fifth papers were given in connection by Dr. Charles S. Schlichter, Elizabeth, and Dr. Elbert S. Sherman, Newark, respectively. Dr. Schlichter's paper was "Etiology of Endogenous Infections of the Eye", and Dr. Sherman's title was "Treatment of Endogenous Infections of the Eye". These two papers were discussed collectively by Dr. H. L. Harley, Atlantic City, and Dr. James S. Shipman, Camden.

The Nominating Committee reported the following nominations for officers during the coming year:

Chairman, Dr. Norman Burritt, Summit, N. J.

Secretary, Dr. A. Russell Sherman, Newark, N. J.

These nominees were unanimously elected.

Dr. Elbert S. Sherman made the motion: "If for reason of death or otherwise any officer was unable to fill his term, the Nominating Committee of the last section meeting would have the power and right to appoint someone to fill the vacancy." This motion was seconded by Dr. H. L. Harley and unanimously passed.

There being no further business, the meeting was adjourned at 5:00 p. m.

There were sixty-six people present for this meeting.

James S. Shipman, *Secretary*.

E. SECTION ON GASTRO-ENTEROLOGY

S. BERNARD KAPLAN, *Chairman*, Newark
MANFRED KRAEMER, *Secretary*, Newark

The Section on Gastro-Enterology met on the afternoon of Tuesday, May 17, 1938, and carried out the following program:

The Office Treatment of the Common Rectal Disorders
Julius Gerendasy, M.D., Elizabeth
Discussor: Homer I. Silvers, M.D., Ventnor

Gastroscopy in Examination of the Stomach
William A. Swalm, M.D., Atlantic City
Discussor: Chevalier L. Jackson, M.D., Philadelphia

Newer Aspects in Etiology and Treatment of Ulcers of the Gastro-Intestinal Tract
George B. Eusterman, M.D., Mayo Clinic
Discussors: Sigurd W. Johnsen, M.D., Passaic; Louis Perkel, M.D., Jersey City

Gall-Bladders That Require Surgical Treatment
Max Danzis, M.D., Newark

Gall-Bladders That Require Only Medical Treatment
F. Grendon Reed, M.D., East Orange
Discussor: H. I. Goldstein, M.D., Camden

Officers for the coming year were elected as follows:

Manfred Kraemer, Chairman, Newark
Hyman I. Goldstein, Secretary, Camden

MANFRED KRAEMER, *Secretary.*

F. SECTION ON RADIOLOGY

JOHN D. TIDABACK, *Chairman*, Summit
P. S. AVERY, *Secretary*, New Brunswick

The Section on Radiology met on the morning of Wednesday, May 8, and carried out the printed program as follows:

The Radiation Therapy of Dental Tumors
Milton Friedman, M.D., Newark

The Chaoul Method of Contact Roentgen Ray Therapy
George T. Pack, M.D., New York City
Boyd E. Wilkinson, M.D., Paterson
J. S. Gallo, M.D., Paterson

The William G. Herrman Lecture—Partial and Complete Ureteral Obstruction as a Roentgenological Problem
B. H. Nichols, M.D., Cleveland Clinic
Discussor: W. W. Maver, M.D., Jersey City

Officers for 1938-1939 were elected as follows:

Milton Friedman, Chairman, Newark
W. J. Marquis, Secretary, Newark

G. SECTION ON OBSTETRICS AND GYNECOLOGY

ARTHUR W. BINGHAM, *Chairman*, East Orange
J. CARLISLE BROWN, *Secretary*, Atlantic City

A meeting of the new Section on Obstetrics and Gynecology was held on Wednesday morning, May 18, 1938. The following program was carried out as announced in the printed program:

Syphilis as an Obstetric Problem
Henry B. Kessler, M.D., Newark
Discussor: Raymond T. Potter, M.D., East Orange

Missed Abortion
Samuel A. Cosgrove, M.D., Jersey City
Discussor: Carl H. Ill, M.D., Newark

Treatment of Uterine Fibroids with Metrorhagia
J. Harris Underwood, M.D., Woodbury
Discussor: Gordon West, M.D., Camden

Hemorrhages of Pregnancy

Harvey B. Matthews, M.D., Brooklyn

Discussor: Walter B. Mount, M.D., Montclair

New officers elected were:

Chairman, Walter B. Mount, Montclair

Secretary, J. Carlisle Brown, Atlantic City

One hundred and thirty-five physicians registered at the meeting; and seventy-five attended the luncheon afterward.

The number who attended the meeting, many of whom had to stand because of the crowded condition of the room, shows that there is a real interest in this section, and demonstrates the necessity for a section devoted to obstetrics and gynecology.

J. Carlisle Brown, *Secretary.*

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3. SCIENTIFIC EXHIBITS

The Scientific Exhibits, under the direction of Dr. Asher Yaguda for the third year, were larger and more comprehensive than ever. They were shown in forty-two booths, at which special facilities had been arranged for perfect lighting. The exhibitors were present almost constantly and explained the exhibits to the visitors.

A list of the exhibitors and their subjects was printed in the May Journal, page 318.

Prizes were awarded for the best exhibits. They are listed in Chairman Yaguda's report to the House of Delegates. (See Transactions, page 55, Section 49.)

Photographs of the more striking exhibits were taken under the direction of the Editor and will be published in The Journal with descriptions of the exhibits.

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4. HISTORICAL EXHIBIT

An exhibit of historical material and mementos was shown under the auspices of the Woman's Auxiliary, which has adopted research in local Medical History as one of its major activities. A list of historic exhibits is published on page 73 of these Transactions. Since the Trustees and the House of Delegates have authorized special research in medical history, the Historical Exhibit will become more extensive and interesting year by year.

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5. TECHNICAL EXHIBITS

The exhibition of the instruments and wares used by physicians has a strong appeal to physicians, for here they may see the newest developments of the physical means which are used in diagnosing and treating diseases.

The exhibits were shown in forty booths, which are listed in The Journal of May, page 329.

PART THREE

THE WOMAN'S AUXILIARY TO THE MEDICAL SOCIETY OF NEW JERSEY

ELEVENTH ANNUAL MEETING IN THE AMBASSADOR HOTEL, ATLANTIC CITY, MAY 17-19, 1938

The Eleventh Annual Meeting of the Woman's Auxiliary, held on May 17-19, 1938, in the Ambassador Hotel, Atlantic City, reflected the growing experience of its members, and their increasing knowledge of the essential part which they can take in the affairs of The Medical Society of New Jersey

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1. PRE-CONVENTION MEETING OF THE EXECUTIVE BOARD

By Mrs. Dan S. Renner, Recording Secretary, Skillman, N. J.

The Pre-Convention Meeting of the Executive Board of the Woman's Auxiliary to The Medical Society of New Jersey was held in the Surf Room of the Ambassador Hotel on Tuesday, May 17, at 10 a.m., with the President, Mrs. Samuel L. Salasin, presiding.

The Treasurer, Mrs. T. P. Conaghy, submitted her report, which was referred to the Auditing Committee.

A letter from our National President regarding the attendance of our retiring President at the A. M. A. meeting was read. It was recommended that $100.00 be given to Mrs. Salasin, and $100.00 to Mrs. Epler toward their expenses to the A. M. A. meeting in San Francisco.

Mrs. Salasin presented her recommendations for the coming year, which are made a part of her annual report.

2. ELEVENTH ANNUAL MEETING

By Mrs. Dan S. Renner, Recording Secretary, Skillman, N. J.

The Eleventh Annual Meeting of the Woman's Auxiliary to The Medical Society of New Jersey was held in the Surf Room of the Ambassador Hotel on Wednesday, May 18, 1938. The meeting was called to order at 10 a.m. by the President, Mrs. Samuel S. Salasin.

Invocation: Dr. Henry Merle Mellon

Address of Welcome: Mrs. Carl A. Surran

Response: Mrs. A. J. Casselman.

A Memorial Service was conducted by Mrs. James Hunter in memory of:

Mrs. Samuel Goldstein, Atlantic County
Mrs. David Corn, Bergen County
Mrs. William Rumage, Essex County
Mrs. Augustus Mitchell, Essex County
Mrs. Charles Ill, Essex County
Mrs. Elizabeth Ballinger, Hudson County
Mrs. Otis Denelsbeck, Mercer County
Mrs. Ernest Purcell, Mercer County
Mrs. Frank Brower, Ocean County
Mrs. Walter Phelan, Union County.

The Treasurer submitted a report showing receipts totaling $930.55, disbursements $592.71, balance $641.58. The report was received and referred to the Auditing Committee.

Mrs. Casselman submitted the report of the Auditing Committee.

The President, Mrs. Salasin, submitted her annual report.

The following committees reported:

Arrangements
Art, Hobby, and Medical History
Entertainment
Credentials
Historian
Legislation
Organization
Press and Publicity
Program: Health Education

Public Relations
Printing
Widows and Orphans

RESOLUTIONS

The Woman's Auxiliary to The Medical Society of New Jersey, in convention assembled, wishes to express appreciation by the following resolutions:

Whereas, Dr. LeRoy A. Wilkes, and his office staff, and Miss Edith L. Soden, Secretary to Dr. Wilkes, have mimeographed minutes of our meetings, and have given continued advice and assistance; Dr. Frank Overton, Editor of the State Journal, has published in The Journal reports of our meetings and of our county activities; Dr. William G. Herrman, President of The Medcial Society of New Jersey, and his office have given us guidance; Dr. Joseph H. Kler, Chairman of Public Relations, has instructed us in our work and has personally attended our meetings to assist us; and Dr. Samuel L. Salasin, Chairman of the Advisory Board, and his committee have given helpful advice toward the carrying out of our program, and

Whereas, Mrs. Samuel L. Salasin, President of the Woman's Auxiliary to the State Medical Society, and the officers, committee chairmen and committee members have completed a successful year, many of them doing outstanding work,

Be It Resolved, That we express to each of the above-mentioned our sincere thanks and appreciation for their efforts, and

Be It Resolved, That an expression of thanks be given the Hotel Ambassador management for pleasant entertainment and the fine spirit of coöperation, and

Be It Further Resolved, That these resolutions be added to the minutes of our present session of convention, and be printed in the State Medical Journal.

(Signed) (Mrs. L.) ALICE L. ELY, *Chairman*
(Mrs. A. Longstreet) ADALINE W. STILLWELL
(Mrs. Chester I.) GRACE M. ULMER.

The resolutions were adopted.

REPORTS OF COUNTY PRESIDENTS

The Presidents of the following counties presented reports for the year 1937-1938:

Atlantic	Hudson
Bergen	Middlesex
Burlington	Ocean
Camden	Passaic
Essex	Somerset
Gloucester	Union
Mercer	Warren

The President-Elect, Mrs. Don A. Epler, presented her report.

The following officers were elected for the year 1938-1939:

President, Mrs. Don A. Epler
President-Elect, Mrs. G. E. McDonnel
First Vice-President, Mrs. A. E. Jaffin
Second Vice-President, Mrs. E. R. Mulford
Recording Secretary, Mrs. Banks S. Baker
Treasurer, Mrs. T. P. McConaghy
Director, Mrs. Lancelot Ely
Director, Mrs. Don B. Weems

The President advised that $200 had been returned to the State Treasurer by the Entertainment Committee, and that the Executive Board at its March meeting had recommended that the disposition of this money be brought before the Annual Meeting. It was voted that the $200 returned to the State Treasury be put in the General Fund.

The President presented the newly elected President, Mrs. Don A. Epler, who took over the meeting. Mrs. Epler requested that her newly elected officers meet with her immediately after the meeting, and also the members of the Health and Public Relations Committee.

3. COUNTY SOCIETY REPORTS

The officers of the County Auxiliaries submitted reports of their activities during the past year. These reports have already been published in the Woman's Auxiliary department of the Journal during the past year on the pages that are indicated in the following table:

	July	Oct.	Nov.	Jan.	Feb.	Mar.	Apr.	May
Atlantic		647	708	63	126	191	255	
Bergen			708	64				
Burlington			708	64	126		255	
Camden		647			127			342
Essex	480		708	65	127	192	256	343
Gloucester		648		65			256	343
Hudson	478		709	65	128	192	256	344
Mercer		648	709	65		192	256	344
Middlesex							257	
Passaic					128			
Somerset		648		66	128	192		344
Union			709	66	128			344
Warren					128		258	

4. THE ART, HOBBY AND MEDICAL HISTORY COMMITTEE

By Mrs. Ily R. Beir, Chairman, Atlantic City, N. J.

After the continued growth of our exhibition the last few years, it was deeply disappointing to meet unexpected obstacles at the last convention, particularly insufficient space, and an inacccssible location; but the number of exhibitors, exhibits and visitors and also the interest decreased but little, although they did not maintain growth.

The considerable increase in *Medical History exhibits* was the encouraging feature of the exhibit; and with the active sponsorship of officers of both the Medical Society and its Auxiliary, it promises a splendid exhibition and great advance in the work in the coming year.

CONTINUANCE OF OFFICE-HOLDING

Without waiting for the board meeting next fall, when it might be too late, I earnestly recommend as a great advantage that Presidents of County Auxiliaries continue in office such chairmen of their Medical History Committees as have shown

diligence and aptitude in the work; and also that able members of such committees be also retained. This is a continuing type of work requiring patience, time, and interest to learn. There are many valuable contacts made by individuals in acquiring data, and it takes time to learn what is wanted and how to go about getting information and recording it. By the time new chairmen are appointed, their committees organized, and advice and instructions assimilated, it is near the first of the year; and not much time remains for work. I shall be happy to hear from Presidents that this advice has been followed.

STATISTICS

Final figures are as follows:

There were 1741 exhibits shown by 57 exhibitors.

Thirty-eight exhibitors showed 1512 art and hobby objects.

There were 229 Medical History exhibits shown by 18 exhibitors, of whom—

The Medical Society of New Jersey had 14 exhibits by two exhibitors.

The State Auxiliary had two exhibits by one exhibitor.

Nine County Medical History Committees showed 146 exhibits.

Seven individual exhibitors showed 67 medical history objects.

Four hundred and twelve guests were registered, though many got past the gate without so doing.

As has been usual since the Medical History work got under way, there were more men than women,—54 per cent being men.

Because the date for the talk by Dr. Frank Overton with tea following was postponed until the last day of the convention, when many had gone home, and also because the Entertainment Committee scheduled an auto tour on this day which kept many away, this feature of our exhibition suffered considerably in attendance, though the occasion was greatly enjoyed by the many present, as has always been the case.

MEDICAL HISTORY EXHIBITS

The Medical Society of New Jersey, through Dr. LeRoy Wilkes, showed photos of Drs. Carrington and Herrman. Through Dr. F. Overton two books on Forgotten Towns; License of Elias Marsh; group photo of State Meeting in Asbury Park with key; photostat copy of minutes of first State Society medical meeting in New Brunswick; one "Old-Time Country Doctor Shop"; photostat of group of eighty Presidents of The Medical Society of New Jersey, with key.

Woman's Auxiliary: Mrs. Roy Van Ness had two posters on Auxiliary Public Health Work.

Atlantic County Auxiliary Medical History Committee: List of Presidents of County Medical Society; list of medical families with a doctor in three or more generations; Auxiliary State programs for 1937 and 1938; book containing biographies of Past Presidents of the County Medical Society, etc.; twelve folders with portraits and biographies as above; certificates given to Drs. Garrabrant and Shivers for fifty years in practice.

Burlington: Book of biographies; original minute book, Burlington County Medical Society; three photos and chair of Dr. William Osler; photo County Medical Society; seven Auxiliary photos; photo Dr. Marcy, four photos of four generations of Longsdorf family.

Camden: One genealogy; five biographies of doctors fifty years in practice; history of County Medical Society; nine biographies of Past Presidents of Medical Society of New Jersey from Camden.

Essex: Four biographies of doctors in practice fifty years; one photo of Dr. Edward J. Ill; one group mounting of seven doctors in the Ill family; two scrap books of clippings.

Hudson: Entré Nous folder.

Mercer: Two posters; twelve biographies with photos attached; Auxiliary scrap book.

Monmouth: One scrap book of biographies.

Union: Two scrap books.

Passaic: Two photos of Dr. McBride; two histories; four biographies; nine posters on cancer control; History of Passaic Auxiliary; two biographies; Staff, St. Joseph's Hospital.

INDIVIDUAL MEDICAL HISTORY EXHIBITS

Mrs. J. Hunter, of Westville: Framed Fee Bill of 1832; photo of Dr. James Hunter.

Dr. Dorothy Cross, of Trenton: Three paintings and six sketches of Indian Medicine Men; four articles on Indian diseases.

Dr. Edward J. Ill, of Newark: Twenty-four articles of Voodoo and Fetich medicine; two images.

Mrs. R. K. Hollinshed, Westville: Ancient osteotome in box.

Mrs. E. H. Harvey, Atlantic City: One old silver medical spoon; three old medical books.

Dr. Henry B. Decker, Camden: Dr. Gross collection (seven framed letters, ten descriptions, two plaques, one poster).

Mrs. C. Chester Chianese, Trenton: Photo.

ART AND HOBBY EXHIBITS

Mrs. Levi Walker, Atlantic City: Two drawings.

Mrs. Andrew Smith, Egg Harbor, had dolls in costumes of forty-five nations; Mrs. Herschel S. Murphy, Roselle, dolls of twenty nations; Mrs. George B. German, Merchantville, dolls of thirty-one nations; Mrs. Mervin S. Hummel, Merchantville, had twenty American dolls, six puppets, with chairs, table sets, cart, rocker, trunk, three dresses and high chair.

Collections of stamps by Dr. Ed. Uzzell, Atlantic City, sixteen sheets; Mrs. Edgar Weigel, Camden, with fifty-three first-day letters and one frame; Mrs. Lester Wilson, Camden, one frame; Miss Lewis, one stamp book.

Dr. S. Husserl, Newark, two large plaster sculptures.

Dr. Louis L. Perkel, Jersey City, showed 16 large prints; Dr. N. Ransahoff, Elberon, had four.

Dr. M. J. Kaufman, Newark: Three water colors.

Two oil paintings were shown by Dr. LeRoy

Wilkes from Mrs. William Abey, of Pennington; Mrs. Levi Walker, Atlantic City, had two; Dr. Sloan Stewart, Atlantic City, had one; Dr. M. J. Kaufman. Newark, showed sixteen; Mrs. Vartan Kachdorian, Trenton, two; Mrs. W. W. Maver, Jersey City, one; Dr. William Spicker, Patterson, one; Dr. Edward J. Ill, Newark, showed "The Ugliest Woman"; Mrs. D. B. Mae M. Ackley, Trenton, three.

Needlework: Mrs. Edw. W. Burrows, Trenton, one crochet blanket; Mrs. Dan Renner, Skillman, one crochet bedspread; Mrs. David Allman, Atlantic City, two wool afghans; Mrs. Blair Stewart, Atlantic City, two quilts; Mrs. R. J. Belford, Princeton, one child's sampler; Mrs. William Hersohn, Atlantic City, one framed needlepoint picture.

Glass and China: Mrs. Allan Rieck, Pleasantville, three pairs of vases, one pitcher, one glass ball.

Mrs. James Mason 3d, Atlantic City, twelve ancient bottles, two lamps, two bowls, two pitchers, one mug, one china hen, one bird dish, one fish bowl, one decanter, one syrup jug.

Mrs. Stanley McGeehan, Atlantic City, three pieces painted tea china.

Mrs. Harry Subin, Atlantic City, five pieces delft ware.

Mrs. E. H. Harvey, Atlantic City, seven miniature pieces Dresden china.

Mrs. D. B. Mae M. Ackley, Trenton, one vase, two plates, 18 pieces china and silver.

Mrs. O. W. Saunders, Camden, two tea and coffee pots.

Mrs. Lester R. Wilson, Camden, one plate.

Mrs. W. W. Maver, Jersey City, eight china plates.

Etchings: Dr. Sloan Stewart, Atlantic City, three etchings.

Poems: Mrs. Charles F. Adams, Trenton, one poster of poems.

Wood Cuts: Dr. Charles E. Teeters, Newark, four framed painted wood cuts.

Indian: Dr. A. S. Wescoat, Atlantic City, 946 arrowheads, pottery, implements and skull.

Dr. Dorothy Cross, State Department of Indian Survey, Trenton, 13 photos Indian medicinal plants, 61 relics, six photos of excavations.

Dr. Lancelot Ely, Somerville, 29 images and 41 Mexican arrowheads.

Mrs. Robert B. Walker, Highland Park, Navajo ring, rug, miniature loom, pillow cover, two Zuni beaded dolls, three pieces of pottery.

Mrs. Blair Stewart, Atlantic City, showed an ancient flower wreath made of hair.

Mrs. James Hunter, Westville—A pair of ancient eye-glasses.

Mrs. Frida B. Mount, Montclair—Collection of 36 religious medals and placques.

Dr. Frank Overton, Trenton—One pair of "lucky" baby shoes found on a chimney ledge of his old home; also one pair of ancient wood-pegged children's shoes.

Mrs. O. R. Carlander, Merchantville—Four books of safety match covers.

Dr. J. M. Hornsberger, Roebling—Eight large silver dog trophies; one oil painting of a dog; one pastel of a dog; 14 photos of dogs.

5. PRESIDENT'S ANNUAL REPORT

Mrs. Samuel L. Salasin, President,
Atlantic City, N. J.

The Woman's Auxiliary to The Medical Society of New Jersey has had a very successful year in 1937-1938. Conferences have been held in various sections of the State with Health Chairmen, Public Relations Chairmen, County Presidents, and State officers of the Auxiliary. The most recent conference was held during our convention to help plan work for the 1938-1939 program. The second publication of our program booklet gives information of our duties and activities of the year to each of our 931 members.

Our main objectives for the year have been Health, Legislation, Public Relations, and Medical History. We have also assisted with social entertainment at medical society meetings.

A number of county auxiliaries have established Student Loan Funds for the education of medical students, nurses and technicians; and also Benevolence Funds for the families of needy physicians.

We have acted as a liaison between the medical profession and the lay groups. Our reciprocity meetings have provided many notable physicians who spoke on pertinent topics, and also brought recent developments in medicine to our attention.

The Auxiliary has made gifts of medical books in memory of departed physicians to libraries; and has sponsored health talks and prize essay contests on health subjects.

We have been active in promoting legislation vital to the interests of the medical profession.

It is with great pleasure that we report activity in the reorganization of the Cape May County Auxiliary. All of our Chairmen have done yeoman service during the year in furthering the progress of the Auxiliary. My thanks to the County Presidents for their splendid leadership. They are the real work units of the Woman's Auxiliary to The Medical Society of New Jersey.

RECOMMENDATIONS

Recommendations for the coming year are as follows:

1. A loan fund for education of sons of physicians and for relief of necessitous cases among the families of physicians.
2. Early and effective publicization of American Medical broadcasts.
3. Participation of both the President and the President-Elect in county meetings which are properly scheduled.
4. The engagement of a paid typist to assist in the secretarial work of the Auxiliary.
5. A contingent fund to be used as the discretion of the President of the Auxiliary subject to an accounting at each board meeting.

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6. PRESIDENT-ELECT'S REPORT

By Mrs. Don Epler, Newark, N. J.

The Auxiliary may be considered as a wheel with four cardinal spokes. The first spoke belongs to the National Auxiliary, which proposes our Aux-

iliary programs. The second spoke belongs to the Advisory Board of The Medical Society of New Jersey, which directs and approves our programs. The third spoke belongs to the officers and chairmen, who in turn submit programs from outlines that come from the National Auxiliary. The fourth spoke belongs to the members. Our Auxiliary can only survive if you all do your part of the work,—by so doing you contribute to the momentum and thereby keep this wheel spinning.

We hear much about the hobbies of the Auxiliary. How about the hobby of being on time? Wouldn't it be a fine courtesy to our leaders and our officers if the audiences were in their seats at the time set for the meeting to start?

Then there is the hobby of accepting willingly any request that comes to be of service to the Auxiliary, even though it is a position which calls for responsibility? Do not be afraid of a little responsibility.

Another fine hobby for Auxiliary members would be that of informing lay groups of our Speakers' Bureau, and our radio programs; of course, there is always the hobby of friendliness.

Just think over these suggestions and see if you don't feel with me that some, or all of them, might be worth while adopting as your hobby? No one person can make the Auxiliary a success. It is when all members are interested that the wheels go around smoothly.

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7. COMMITTEE ON ARRANGEMENTS

By Mrs. A. S. Schulman, Chairman, Union City, N. J.

The first meeting of the Executive Board was held at the home of Mrs. Samuel Salasin, Atlantic City, on Monday, October 11, 1937. Nineteen members were present.

The second meeting, which was an open meeting, was held at the Stacy-Trent Hotel in Trenton on Monday, January 10, 1938. Mrs. W. C. Ivins, of Mercer County, assisted in arranging for this meeting. About ninety members were present. The guest speakers were Mrs. Augustus Kech, National Auxiliary President; Dr. LeRoy Wilkes, of Trenton, and Dr. Joseph Kler, of New Brunswick, Chairman of Public Relations for the State Medical Society. Several vocal selections were rendered by Mr. Holder, of Trenton.

The third Executive Board meeting was held at Bamberger's, Newark, on Monday, March 14, 1938. Mrs. Charles Rathgeber, of Essex County, assisted in arranging for this meeting. Thirty-one members were present. Guest speakers were Dr. A. J. Casselman, of Trenton, who spoke on the "Pre-Marital Health Law"; Mr. William McDonald, who spoke on "Health and Sanitation", and Mrs. Carl Surran, of Atlantic City, who gave a brief outline of the program for the convention to be held in Atlantic City in May.

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8. COMMITTEE ON ENTERTAINMENT

By Mrs. Carl A. Surran, Chairman, Margate, N. J.

Beginning in January, meetings of the committee were held with the appropriate committees of The Medical Society. Later luncheon meetings were held each Monday at the Ambassador, and plans made for the program of entertainment during the annual meeting.

Over two hundred letters were written to the County Presidents and Secretaries in regard to the annual meeting.

Through the Publicity Bureau and the local newspapers, publicity was given to our convention in every county in New Jersey.

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9. REPORT OF HISTORIAN

By Mrs. James Hunter, Chairman, Westville, N. J.

The bulk of the material accumulated as a basis for the Archives has been transferred to Mrs. Charles Adams and her committee, to be housed suitably in Trenton, where its contents may be easily available to all sections of the State.

Your President's outline of the year's activities has been forwarded to Mrs. Gordon Ira, National Auxiliary Historian.

At a National Auxiliary Board meeting in 1936, the following resolution was submitted by the National Historian:

"That, beginning with 1935 and every five years thereafter, the National and State Historians be required to give a detailed account of the previous five years of history."

That means that in 1940 we, as a State Auxiliary, should be in readiness to present a history covering the period 1935-1940 in a form that will be a credit to the New Jersey Auxiliary.

To acquire such material, each county should begin at once to compile the records, complete them, and forward them to the State Historian by March 1, 1940.

The following suggestions will assist the counties in their work:

1. Give an interesting account of the circumstances surrounding the early organization.
   a. By whom organized.
   b. How organized.
   c. Time and place of first meeting.
   d. List of charter members.
   e. Charter officers.
   f. Nature of early activities.
   g. Interest in Hygeia.
   h. Outstanding line of endeavor.

2. A record of each subsequent year.
   a. Officers.
   b. Members holding State offices.
   c. Members holding national offices.

3. Information available.
   a. Minutes.
   b. Programs.
   c. Journals.
   d. Private files.

4. Clippings and small pictures will add to the interest.

5. Two typewritten copies (paper 8 x 10) one-inch margin.

10. CREDENTIALS AND REGISTRATION COMMITTEE

By Mrs. David B. Allman, Chairman, Atlantic City, N. J.

Annual Meeting registration, May 17, 18, and 19, 1938:

County	Delegates	Alts.	Members	Guests	Total
Atlantic	5	5	31	17	58
Bergen	3	1	5	2	11
Burlington	3	3	10	0	16
Camden	5	1	14	4	24
Cape May	0	0	0	0	0
Essex	8	4	17	7	36
Gloucester	2	0	5	1	8
Hudson	7	3	5	4	19
Mercer	5	2	15	0	22
Middlesex	4	1	9	1	15
Monmouth	1	1	10	3	15
Morris	0	0	0	1	1
Ocean	2	1	1	0	4
Passaic	6	0	10	1	17
Somerset	3	2	3	0	8
Union	4	2	3	8	17
Warren	2	2	1	0	5
New York	0	0	0	2	2
	60	28	139	51	278
Executive Board					19
County Presidents					11
Total					308

11. HEALTH EDUCATION PROGRAM

By Mrs. H. L. Van Ness, Chairman, Newark, N. J.

It is encouraging to see the general trend of Auxiliary work changing from the entirely social program to that which is both entertaining and educational.

Book reviews have been very popular in the different counties. There has been a decided increase in the number of speakers on medical subjects.

Speakers from health organizations have been numerous. This enables our members to ascertain what health work other organizations are doing.

It was requested that an article on marihuana be read to all Auxiliary members. Articles such as these read at intervals will enable our Auxiliary members to be well informed, as all Auxiliary members should be, if the Auxiliary is to grow and take a larger place which it is destined to possess.

Health literature has been distributed to lay groups; exhibits on health subjects have been displayed; articles on health have been published in club women's magazines; five-minute health talks have been given in the two larger counties; health essay contests have been given; time on the radio has been secured; and contacts have been made with newspapers so that health articles appear regularly under the supervision of the Medical Society.

The endorsing of the Pre-Marital Bill by a club was accomplished by the organization of a Health Committee composed of twelve Auxiliary members and two women doctors.

12. ANNUAL REPORT OF THE TREASURER

1937-1938

Receipts

Atlantic Co.—Contribution to A. M. A. Fund	$ 5.00
Assessments paid on account of deficit	172.30
Sale of six Handbooks	2.40
Dues	549.60
Sale of due bills	1.25
Return of Convention contribution	200.00
	$930.55

Disbursements

Mrs. Rogers, 1937 representation at National Convention	$ 25.00
1936-37 exp. Program Chairman	1.00
1936-37 State Convention expenses	30.00
National dues—56 arr., 862 current, 3 adv. (931)	232.75
Treasurer's Bond	5.00
Dues—N. J. Health & Sanitary Assn.	3.00
Dues—N. J. Federation of Woman's Clubs	6.00
Contribution—Yardley Foundation	5.00
(a) Representation at Federation Convention	2.00
36 Handbooks	14.40
Payment on account of programs	19.50
Postage (in securing membership list)	.95
Stationery	39.00
President's Pin	22.50
State Medical Society (mimeo. paper, etc.)	12.90
Expenses January Board Meeting	4.00
Expenses March Board Meeting	4.05
Flowers—Mrs. Herrman	3.60
300 copies Constitution and By-Laws	16.00
Expenses—	
President	68.77
Corresponding Secretary	8.52
Treasurer	6.00
Program Chairman	7.15
Organization Chairman	3.00
Nominating Committee Chairman	1.90
Publicity Chairman	3.00
Widows and Orphans Chairman	2.00
Public Relations Chairman	5.72
1937-38 State Convention expenses	40.00
	$592.71

Bank Balance, April 27, 1937	$ 303.74
1937-38 Total Receipts	930.55
	$1234.29
1937-38 Total Disbursements	592.71
Bank Balance May 17, 1938	$ 641.58

Respectfully submitted,

MRS. THOMAS P. MCCONAGHY, *Treasurer*.

13. LEGISLATIVE COMMITTEE

By Mrs. LeRoy A. Wilkes, Chairman, Pennington, N. J.

The cult bills introduced this year, especially the chiropractors' and chiropodists' bills, were more ambitious than ever in seeking special privileges without special preparation. They remain so far in committee.

Senator Taggert's bill providing for pneumonia serum for indigents became law and had our approval and support.

Two bills to provide "special" licenses for medical practice were introduced; both have already become law. These bills set a bad precedent and were objected to by the Medical Society.

Bills aimed to control syphilis and narcotics and approved by our society were passed.

Our main interest was centered on Bill A-511, the Uniform Medical Practice Act, which still awaits final vote in the Assembly. This is the first attempt to require *uniform* standards for all practitioners of the healing art. It is ambitious and perhaps a bit too idealistic to exempt optometrists and chiropractors, as being *technicians* rather than professionals. The strong opposition of the newspapers to advertising prohibitions by doctors justified the criticism of William Allen White, new President of the American Society of Newspaper Editors, who said in effect that freedom of speech was threatened more by control of *advertisers* than by *government*, and the saving grace is for the editors to remain open-minded and insure fair treatment for any reform or reformer backed even by a respectable minority who is intelligent and honest.

The amended Bill A-511 still marks a decided advance over the existing law, as it requires full citizenship; inflicts larger penalties for violation of the Medical Practice Act; makes it necessary for chiropractors licensed in the future to meet the *same requirements* as are met by physicians and osteopaths; it closes certain loopholes in the law by clarifying the *causes* for revocation of the licenses to practice medicine.

This bill is being supported by the New Jersey Health Officers Association, the New Jersey Public Health Nurses Association, the New Jersey Pharmacists Association, the Manufacturers' Association, the Life Insurance Companies, and industry.

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14. COMMITTEE ON ORGANIZATION

By Mrs. J. H. Hornberger, Chairman, Roebling, N. J.

The Committee on Organization submits the following report:

1. The pamphlets from the A. M. A., "Recommendations for Organizations", have been sent to each County President.

2. Your Chairman visited Cape May County on Wednesday, April 6, when its Medical Society held its semi-annual meeting and dinner, in an effort to reorganize the Auxiliary, which has been inactive for over two years.

3. Each County President reports an increase in membership,—and a real effort to have their respective county activities conform with those of the State Auxiliary. Our members now total 862, as against 735 last year.

4. Reports and letters have been sent to the National Auxiliary Chairman on Organization at stated times.

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15. PRESS AND PUBLICITY COMMITTEE

By Mrs. O. R. Carlander, Chairman, Merchantville, N. J.

The Journal of The Medical Society of New Jersey has devoted thirty-two of its pages to the reports of the activities of the Woman's Auxiliary this year. These summaries have been clear and interesting, and reflect considerable credit upon their writers.

Response to your Chairman's request for clippings and pictures has been excellent for the most part. Atlantic County presented the most perfectly filed clippings and pictures. Mercer County sent the greatest number of clippings and pictures. An article written by Mrs. Chianese on the history and accomplishments of her Auxiliary, and published in the "Club Woman", is one of the best pieces of publicity during the year.

Your Chairman wishes to express her appreciation to those Chairmen of Publicity who have stressed the work of the Auxiliary in the press throughout the year.

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16. PUBLIC RELATIONS COMMITTEE

By Mrs. A. Haines Lippincott, Chairman, Camden, N. J.

Reports have been received from the following counties: Atlantic, Bergen, Burlington, Camden, Essex, Gloucester, Hudson, Mercer, Middlesex, Passaic and Union. No reports have been received from Monmouth, Ocean, Somerset and Warren.

Since the reports were based on the five objectives set forth in the printed "Program of the Auxiliary for 1937-1938", p. 10, the following summary will give in brief detail what has been accomplished during the year:

1. Atlantic County reports 80 per cent of the membership answered the card questionnaire. Bergen and Burlington Counties report a majority have answered the questionnaire. Camden and Essex report activity along this line but not a majority having complied with the request. Gloucester, Hudson, Passaic and Mercer report that some have answered, but they cannot tell how many. We hope for a greater response from all counties next year.

2. Atlantic County supplied eighteen speakers for lay organizations. Bergen reports at least sixty speakers supplied. Burlington reports thirty-four speakers, including four on Venereal Disease Control. Addresses by thirty-five physicians are reported from Camden County. Essex reports nineteen addresses by physicians. Passaic reports two. Gloucester supplied nine speakers. Hudson County supplied sixteen lay organizations. Mercer reports eight speakers. Middlesex reports a total of seventy-three speakers sent to lay organizations. Grand total, 274 speakers. Let's double it next year.

3. Counties holding reciprocity meetings are the

following: Atlantic, Bergen, Burlington, Camden, Essex, Hudson, Mercer, and Passaic. These meetings were attended by representatives from lay organizations, the persons numbering in some counties from 150 to 200.

4. Atlantic, Burlington, Camden, Essex have done good work in having book lists posted on bulletin boards of public libraries, and report great interest manifested by coöperative librarians. Atlantic and Camden report books purchased and presented to libraries in memory of departed members or deceased physicians.

5. Scrap books have been started in most counties, and many clippings have been forwarded to the State office.

Outstanding work has been done in some counties, including a survey in Middlesex County of all lay organizations. We hope every county will undertake this the coming year. It is one of the new recommendations.

17. COMMITTEE ON SOCIETY FOR WIDOWS AND ORPHANS

By Mrs. Theodor Teimer, Chairman, Newark, N .J.

At the annual meeting of the Society for the Relief of Widows and Orphans of Medical Men of New Jersey, held on May 11th, it was reported that the names of twenty-eight physicians have been added to the membership list of that organization during the past year. Of this number, it cannot be definitely learned how many have joined through the efforts of the county chairmen of our Auxiliary. We know that we are credited with ten physicians from Hudson County, three from Essex, and one from Passaic. This is a larger number than we have had in any year in the past.

18. POST-CONVENTION MEETING

By Mrs. Banks S. Baker, Recording Secretary, Camden, N. J.

The Post-Convention Meeting of the Executive Board of the Woman's Auxiliary to The Medical Society of New Jersey was held in the Surf Room of the Ambassador Hotel on Thursday, May 19, 1938, at 10 a. m., with Mrs. Don A. Epler, President, presiding.

The President announced the new committee chairmen who had been approved by the Executive Committee following the Annual Meeting.

Mrs. Liefield, the Press and Publicity Chairman, gave a brief outline of the work of this committee for the coming year. Mrs. Hunter asked that the County Historians send clippings of deaths, and if possible, pictures to the State Historian for her book of memories.

Mrs. McConaghy, Treasurer, reported that we had spent considerably more than was included in our budget. The making up of the budget for the coming year was referred to Mrs. Ulmer, Budget Chairman, and to the Treasurer.

It was voted to increase the President's expense account as far as our finances will permit; and that the increased amount be taken from the reserve fund.

Members of the Nominating Committee were chosen as follows: Mrs. Samuel L. Salasin, Chairman; Mrs. James Hunter, Mrs. H. Wesley Jack, Mrs. Charles F. Adams, and Mrs. William Friele.

It was voted that Mrs. Clara Carlson Renner, M.D. (Mrs. Dan S. Renner), be made an honorary member of the Auxiliary.

It was decided that the County Presidents-Elect be invited to attend the Executive Board meetings, but without the right to vote.

It was voted that the President-Elect and Directors assist the President in visiting the counties when requested.

Mrs. Epler requested the County Presidents to bring an outline of their programs to the October meeting. No speaker is scheduled, the time to be given over to the Presidents so that they may ask for information regarding their work.

The recommendations of the Public Relations Committee, Mrs. Lippincott, were presented to the Board, and adopted.

Supplement to The Journal of The Medical Society of New Jersey, April, 1938

OFFICIAL LIST

OF THE

FELLOWS, OFFICERS, DELEGATES, AND MEMBERS

OF

THE MEDICAL SOCIETY OF NEW JERSEY

FOR THE YEAR 1938

THE N.Y. ACADEMY OF MEDICINE
APR 13 1938
LIBRARY.

FELLOWS OF THE MEDICAL SOCIETY OF NEW JERSEY

"THE FELLOWS ARE THE EX-PRESIDENTS OF THE SOCIETY." (Constitution, Art. IV., Sec. 1)

1. 1766—Robert McKean, Perth Amboy, July 13, 1732—Oct. 17, 1767. Pastor and Physician.
2. 1767—William Burnet, Newark, Dec. 2, 1730—Oct. 7, 1791. Army Surgeon and Member of Congress.
3. 1768—John Cochran, New Brunswick, Sept. 1, 1730—Apr. 6, 1807. Hospital Director in Revolution.
4. 1770—Nathaniel Scudder, Freehold, May 10, 1733—Oct. 16, 1781. Congressman. Killed in Revolution.
5. 1771—Isaac Smith, Trenton, 1740—Aug 29, 1807. Congressman, Judge, Financier.
6. 1772—James Newell, Freehold, 1725—Feb. 21, 1791. M.D. received in Edinburgh.
7. 1773—Absalom Bainbridge, Lawrenceville, 1742—Jan. 23, 1807. A loyalist. Large practice in New York City. Father of Commodore Bainbridge.
8. 1774—Thomas Wiggins, Princeton, 1731—Nov. 14, 1801. Treasurer of College.
9. 1775—Hezekiah Stites, Cranbury, 1726—Nov. 17, 1790.

No meetings 1776-1780 on account of the War of the Revolution.

10. 1781—James Newell, No. 6, reëlected. Son Elisha President, 1795.
11. 1782—John Beatty, Trenton, Dec. 19, 1749—May 30, 1826. Commissary of prisoners in Revolution.
12. 1783—Thomas Barber, Matawan, died 1807, aged about 80. Surgeon in Revolution.
13. 1784—Lawrence Vander Veer, Roycefield, 1740—1815. Last surviving founder of State Society.
14. 1785—Moses Bloomfield, Woodbridge, Dec. 4, 1729—Aug. 14, 1791. Surgeon in Revolution.
15. 1786—William Burnet, Newark. President No. 2 in 1767.
16. 1787—Jonathan Elmer, Bridgeton, Nov. 29, 1745—Sept. 30, 1817. U. S. Senator and Judge. In first class to receive M.D. degree from U. Pa.
17. 1788—James Stratton, Swedesboro, Aug. 20, 1755—Mar. 29, 1812. Judge.
18. 1789—Moses Scott, New Brunswick, 1738—Dec. 28, 1781. Director of hospitals in Revolution.
19. 1790—John Griffith, Rahway, Nov. 19, 1736—Aug. 23, 1805.
20. 1791—Lewis Dunham, New Brunswick, 1754—Aug. 26, 1821. Revolutionary soldier.
21. 1792—Isaac Harris, Middlesex County, and then Salem, 1741-1808. Taught medical students.
22. 1795—Elisha Newell, Allentown, 1755—1799. Son of James, 6th President.

No meetings for twelve years, owing to an attempt to establish a rival society.

23. 1807—Jonathan F. Morris, Somerville, Mar. 21, 1760—Apr. 10, 1810. Partner of 24th President.
24. 1808—Peter I. Stryker, Somerville, June 22, 1766—Oct. 19, 1859. President three times.
25. 1809—Lewis Morgan, Rahway, 1757—Jan. 12, 1821.
26. 1810—Lewis Condict, Morristown, Mar. 3, 1773—May 26, 1862. Congressman. Trustee Princeton Coll.
27. 1811—Charles Smith, New Brunswick, 1768—May 7, 1848. Poor boy, but died rich.
28. 1812—Matthias H. Williamson, Elizabeth. Meager biography. Served two years.
29. 1814—Samuel Forman, Freehold, Aug. 3, 1764—Dec. 11, 1845. Active in practice.
30. 1815—John Van Cleve, Princeton, 1778—Dec. 24, 1826. Lectured in medicine in Princeton College.
31. 1816—Lewis Dunham, President No. 20 in 1791.
32. 1817—Peter I. Stryker. See No. 24.
33. 1818—John Van Cleve. See No. 30.
34. 1819—Lewis Condict. See No. 26.
35. 1820—James Lee, Newark. No details. Large practice. Went to Baltimore.
36. 1821—William G. Reynolds, Manalapan. A sailor. Had great mechanical skill.
37. 1822—Augustus R. Taylor, Somerville, May, 1782—1840. Very active.
38. 1823—William B. Ewing, Greenwich, Dec. 12, 1776—April 23, 1866. Member of Legislature. Judge.
39. 1824—Peter I. Stryker. See Nos. 24 and 32.
40. 1825—Gilbert S. Woodhull, Manalapan, Jan. 11, 1794—Oct. 13, 1830.
41. 1826—William D. McKissack, Millstone, 1754—Feb. 11. 1831. Son and father of leading doctors.
42. 1827—Isaac Pierson, Orange, Aug. 15, 1770—Sept. 22, 1833. Congressman and Sheriff. His son, No. 84, and his grandson, No. 115, were also Presidents.
43. 1828—Jephtha B. Munn, Chatham, Dec. 24, 1780—June 22, 1863. Worked on Pharmacopoea.

44. 1829—John W. Craig, Somerset Co. Meager data.
45. 1830—Augustus R. Taylor. See No. 37.
46. 1831—Thomas Yarrow, Salem. Meager record.
47. 1832—E. Fitz Randolph Smith, New Brunswick, 1786—May 25, 1865. Banker and Mayor.
48. 1833—William Forman, Monmouth County, Aug. 7, 1796—Feb. 22, 1848.
49. 1834—Samuel Hayes, Newark, 1776—July 30, 1839. Charged 25 cents a visit.
50. 1835—Abraham P. Hagerman, Somerset County. Meager record.
51. 1836—Henry VanderVeer, son of the 13th President, Somerville, 1792—Feb. 13, 1874.
52 1837—Lyndon A. Smith, Newark, May 11, 1795—Dec. 15, 1865. Promoted State Insane Asylum.
53. 1838—Benjamin H. Stratton, Mt. Holly, Feb. 6, 1804—Dec. 31, 1875. Grandson of Dr. James Stratton, 17th President.
54. 1839—Jabez G. Goble, Newark, Nov. 13, 1799—Feb. 7, 1857. "Handshaker".
55. 1840—Thomas P. Stewart, Hackettstown, 1800—Oct., 1846.
56. 1841—Ferdinand S. Schenck, Six Mile Run, 1790—May 16, 1860. Congressman. Trustee Rutgers College.
57. 1842—Zachariah Read, Mt. Holly, Sept. 19, 1802—July 28, 1879. A quiet, useful life.
58. 1843—Abraham Skillman, Bound Brook, Mar., 1796—Dec. 10, 1862.
59. 1844—George R. Chetwood, Elizabeth, May 21, 1802—died aged over 80 years.
60. 1845—Robert S. Smith, Bound Brook, Feb. 9, 1800—Aug 25, 1874. A devoted physician.
61. 1846—Charles Hannah, Salem. No obituary found.
62. 1847—Jacob T. B. Skillman, Woodbridge and New Brunswick, 1793—June 26, 1864. Student of Dr. A. R. Taylor, No. 37.
63. 1848—Samuel Hayes Pennington, Newark, Oct. 16, 1806—Mar. 4, 1900. L.L.D. from Princeton.
64. 1849—Joseph Fithian, Woodbury, June 25, 1795—Jan. 8, 1881. "Courteous, of the old school."
65. 1850—Elias J. Marsh, Paterson, Jan. 7, 1803. Delegate to the first organization meeting of the A.M.A. on the first Wednesday of May, 1847.
66. 1851—John H. Phillips, Pennington, 1814—Mar. 1, 1878. Founder of State Normal School.
67. 1852—Othneil H. Taylor, Camden, May 4, 1803—Sept. 6, 1869. Active in cholera epidemic.
68. 1853—Samuel Lilly, Lambertville, Oct. 15, 1815—Apr. 3, 1880. Congressman and Judge.
69. 1854—Alfred B. Dayton, Middletown Point, Dec. 25, 1812—July 19, 1870. Medical writer.
70. 1855—James B. Coleman, Trenton, 1806—Dec. 19, 1877. Invented forced ventilation.
71. 1856—Richard M. Cooper, Camden, Aug. 30, 1806—May 24, 1874. Large practice.
72. 1857—Thomas Ryerson, Newton, Feb. 18, 1821—May 27, 1887. Surgeon.
73. 1858—Isaac Pierson Coleman, Pemberton, Feb. 2, 1804—Nov. 4, 1869. Brother of No. 70.
74. 1859—John R. Sickler, Mantua, Sept. 20, 1800—Apr. 11, 1886. Judge.
75. 1860—William Elmer, Bridgeton, Oct. 5, 1814—July 27, 1889. Third of four generations of doctors.
76. 1861—John Blane, Perryville, July 7, 1802—June 18, 1885. Wrote history of Hunterdon County Medical Society.
77. 1862—John Woolverton, Trenton, Oct. 27, 1825—Sept. 14, 1888. Mayor.
78. 1863—Theodore R. Varick, Jersey City, June 24, 1825—Nov. 23, 1887. Manager Morris Plains Hospital for Insane.
79. 1864—Ezra M. Hunt, Metuchen, Jan. 7, 1830—July 1, 1894. Established State Department of Health.
80. 1865—Abraham Coles, Newark, Dec. 26, 1813—May 3, 1891. Poet.
81. 1866—Benjamin R. Bateman, Bridgeton, Mar. 7, 1807—July 23, 1883. Meager record.
82. 1867—John C. Johnson, Blairstown, Oct. 21, 1828—Dec. 23, 1907. Educator.
83. 1868—Thomas J. Corson, Trenton. Feb. 12, 1828—May 10, 1879. Superintendent of Schools.
84. 1869—William Pierson, Orange, Dec. 4, 1796—Oct. 1, 1882. Recording Secretary 1835-1866. Son of Isaac Pierson, No. 42.
85. 1870—Thomas F. Cullen, Camden, Sept. 3, 1823—Nov. 21, 1877. Writer.
86. 1871—Charles Hasbrouck, Hackensack, Apr. 11, 1818—Nov. 25, 1877. Civic leader.
87. 1872—Franklin Gauntt, Burlington, July 19, 1823—July 7, 1900. Supported early bacteriology.
88. 1873—Thomas J. Thomason, Perrineville, 1833—Aug. 2, 1880. Wrote History of Monmouth Co. Med. Soc.
89. 1874—George H. Larison, Lambertville. Jan. 4, 1831—Mar. 7, 1892. Large practice. Local preacher.
90. 1875—William O'Gorman, Newark, July 12, 1824—Nov. 10, 1887. Founded St. Michael's Hospital.
91. 1876—John V. Schenck, Camden, 1825—July 25, 1882. Obstetrician.
92. 1877—Henry R. Baldwin, New Brunswick, Sept. 18, 1829—Feb. 3, 1902. L.L.D. Rutgers, 1893.
93. 1878—John S. Cook, Hackettstown, Jan. 19, 1823—Jan. 1, 1900. A family of country doctors.
94. 1879—Alexander W. Rogers, Paterson, 1814—May 14, 1905. Delegate to International Congress.
95. 1880—Alexander N. Dougherty, Newark, Jan. 1, 1822—Nov. 28, 1882. Controlled scurvy in Army of the Potomac.
96. 1881—Lewis W. Oakley, Elizabeth, Nov. 22, 1828—Mar. 3, 1888. Three years in Civil War.
97. 1882—John W. Snowden, Blackwood, Apr. 22, 1823—May 28, 1888. Obstetrician.
98. 1883—Stephen Wickes, Orange. Mar. 17, 1813—July 8, 1889. The great historian of The Medical Society of New Jersey, and leader of its organization and evolution.
99. 1884—Phanett C. Barker, Morristown. Living in 1903. No obituary found.
100. 1885—Joseph Parrish, Burlington, Nov. 11, 1818—Jan 15, 1891. Established N. J. Reporter, Oct., 1847. Established training school for idiots. Member U. S. Sanitary Commission.
101. 1886—Charles J. Kipp, Newark, Oct. 22, 1838—Jan. 13, 1911. Founder Newark Eye and Ear Infirmary 1880.
102. 1887—John W. Ward, Trenton, Feb. 12, 1860—Aug. 24, 1916. Supt. State Hospital, Trenton.
103. 1888—H. Genet Taylor, Camden, Feb. 12, 1860—Aug. 24, 1916. First proposed State Medical Journal. Son of No. 67.
104. 1889—Beriah A. Watson, Jersey City, 1836-1892. Civil War Veteran. Writer.

105. 1890—JAMES S. GREEN, Elizabeth, July 22, 1829—July 2, 1892. Father of No. 141.
106. 1891—ELIAS J. MARSH, JR., Paterson, Aug. 4, 1835—Aug. 3, 1908. Army Surgeon. Medical Director Mutual Life Ins. Co.
107. 1892—GEORGE T. WELCH, Passaic, 1845—Aug. 25, 1934.
108. 1893—JOHN G. RYERSON, Boonton, 1834—Feb. 10, 1916. Popular and practical.
109. 1894—OBADIAH H. SPROUL, Flemington, May 29, 1804—Feb. 13, 1925. Attended every State Society meeting during his medical lifetime.
110. 1895—WILLIAM ELMER, Trenton, Dec. 14, 1840—July 18, 1908. See No. 16.
111. 1896—THOMAS J. SMITH, Bridgeton, 1841—June 14, 1932. Established Epileptic Colony at Skillman.
112. 1897—DAVID C. ENGLISH, New Brunswick, Mar. 2, 1842—Sept. 19, 1924. Editor of Journal and Trustee.
113. 1898—CLAUDIUS R. P. FISHER, Bound Brook, Aug. 12, 1859—June 5, 1927. Civic affairs.
114. 1899—LUTHER M. HALSEY, Williamstown, Sept. 17, 1858—March 20, 1921. Legislative Committee.
115. 1900—WILLIAM PIERSON, JR., Orange, Nov. 20, 1830—June 12, 1900. Secretary 31 years as was his father, William, No. 83, Secretary 1866-1897.
116. 1901—JOHN D. MCGILL, Jersey City, 1846-1912.
117. 1902—EDWARD L. B. GODFREY, Camden, Feb. 21, 1850—Dec. 17, 1913. Wrote "Medical History of Camden County".
118. 1903—HENRY MITCHELL, Asbury Park, Aug. 6, 1845—Jan. 31, 1919. Public health and State Department of Health.
119. 1904—WALTER B. JOHNSON, Paterson, Jan. 3, 1852—1922. Eye and ear specialist.
120. 1905—HENRY W. ELMER, Bridgeton, Apr. 26, 1847—Feb. 13, 1907. Active in civic duties.
121. 1906—ALEXANDER MARCY, JR., Riverton, 1860—May 1, 1934.
122. 1907—**EDWARD J. ILL**, Newark. Born 1854. Senior Fellow.
123. 1908—DAVID ST. JOHN, Hackensack, Mar., 1850—Sept. 14, 1917. "A doctor of the old school."
124. 1909—BENJAMIN A. WADDINGTON, Salem. Died Aug. 23, 1917, aged 75 years.
125. 1910—THOMAS H. MACKENZIE, Trenton, Mar. 14, 1847—Dec. 19, 1920. Surgeon.
126. 1911—DAVID STROCK, Camden, 1842—June 10, 1927. Sanitarian, Church Organist.
127. 1912—NORTON L. WILSON, Elizabeth, 1861—Nov. 13, 1930. "Quiet wisdom."
128. 1913—ENOCH HOLLINGSHEAD, Pemberton, 1853—Feb. 13, 1934. Treasurer, Burlington County Medical Society 34 years.
129. 1914—FRANK D. GRAY, Jersey City, 1857—June 11, 1916.
130. 1915—WILLIAM J. CHANDLER, South Orange, July 11, 1842—Oct. 30, 1927. Secretary 15 years. Chairman, Publication Committee. Organist.
131. 1916—**PHILIP MARVEL**. Born 1856, now living in Bethlehem, Pa.
132. 1917—WILLIAM G. SCHAUFFLER, Lakewood, Oct. 28, 1862—Apr. 30, 1933. President, New Jersey Health and Sanitary Association.
133. 1918—**THOMAS W. HARVEY**, Orange. Born 1853.
134. 1919—GORDON K. DICKINSON, Jersey City, Dec. 14, 1855—June 25, 1930. Leader in tuberculosis work.
135. 1920—PHILANDER A. HARRIS, Paterson, Jan. 29, 1852—Dec. 13, 1924. Gynecologist and author, and Health Commissioner.
136. 1921—HENRY B. COSTILL, Trenton, 1860—Apr. 27, 1935. Medical legislation and public health.
137. 1922—JAMES HUNTER, JR., Westville, Jan. 14, 1866—June 1, 1931.
138. 1923—**WELLS P. EAGLETON**, Newark. Born 1865.
139. 1924—ARCHIBALD MERCER, Newark, 1849—Nov. 3, 1931. Assistant Director, Mutual Life Ins. Co of N. J.
140. 1925—**LUCIUS DONOHOE**, Bayonne. Born 1868.
141. 1926—JAMES S. GREEN, Elizabeth, 1864—June 20, 1936. "A practical idealist." Son of No. 105.
142. 1927—**WALT P. CONAWAY**, Atlantic City. Born 1873.
143. 1928—**EPHRAIM R. MULFORD**, Burlington. Born 1880.
144. 1929—**ANDREW F. McBRIDE**, Paterson. Born 1865.
145. 1930—**GEORGE N. J. SOMMER**, Trenton. Born 1874.
146. 1931—JOHN F. HAGERTY, Newark, May 9, 1869—Feb. 1, 1937. Surgeon, scholar, church worker, musician.
147. 1932—A. HAINES LIPPINCOTT, Camden, July 12, 1867—Mar. 10, 1937. Urologist, Cooper Hospital.
148. 1933—**FREDERIC J. QUIGLEY**, Union City. Born 1883.
149. 1934—**LANCELOT ELY**, Somerville. Born 1875.
150. 1935—**MARCUS W. NEWCOMB**, Brown's Mills. Born 1880.
151. 1936—**FRANCIS R. HAUSSLING**, Newark. Born 1880. Resigned because of ill health.
152. 1936—**SPENCER T. SNEDECOR**, Hackensack. Born 1900.
153. 1937—**WILLIAM G. HERRMAN**, Asbury Park. Born 1890.

The names of living Fellows are in bold face type.

HONORARY MEMBERS

Those marked with an asterisk are deceased

*David Hosack, New York 1827
*John W. Francis, New York 1827
*John Condict, Orange 1830
*Usher Parsons, Rhode Island 1839
*Reuben D. Murphy, Cincinnati 1839
*Alban G. Smith, New York 1839
*Willard Parker, New York 1842
*Valentine Mott, New York 1843
*Johnathan Knight, New Haven 1848
*Nathaniel Chapman, Philadelphia 1848
*John H. Stephens, New York 1848
*John C. Warren, Boston 1849
*Lewis C. Beck, New York 1850
*John C. Torrey, New York 1850
*George B. Wood, Philadelphia 1853
*Horace A. Buttolph, Short Hills, N. J. 1854
*Ashbel Woodward, Franklin, Conn. 1861
*Thomas W. Blatchford, Troy, N. Y. 1866
*Jeremiah S. English, Menalapan, N. J. 1867
*Stephen Wickes, Orange, N. J. 1868
*Samuel Oakley Vanderpool, Albany, N. Y. 1872
*Joseph Parrish, Burlington, N. J. 1872
*Ferris Jacobs, Lelhi, N. Y. 1872
*Charles A. Lindsley, New Haven, Conn. 1872
*William Pepper, Philadelphia 1876
*S. Weir Mitchell, Philadelphia 1876
*Cyrus F. Brackett, Princeton, N. J. 1880
*Joseph C. Hutchinson, Brooklyn, N. Y. 1880
*Thomas Addis Emmett, New York 1884
*Isaac E. Taylor, New York 1884
*D. Hayes Agnew, Philadelphia 1886
*Joseph Leidy, Philadelphia 1886
*Frederick S. Dennis, New York 1893
*John H. Ripley, New York 1893
*Virgil P. Gibney, New York 1893
*William Pierson, Orange, N. J. 1894
*Abraham Jacobi, New York 1896
*Virgil M. D. Marcy, Cape May City 1896
*Samuel H. Pennington, Newark, N. J. 1897
*Alfred A. Woodhull, Princeton, N. J. 1897
*J. Leonard Corning, New York 1902
*John Allen Wyeth, New York 1903
*William K. Van Reypen, U. S. N. 1903
*Lawrence F. Flick, Philadelphia 1903
S. Adolphus Knopf, New York 1906
*Albert Vander Veer, Albany, N. Y. 1907
Charles K. Mills, Philadelphia 1917
Richard C. Cabot, Boston 1917
George W. Crile, Cleveland, Ohio 1917
*John B. Deaver, Philadelphia 1917
*William J. Chandler, Lawtey, Florida 1923
Edward J. Ill, Newark, N. J. 1925
Joseph E. Raycroft, Princeton, N. J. 1930
Jackson B. Pellett, Hamburg, N. J. 1933
Wells P. Eagleton, Newark, N. J. 1935
*Vanderhoef M. Disbrow, Lakewood, N. J. 1935
Philip Marvel, Bethlehem, Pa. 1935
Joseph B. Harrison, Westfield, N. J. 1936
Thomas W. Harvey, Orange, N. J. 1936
Andrew F. McBride, Paterson, N. J. 1936

NOMINATING COMMITTEE OF THE STATE MEDICAL SOCIETY, 1938

Chairman, Spencer T. Snedecor, Junior Past President

County	*Delegate*	*Alternate*
ATLANTIC	D. Ward Scanlan	
BERGEN	A. Liva	S. Alexander
BURLINGTON	S. Emlen Stokes	Emlen P. Darlington
CAMDEN	Thomas B. Lee	
CAPE MAY	Clarence W. Way	None
CUMBERLAND	Leslie E. Myatt	E. C. Lyon
ESSEX	Alfred Stahl	A. Charles Zehnder
GLOUCESTER	Elwood E. Downs	William W. Pedrick
HUDSON	Joseph F. Londrigan	Frank J. McLoughlin
HUNTERDON	Samuel B. English	A. H. Coleman
MERCER	Harry R. North	D. Leo Haggerty
MIDDLESEX	J. H. Rowland	Henry Haywood
MONMOUTH	Robert E. Watkins	
MORRIS	Bernard C. McMahon	None
OCEAN		None
PASSAIC	Norman M. Dingman	None
SALEM	David W. Green	None
SOMERSET	Runkle F. Hegeman	None
SUSSEX	A. H. Groeschel	None
UNION	Edward S. Krans	
WARREN		

THE MEDICAL SOCIETY OF NEW JERSEY

FOUNDED JULY 23, 1766

Offices: 143 East State Street, Trenton, N. J.—Tel. 9338

OFFICERS

President, WILLIAM G. HERRMAN .....Asbury Park
President-Elect, WILLIAM J. CARRINGTON .....Atlantic City
First Vice-President, E. ZEH HAWKES .....Newark
Second Vice-President, WATSON B. MORRIS .....Springfield
Secretary, ALFRED STAHL .....Newark
Treasurer, ELIAS J. MARSH .....Paterson

TRUSTEES

THOMAS K. LEWIS, *Chairman* (1939) .....Camden
H. W. NAFEY, *Secretary* (1938) .....New Brunswick
WILLIAM G. HERRMAN .....Asbury Park
WILLIAM J. CARRINGTON .....Atlantic City
E. ZEH HAWKES .....Newark
WATSON B. MORRIS .....Springfield
ALFRED STAHL .....Newark
ELIAS J. MARSH .....Paterson
J. HOWARD HORNBERGER (1940) .....Roebling
HARRY R. NORTH (1939) .....Trenton
FREDERIC J. QUIGLEY (1939) .....Union City
WELLS P. EAGLETON (1940) .....Newark
RALPH K. HOLLINSHED (1939) .....Westville
ANDREW F. MCBRIDE (1940) .....Paterson
SAMUEL ALEXANDER (1938) .....Park Ridge
ALDRICH C. CROWE (1938) .....Ocean City
WILLIAM F. COSTELLO (1938) .....Dover

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1939)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....VINCENT P. BUTLER, Jersey City (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....BARCLAY S. FUHRMANN, Flemington (1940)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....JAMES A. FISHER, Asbury Park (1939)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1938)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WALT P. CONAWAY, Atlantic City	Term expires		1938
WELLS P. EAGLETON, Newark	"	"	1938
ANDREW F. MCBRIDE, Paterson	"	"	1939
E. R. MULFORD, Burlington	"	"	1939

Alternate Delegates

LUCIUS F. DONOHOE, Bayonne	Term expires		1938
LANCELOT ELY, Somerville	"	"	1938
SPENCER T. SNEDECOR, Hackensack	"	"	1939
HILTON S. READ, Atlantic City	"	"	1939

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

ORAM KLINE, *Chairman* .....Camden
JAMES S. SHIPMAN, *Secretary* .....Camden

Pediatrics

KENNETH BLANCHARD, *Chairman* .....East Orange
IRVING OKIN, *Secretary* .....Passaic

Medicine

CLARENCE L. ANDREWS, *Chairman* .....Atlantic City
RALPH K. HOLLINSHED, *Secretary* .....Westville

Obstetrics and Gynecology

ARTHUR W. BINGHAM, *Chairman* .....East Orange
J. CARLISLE BROWN, *Secretary* .....Atlantic City

Surgery

ROBERT S. GAMON, *Chairman* .....Camden
LYNDON A. PEER, *Secretary* .....Newark

Radiology

J. D. TIDABACK, *Chairman* .....Summit
P. S. AVERY, *Secretary* .....New Brunswick

Gastro-Enterology

S. BERNARD KAPLAN, *Chairman* .....Newark
MANFRED KRAEMER, *Secretary* .....Newark

STANDING COMMITTEES

Annual Meeting

CHARLES B. KAIGHN, *Chairman* .....Atlantic City
ROBERT S. GAMON .....Camden
ASHER YAGUDA .....Newark
JOHN C. CLARK .....Asbury Park
PAUL B. REISINGER .....Trenton

Sub-Committee on Scientific Program

ROBERT S. GAMON, *Chairman* .....Camden
LOUIS C. LANGE .....Weehawken
CLARENCE L. ANDREWS .....Atlantic City

Sub-Committee on Scientific Exhibits

ASHER YAGUDA, *Chairman* .....Newark
ELWOOD E. DOWNS .....Woodbury
WILLIAM W. HERSOHN .....Atlantic City
WILLIAM J. MARQUIS .....Newark
HARRISON S. MARTLAND .....Newark

Post-Graduate Education

HARRY H. SATCHWELL, *Chairman* .....Newark
STUART Z. HAWKES .....Newark
DAVID F. BENTLEY, JR. .....Camden
G. BARTON BARLOW .....Englewood
ESTELLE E. KLEIBER .....New Brunswick

Honorary Membership

LANCELOT ELY, *Chairman* (1938) .....Somerville
FREDERIC J. QUIGLEY (1937) .....Union City
EPHRAIM R. MULFORD (1939) .....Burlington

Medical Defense and Insurance

CHRISTOPHER C. BELING, *Chairman* .....Newark
WILLIAM J. ARLITZ .....Hoboken
CHARLES F. BAKER .....Newark
J. WALLACE HURFF .....Newark
JOHN C. MCCOY .....Paterson

Woman's Auxiliary

SAMUEL L. SALASIN, *Chairman*.....Atlantic City
WILLIAM K. CAMPBELL .....Long Branch
LAWRENCE BEISLER .....Hillside
ABRAHAM E. JAFFIN .....Jersey City
H. ROY VAN NESS .....Newark

Publication

HENRY C. BARKHORN, *Chairman* (1939) .....Newark
EDWARD J. ILL (1940) .....Newark
FRANK J. MCLOUGHLIN (1938) .....Jersey City
WILLIAM G. HERRMAN, Ex-Officio .....Asbury Park
ALFRED STAHL, Ex-Officio .....Newark

Finance and Budget

HARRY R. NORTH, *Chairman* (1939) .....Trenton
HERSCHEL PETTIT (1942) .....Ocean City
WELLS P. EAGLETON (1943) .....Newark
EDGAR A. ILL (1938) .....Newark
DAVID B. ALLMAN (1938) .....Atlantic City
ANDREW F. MCBRIDE (1941) .....Paterson
ELIAS J. MARSH, Ex-Officio .....Paterson

WELFARE COMMITTEE

Hilton S. Read, *Chairman*, Ventnor

William G. Herrman, Ex-Officio ..... Asbury Park
Alfred Stahl, Ex-Officio ..... Newark
Samuel Alexander ..... Park Ridge
William H. Areson ..... Upper Montclair
Frank Ash ..... Paterson
H. Clarence Berry ..... Summit
Arthur W. Bingham ..... East Orange
C. Byron Blaisdell ..... Long Branch
E. A. Cardwell ..... Newark
John C. Clayton ..... Freebold
A. H. Coleman ..... Clinton
George F. Dandois ..... Wildwood
Edwin G. Dewis ..... Interlaken
Frank L. Field ..... Far Hills
J. Irving Fort ..... Newark
Myrtile Frank ..... Egg Harbor City
J. Berkeley Gordon ..... Marlboro
John W. Gray ..... Newark
David W. Green ..... Salem
D. Leo Haggerty ..... Trenton
Henry Haywood ..... New Brunswick
Eugene G. Herbener ..... Lakewood
Ernest G. Hummel ..... Camden
Allen G. Ireland ..... Trenton
A. E. Jaffin ..... Jersey City
Sigurd W. Johnsen ..... Passaic
Charles B. Kelley ..... Jersey City
Edward F. Klein ..... Pertb Amboy
Joseph H. Klee ..... New Brunswick
I. Warner Knight ..... Pitman
Frederic W. Lathrop ..... Plainfield
Thomas K. Lewis ..... Camden
Julius Levy ..... Newark
Charles Littwin ..... Teaneck
Wright MacMillan ..... Passaic
Jacob J. Mann ..... Perth Amboy
William W. Mayer ..... Jersey City
Anthony G. Merendino ..... Atlantic City
Charles H. Mitchell ..... Trenton
Barclay W. Moffat ..... Red Bank
Raymond J. Mullin ..... Newark
Herschel Murphy ..... Roselle
Leslie E. Myatt ..... Bridgeton
Stanley Nichols ..... Asbury Park
James F. Norton ..... Jersey City
Henry B. Orton ..... Newark
Oliver K. Parry ..... Asbury Park
James S. Plant ..... Newark
B. S. Pollak ..... Jersey City
Charles H. Schlichter ..... Elizabeth
T. J. Schuck ..... Hoboken
Millard F. Sewall ..... Bridgeton
Reuben L. Sharp ..... Camden
Byron G. Sherman ..... Morristown
James H. Spencer ..... Franklin
S. Emlen Stokes ..... Moorestown
Theodor Teimer ..... Newark
Chester I. Ulmer ..... Gibbstown
William H. Varney ..... Wasbington
H. B. Wilson ..... Hackensack
E. LeRoy Wood ..... Newark
George J. Young ..... Morristown
A. Charles Zehnder ..... Newark

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Legislation

William H. Areson, *Chairman* ..... Upper Montclair
B. S. Pollak ..... Jersey City
Samuel Alexander ..... Park Ridge
Charles H. Mitchell ..... Trenton
Edward F. Klein ..... Perth Amboy

Public Health

Stanley Nichols, *Chairman* ..... Asbury Park
Theodor Teimer ..... Newark
Julius Levy ..... Newark
Allen G. Ireland ..... Trenton
Ernest G. Hummel ..... Camden
I. Warner Knight ..... Pitman
Abraham E. Jaffin ..... Jersey City
Frederic W. Lathrop ..... Plainfield

Medical Practice

Thomas K. Lewis, *Chairman* ..... Camden
J. Irving Fort ..... Newark
Chester I. Ulmer ..... Gibbstown
D. Leo Haggerty ..... Trenton
Henry Haywood ..... New Brunswick

Public Relations

Joseph H. Kler, *Chairman* ..... New Brunswick
S. Emlen Stokes ..... Moorestown
Edgar P. Cardwell ..... Newark
Wright MacMillan ..... Passaic
J. Berkeley Gordon ..... Marlboro
E. LeRoy Wood ..... Newark

ADVISORY COMMITTEES TO PUBLIC HEALTH SUB-COMMITTEE

Cancer Control

Henry B. Orton, *Chairman* ..... Newark
John F. Condon ..... Newark
Elwood E. Downs ..... Woodbury
Joseph H. Kler ..... New Brunswick
F. C. McCormack ..... Englewood
Carl Menge ..... Toms River
Max Danzis ..... Newark
Harrison S. Martland ..... Newark
John B. Faison ..... Jersey City
Theodor Teimer ..... Newark
Otto R. Holters ..... Asbury Park
William E. Darnall (Deceased Dec. 27, 1937) .. Atlantic City
George S. Reitter ..... East Orange

Mental Hygiene

James S. Plant, *Chairman* ..... Newark
Marcus A. Curry ..... Greystone Park
Dan S. Renner (Deceased Dec. 13, 1937) ..... Skillman
Edward F. Krans ..... Plainfield
Clarence M. Trippe ..... Asbury Park
W. Cole Davis ..... Atlantic City
Allen G. Ireland ..... Trenton
Joseph E. Raycroft, Advisory ..... Princeton

Crippled Children

Barclay W. Moffat, *Chairman* ..... Red Bank
David B. Allman ..... Atlantic City
Frederick G. Dilger ..... Hackensack
Elmer P. Weigel ..... Plainfield
Frank H. Pinckney ..... Morristown
Ernest G. Hummel ..... Camden
Philip S. Avery ..... New Brunswick

Tuberculosis

B. S. Pollak, *Chairman* ..... Jersey City
J. F. Pessel ..... Trenton
Clyde M. Fish ..... Pleasantville
J. E. Runnels ..... Scotch Plains
Samuel Berg ..... Newark
James G. Boyes ..... Plainfield
Thomas J. Walsh ..... Elizabeth

Child Health

Stanley Nichols, *Chairman* ..... Asbury Park
Ernest G. Hummel ..... Camden
Walter B. Stewart ..... Atlantic City
L. Charles Rosenberg ..... Newark
J. Philip Stout ..... Jersey City
Aldrich C. Crowe ..... Ocean City
Victor A. Blenkle ..... Teaneck
Clinton R. Schneider ..... Tuckerton
Arthur F. Ackerman ..... Summit

Venereal Disease Control

C. Byron Blaisdell, *Chairman* ..... Long Branch
Stanley R. Woodruff ..... Jersey City
George N. J. Sommer, Sr. ..... Trenton
Robert R. Sellers ..... Newark
Inglis F. Frost ..... Morristown
I. Warner Knight ..... Pitman
Stanley McGeehan ..... Atlantic City
Arthur J. Casselman, Advisory ..... Trenton

ADVISORY COMMITTEES TO PUBLIC HEALTH SUB-COMMITTEE — Continued

Maternal Welfare

Arthur W. Bingham, *Chairman* ..... East Orange
J. Carlisle Brown ..... Atlantic City
Samuel A. Cosgrove ..... Jersey City
Carl H. Ill ..... Newark
Theodore F. Thompson ..... Lakewood
Robert A. MacKenzie ..... Asbury Park
Walter B. Mount ..... Montclair
Harrison B. Wilson ..... Hackensack
J. Harris Underwood ..... Woodbury
Julius Levy ..... Newark

Adult Health Supervision

Edwin G. Dewis, *Chairman* ..... Interlaken
Edward C. Klein, Jr. ..... Newark
W. Blake Gibb ..... Morristown
William Varney ..... Washington
Robert Buermann ..... Lakewood
H. Burton Walker ..... Vineland
Frederic W. Lathrop ..... Plainfield
H. S. Willard ..... Paterson

Pneumonia Control

John W. Gray, *Chairman* ..... Newark
Thomas M. Kain ..... Camden
Frank Altschul ..... Long Branch
Robert A. Kilduffe ..... Atlantic City
Hilton S. Read ..... Ventnor
Carl Ten Broeck, Advisory ..... Princeton
W. G. Smillie, Advisory ..... Cornell University

ADVISORY COMMITTEES TO MEDICAL PRACTICE SUB-COMMITTEE

Contract Practice

Reuben L. Sharp, *Chairman* ..... Camden
Edward F. Klein ..... Perth Amboy
L. Samuel Sica ..... Trenton
Joseph A. Visconti ..... Hoboken
L. A. Markley ..... Teaneck
Harvey T. Herold ..... Newark
John N. Connell ..... Jersey City
Henry Haywood ..... New Brunswick
John Decker ..... Hasbrouck Heights

Hospital Relationships

Raymond J. Mullin, *Chairman* ..... Newark
Edward W. Sprague ..... Newark
Russell K. Tether ..... Closter
Florentine M. Hoffman ..... New Brunswick
Charles B. Kelley ..... Jersey City
Thomas K. Lewis ..... Camden
E. W. Lance ..... Rahway
Henry B. Decker ..... Camden
William H. Warner ..... East Orange
Joseph F. Londrigan ..... Hoboken
Charles Hyman ..... Atlantic City
George N. J. Sommer, Sr. ..... Trenton
George O'Hanlon ..... Jersey City

Auxiliary Medical Services

William W. Mayer, *Chairman* ..... Jersey City
Asher Yaguda ..... Newark
Samuel Barbash ..... Atlantic City
Robert A. Kilduffe ..... Atlantic City
Frank W. Pinneo (Deceased Nov. 18, 1937) ..... Newark
John D. Tidaback ..... Summit
Jerome H. Samuel ..... Newark
Arturo R. Casilli ..... Elizabeth
Ord L. Sands ..... Ashury Park
Abraham L. Reich ..... Newark
Walter A. Taylor ..... Trenton

Medical Care of Indigent

Charles H. Schlichter, *Chairman* ..... Elizabeth
George W. Fithian ..... Perth Amboy
J. Howard Hornberger ..... Roebling
Fred Vosburgh ..... Passaic
D. Leo Haggerty ..... Trenton
A. P. Hasking ..... Jersey City

Pharmaceutical Problems

Chester I. Ulmer, *Chairman* ..... Gibbstown
Merwin L. Hummel ..... Merchantville
Jacob J. Mann ..... Perth Amboy
Sigurd W. Johnsen ..... Passaic
Reeve L. Ballinger ..... Arlington
Daniel W. Teller, Jr. ..... Morristown

Workmen's Compensation

J. Irving Fort, *Chairman* ..... Newark
George W. Finke ..... Hackensack
V. Earl Johnson ..... Atlantic City
John F. McGovern ..... New Brunswick
Daniel F. Featherston ..... Asbury Park
Herschel Murphy ..... Roselle
Harry N. Comando ..... Newark

Nursing and Nursing Education

A. Charles Zehnder, *Chairman* ..... Newark
George M. Knowles ..... Hackensack
H. Wesley Jack ..... Camden
Byron G. Sherman ..... Morristown
Edgar A. Ill ..... Newark
Ellis J. Chapman ..... Jersey City
Harry Suiin ..... Atlantic City
Thomas J. Walsh ..... Elizabeth
Victor Knapp ..... Asbury Park

SPECIAL COMMITTEES

Constitution and By-Laws

Samuel Alexander, *Chairman* ..... Park Ridge
C. Wright MacMillan ..... Passaic
Thomas B. Lee ..... Camden
E. LeRoy Wood ..... Newark
Frank G. Scammell ..... Trento.

Liaison to Bar Association

Andrew F. McBride, *Chairman* ..... Paterson
Christopher C. Beling ..... Newark
Frederic J. Quigley ..... Union City

Study of Eugenic Sterilization

C. Wright MacMillan, *Chairman* ..... Passaic
Chester I. Ulmer ..... Gibbstown
Joseph H Kler ..... New Brunswick
S. Emlen Stokes ..... Moorestown
E. P. Cardwell ..... Newark

The Department of Health of the State of New Jersey

J. Lynn Mahaffey, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of New Jersey

James J. McGuire, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

WOMAN'S AUXILIARY

President, Mrs. Samuel L. Salasin, 511 Pacific Avenue, Atlantic City. Telephone Atlantic City 4-2335.

President-Elect, Mrs. Don A. Epler .....Newark
First Vice-President, Mrs. A. E. Jaffin .....Jersey City
Second Vice-President, Mrs. G. E. McDonnel.....Mt. Holly
Recording Secretary, Mrs. Dan S. Renner .....Skillman
Treasurer, Mrs. T. P. McConaghy .....Camden

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Hilton S. Read, Ventnor City	J. Carlisle Brown, Atlantic City.. Tel. 5-4979	E. H. Nickman, Atlantic City
BERGEN	Charles Littwin, Teaneck	George M. Knowles, Hackensack.. Tel. Oradell 8-1521	LeRoy W. Black, Rutherford
BURLINGTON..	F. D. Fahrenbruch, Mt. Holly....	E. Warren Rodman, Beverly ..... Tel. 32	Carlton P. Hogan, Burlington
CAMDEN	J. Lynn Mahaffey, Camden	George B. German, Camden ..... Tel. 7522	Harold D. Barnshaw, Camden
CAPE MAY	H. H. Tomlin, Wildwood	Warren D. Robbins, Cape May... Tel. 67	Warren D. Robbins, Cape May
CUMBERLAND.	L. E. Myatt, Bridgeton	H. S. Branin, Millville ..... Tel. 84	E. S. Corson, Bridgeton
ESSEX	H. Roy Van Ness, Newark	M. H. Greifinger, Newark ..... Tel. Market 3-1918	E. LeRoy Wood, Newark
GLOUCESTER..	Oran A. Wood, Paulsboro	Chester I. Ulmer, Gibbstown ..... Tel. Paulsboro 18	Henry B. Diverty, Woodbury
HUDSON	W. L. Williamson, Bayonne	Thos. McG. Brennock, Jersey City. Tel. Journal Square 2-0787	John N. Connell, Jersey City
HUNTERDON ..	Barclay S. Fuhrmann, Flemington	E. W. Lane, Bloomsbury ..... Tel. Phillipsburg 10-R-13	E. W. Lane, Bloomsbury
MERCER	W. R. Little, Trenton	A. D. Hutchinson, Trenton ..... Tel. 3-5542	A. D. Hutchinson, Trenton
MIDDLESEX ..	John V. Smith, Perth Amboy	Charles H. Caivin, Perth Amboy.. Tel. 4-0891	L. R. Panigrosso, Perth Amboy
MONMOUTH ..	O. K. Parry, Asbury Park	Dan'l F. Featherston, Asbury Park Tel. 3809	O. R. Holters, Asbury Park
MORRIS	Louis E. Williams, Madison	George J. Young, Morristown .... Tel. 4-0662	Marcus A. Curry, Greystone P'k
OCEAN	Walter G. Hayden, Toms River...	J. Edwin Obert, New Egypt ..... Tel. 36	Harry S. Ivory, Point Pleasant
PASSAIC	Fred Vosburgh, Passaic	J. Allen Yager, Paterson ..... Tel. Lambert 3-6686	Irving Okin, Passaic
SALEM	C. B. Mackes, Woodstown	James S. Dunn, Salem ..... Tel. 201	L. C. Hummel, Salem
SOMERSET	A. F. W. Sferra, Bound Brook...	L. C. Fritts, Somerville ..... Tel. 1624	A. W. Pigott, Skillman
SUSSEX	D. L. Spurgeon, Newton	J. McCall, Newton ..... Tel. 143	A. H. Groeschel, Sussex
UNION	Henri E. Abel, Elizabeth	Lorrimer B. Armstrong, Westfield. Tel. 0077	R. J. Walsh, Roselle
WARREN	Clyde Smith, Oxford	William F. Skinner, Washington.. Tel. 10	H. B. Bossard, Phillipsburg

FIELD PHYSICIANS OF THE COUNTIES

County	Name	Address	Telephone
ATLANTIC	J. Carlisle Brown	101 S. Indiana Ave., Atlantic City	5-4979
BERGEN	Lyman Burnham	229 Engle St., Englewood	3-1810
BURLINGTON	F. D. Fahrenbruch	Mount Holly	237
CAMDEN	Edmund Hessert	Collingswood	607
CAPE MAY	Clarence W. Way	Sea Isle City	55
CUMBERLAND	J. S. Knowles	Millville	52
ESSEX	Alfred Muerlin	158 S. Harrison St., East Orange	Orange 5-9026
GLOUCESTER	Chester I. Ulmer	Gibbstown	Paulsboro 18
HUDSON	Joseph P. Donnelly	1 Madison Ave., Jersey City	Delaware 3-6682
HUNTERDON	P. W. Baker	High Bridge	170-R-2
MERCER	James R. Harman	824 W. State St., Trenton	3-0436
MIDDLESEX	James Grieve	88 Market St., Perth Amboy	4-1036
MONMOUTH	William Heatley	Red Bank	80
MORRIS	George L. Nicoll	Dover	180
OCEAN	Harry Ivory	Point Pleasant	212
PASSAIC	Theodore K. Graham	279 Park Ave., Paterson	Sherwood 2-9422 and 1607
SALEM	William G. Hilliard	Salem	332
SOMERSET	Samuel H. Pogoloff	Manville	Somerville 1228
SUSSEX	August H. Groeschel	Sussex	240
UNION	Arthur E. Tator	57 DeForest Ave., Summit	6-0313
UNION (Colored)	C. DeFreitas	423 W. Fourth St., Plainfield	6-5332
WARREN	James Weres	Alpha	5-3992

DELEGATES TO THE MEDICAL SOCIETY OF NEW JERSEY

Ambassabor Hotel, Atlantic City, N. J., May 17-19, 1938

ATLANTIC COUNTY

Delegates	Alternates
C. H. deT. Shivers	Charles Hyman
H. S. Read	W. B. Stewart
C. C. Charlton	James H. Mason
C. B. Whims	Harry Subin
S. L. Salasin	Karl Scott
D. W. Scanlan	
D. B. Allman	Andrew M. Smith
J. S. Irvin	

BERGEN COUNTY

H. B. Wilson	Vincent Farmer
F. S. Hallett	H. H. Vandersluis
G. W. Finke	J. B. Edwards
G. M. Levitas	
Charles Littwin	R. K. Tether
David Corn	
C. A. King	D. B. Hull
C. N. Dezer	L. A. Markley
E. P. Essertier	F. G. Dilger
J. R. Morrow	
A. Liva	E. T. Seymour
E. N. Huff	L. A. Hitzeman
W. Vroom	V. A. Blenkle
G. M. Knowles	
Walter J. Farr	
J. H. Irwin	J. Toal
Samuel Alexander	Joseph Van Dyke
LeRoy Black	J. M. Coppoletta

BURLINGTON COUNTY

Edgar J. Haines	Dean H. LeFavor
Arthur B. Peacock	Hammell P. Shipps
S. Emlen Stokes	Edward R. Hunter
Emlen P. Darlington	Daniel F. Remer

CAMDEN COUNTY

H. W. Jack	E. C. Hessert
H. F. Schrack	Lawrence Glover
J. S. Shipman	H. D. Barnshaw
Joseph E. Roberts	G. F. West
O. R. Kline	E. C. Shull
J. Edgar Howard	W. G. Mengel
R. L. Sharp	Vincent Del Duca
Beulah Hollinshed	Stella Fisher
E. G. Hummel	Geo. P. Meyer
T. B. Lee	L. R. Wilson
C. R. Hutcheson	A. M. McCarthy

CAPE MAY COUNTY

George Dandois	John B. Townsend
Clarence W. Way	Samuel Hughes
Herschel Pettit	Frank Hughes

CUMBERLAND COUNTY

Leslie Myatt	E. S. Corson
H. B. Walker	E. B. Van Deusen
E. C. Lyon	Carl Ware
H. G. Miller	Mary Bacon

ESSEX COUNTY

Arthur W. Bingham	James S. Allan
John H. Bradshaw	Mary E. Broadnax
Francis N. Carbone	Elbert A. Curtis
Harry N. Comando	Joseph I. Echikson

ESSEX COUNTY—Continued

Delegates	Alternates
John F. Condon	Linn Emerson
Hugh F. Cook	Edward A. Flynn
R. Y. Hubbard	Albert S. Harden
H. B. Kessler	William H. Huber
Manfred Kraemer	Herbert M. Ill
August J. Mitchell	Henry H. Kessler
George S. Reitter	John D. Moore
Harry H. Satchwell	Royal A. Schaaf
Earl H. Snavely	Ellis L. Smith
Edward W. Sprague	Florence Voorhees
Theodor Teimer	M. Weinstein
William H. Areson	Charles W. Barkhorn
R. N. Connolly	Samuel H. Baldwin
H. B. Epstein	Kenneth Blanchard
J. Irving Fort	Gustave Braun
William F. Grady	Fletcher F. Carman
John W. Gray	A. R. Chamberlain
Paul H. Hosp	Charles G. Crane
Sidney C. Keller	Eugene W. Erler
David A. Kraker	A. J. Ganley
James H. Lowrey	Alan O. Godfrey
Paul E. Menk	W. T. Gutowski
Walter B. Mount	E. C. Klein, Jr.
Raymond J. Mullin	Otto G. Matheke
Arthur Pilch	Harrold A. Murray
C. F. Rathgeber	Anthony Parisi
Charles Rich	A. Russell Sherman
Alfred Stahl	H. H. Satchwell
Francis C. Weber	R. W. Walton
E. LeRoy Wood	Arthur W. Wyker
George Blackburne	S. A. Muta
William D. Crecca	Henry C. Crossfield
Max Danzis	John T. English
Richard D. Freeman	M. H. Greifinger
J. Wallace Hurff	Francis J. Kerns
Edgar A. Ill	Julius Levy
Henry B. Orton	F. J. McCauley
	L. Mancusi-Ungaro
B. B. Ransom, Jr.	E. L. Minard
Erwin Reissman	Charles M. Robbins
Jacob W. Siegel	Benjamin Saslow
Edwin Steiner	Charles A. Schneider
William A. Tansey	R. Hunter Scott
H. A. Tarbell	Richard H. Staehle
H. Roy Van Ness	John E. Toye
A. Charles Zehnder	Wm. H. A. Warner

GLOUCESTER COUNTY

Baxter A. Livengood	Oran A. Wood
Elwood E. Downs	William J. Burkett
William W. Pedrick	Marshall F. Lummis

HUDSON COUNTY

Thomas McG. Brennock	W. W. Maver
A. W. Justin	F. Pearlstein
Vincent P. Butler	A. Weiss
W. T. Callery	A. P. Rieman
A. W. Little	D. D. Dougherty
W. L. Williamson	M. Shapiro
S. Woodruff	R. J. Doran
A. J. Conty	F. J. Pflug
H. Spence	G. C. Lawsing
P. D'Acierno	A. A. Mutter
E. J. Chapman	E. G. Waters
B. S. Pollak	E. E. Lupin
T. J. Schuck	J. Madaras
S. A. Cosgrove	J. J. O'Connor

HUDSON COUNTY—Continued

Delegates	Alternates
J. L. Evans	
R. L. Ballinger	A. Schlein
C. J. Larkey	J. A. Botti
J. J. Quinn	L. L. Perkel
A. Leining	G. Ginsberg
M. S. Granelli	V. J. Sheeran
A. P. Hasking	S. B. Barishaw
J. F. Londrigan	C. M. Wolbert
J. F. Norton	E. J. Daly
H. J. Perlberg	P. A. Simeone
W. A. Pinkerton	E. Halligan
F. J. McLoughlin	
D. B. Street	
G. S. Kerdasha	

HUNTERDON COUNTY

Samuel B. English	P. W. Baker
E. W. Lane	G. B. Tompkins
A. H. Coleman	

MERCER COUNTY

D. B. Ackley	Enoch Blackwell
E. B. Bearsto	Samuel Blaugrund
H. D. Bellis	R. J. Cottone
J. A. Connelly	W. E. D'Arcy
A. J. Fessler	B. D. Lavine
D. L. Haggerty	J. H. McCullough
A. D. Hutchinson	J. F. Pessel
James J. McGuire	F. E. Proctor
Harry R. North	R. G. Stone
J. M. Schildkraut	T. J. Walsh
R. B. Seely	P. J. Warter
Nathan Swern	J. L. Wikoff
J. S. Vanneman	W. L. Wilbur

MIDDLESEX COUNTY

J. J. Mann	Joseph Gutowski
R. L. McKiernan	Wm. H. McCormick
P. S. Avery	M. F. Urbanski
J. F. Weber	W. E. Sherman
H. Haywood	
	Frank Henry, Jr.
Edw. F. Klein	
William Wilentz	Estelle Kleiber
J. H. Rowland	Charles Sullivan

MONMOUTH COUNTY

Walter Rullman	D. V. Manahan
Robert E. Watkins	J. C. Clayton
O. R. Holters	William Matthews
C. Byron Blaisdell	J. Berkeley Gordon
Frank Altschul	Harold Kazmann
D. M. P. Magee	Samuel Edelson
James Pregnall	
Martin Quirk	Joseph Villapiano

MORRIS COUNTY

Inglis F. Frost	Alvan Spencer
Stanley Teskey	J. Henry Harrington
Bernard C. McMahon	William K. Booth
Byron G. Sherman	William F. Costello
D. W. Teller	George J. Young
F. Clyde Bowers	Robert L. Gilbertson

OCEAN COUNTY

Adolph Towbin	
Theodore Thompson	
Eugene Herbener	

PASSAIC COUNTY

Delegates	Alternates
Francis W. Ash	I. S. Yates
Norman Dingman	H. Cogan
S. W. Johnsen	C. W. Harreys
Wayne W. Hall	Louis G. Shapiro
C. Wright MacMillan	Harry S. Willard
C. J. Murn	H. J. Durant
Irving Okin	T. K. Graham
William Spickers	E. F. Leonard
Fred Vosburgh	J. Roemer
Harry Wolfson	L. E. DeYoe
J. Allen Yager	John C. McCoy
A. J. Delario	S. Levine
Morris Joseph	D. B. Low
Sandor A. Levinsohn	F. H. Todd
E. A. Atwood	R. J. Vreeland
J. H. Carlisle	Louis Bohl
Hans Wassing	M. B. Park
H. G. Walker	J. S. Van Winkle
T. A. Clay	T. Sanfacon
E. I. Ives	Thomas E. Manly
B. O. Kinney	
L. F. Meloney	
G. E. Tuers	
S. Ginsburg	

SALEM COUNTY

David W. Green	I. L. C. Hummel
W. H. James	F. L. Perry
	C. L. Fleming

SOMERSET COUNTY

R. F. Hegeman	J. H. Cooper
W. H. Long	E. G. Brittain
G. E. Barbour	E. Hird
D. O. Hamblin	A. F. Mangelsdorff

SUSSEX COUNTY

A. H. Groeschel	F. J. Scott
Jesse McCall	
H. M. Aitken	

UNION COUNTY

E. S. Krans	J. E. Runells
T. J. Walsh	R. Cantini
H. S. Murphy	L. G. Beisler
L. Armstrong	R. P. Blythe
C. C. Carpenter	J. J. Labow
F. W. Lathrop	L. S. Wegryn
Emil Stein	Harry Bloch
Abraham Rose	
J. B. Harrison	L. H. Leggett
Elmer P. Weigel	Richard Peters
S. T. Quinn	S. H. Davis
H. V. Hubbard	Ruben Holland
C. H. Schlichter	A. R. Casilli
Isaac Gelber	J. D. Tidaback
Henri E. Abel	Walter Phelan
C. A. Brokaw	Isadore Stein
N. W. Burritt	A. J. Drury
J. G. Boyes	Maxwell Ehrlich
R. J. Walsh	N. W. Currie
R. M. Nittoli	E. M. Staub
Martin Stein	H. C. Stillwell

WARREN COUNTY

F. S. Gordon	James Weres
Charles Lyon	
Floyd Shimer	William H. Varney

For Members of the Nominating Committee, 1938, See Page 4.

MEMBERSHIP OF COUNTY MEDICAL SOCIETIES

Comprising

THE MEDICAL SOCIETY OF NEW JERSEY

ON MARCH 15, 1938

An asterisk (*) indicates a deceased member

ATLANTIC COUNTY (1)

Society organized June 7, 1880. Meets second Friday evening monthly, except in June, July, August and September. Annual Meeting in May.

President, Read, Hilton S., Ventnor

Vice-President, Mason, James H., Atlantic City

Secretary, Brown, J. Carlisle, Atlantic City

Treasurer, Allman, David B., Atlantic City

Reporter, Nickman, E. Harrison, Atlantic City

Historian, Harley, Halvor L., Atlantic City

Censors, Charlton, C. C., Atlantic City
Irvin, John S., Atlantic City
Salasin, S. L., Atlantic City

Active Members

Alleyne, Albert A., 115 N. Pennsylvania av., Atl. C'y
Allman, David B., 104 St. Charles pl., Atlantic City
Andrews, Clarence L., 1616 Pacific av., Atlantic City
Axilrod, Maurice H., 2620 Pacific av., Atlantic City
Barbash, Samuel, 1902 Pacific av., Atlantic City
Bartlett, Clara K., 4301 Atlantic av., Atlantic City
Bassett, Norman H., Professional Arts Bldg., Atl.C'y
Beir, Ily R., 114 S. Virginia av., Atlantic City
Bew, Richard C., 1217 Pacific av., Atlantic City
Blampin, Winifred A., Grossman's Hotel, Atl. City
Bossert, Charles L., 4021 Atlantic av., Atlantic City
Boysen, Theophilus H., 100 Phila. st., Egg H'rb'r C'y
Bradley, Robert A., 1616 Pacific av., Atlantic City
Brown, J. Carlisle, 101 S. Indiana av., Atlantic City
Carrington, William J., 905 Pacific av., Atlantic City
Chalfant, William P., Jr., 7003 Ventnor av., Ventnor
Charlton, C. Coulter, 124 S. Illinois av., Atlantic City
Chew, Elisha C., 603 Pacific av., Atlantic City
Clark, Solon W., 152 S. North Carolina av., Atl. C'y
Cleary, Joseph P., Minotola
Conaway, Walt P., 1723 Pacific av., Atlantic City
Corson, Filbert R., 101 S. Indiana av., Atlantic City
Crane, Bernard, 306 Pacific av., Atlantic City
Dalton, Simon E., 117 S. Illinois av., Atlantic City
Davidson, Harold S., 101 S. Indiana av., Atlantic C'y
Davis, William C., 124 S. Illinois av., Atlantic City
deHellebranth, Roland T., 104 S. Fr'kf't av., Ventnor
Diskan, Samuel M., 1904 Pacific av., Atlantic City
Donnelly, William A., 60 N. Hartford av., Atl. City
Durham, Robert B., 130 S. Illinois av., Atlantic City
Durham, Royal E., 130 S. Illinois av., Atlantic City
Dyer, Edward H., 102 S. Victoria av., Ventnor
Eckert, Walter L., 720 Shore rd., Somers Point
Elliott, Frazier J., 10 N. Second st., Hammonton
Ewens, Arthur E., 3600 Pacific av., Atlantic City
Feinstein, Louis, 410 Pacific av., Atlantic City
Fish, Clyde M., 15 W. Washington av., Pleasantville
Forsythe, Albert E., 44 N. Kentucky av., Atl. City
Fox, William W., 101 S. Indiana av., Atlantic City
Frank, Myrtile, 227 Philadelphia av., Egg H'rb'r C'y
Gordon, Benjamin L., 1616 Pacific av., Atlantic City
Gordon, Carl, 1712 Pacific av., Atlantic City
Grier, Robert M., 50 E. Washington av..Pleasantville
Gruhler, Jean A., 5407 Atlantic av., Ventnor
Guion, Edw., Atl. Co. Hosp. for Men. Dis., Northfield
Halpern, Samuel, 504 Pacific av., Atlantic City
Harley, Halvor L., 101 S. Indiana av., Atlantic City
Harris, William O., 812 Arctic av., Atlantic City
Henderson, Kenneth P., 121 S. Illinois av., Atl. C'y
Hersohn, William W., 116 S. Illinois av., Atl. City
Hoffman, Harry S., 3302 Pacific av., Atlantic City
Holmes, Henry D., 1813 Arctic av., Atlantic City
Holoman, Mahlon B., Margate City
Holt, Edward Z., Children's Seashore Home, Atl. C'y
Hudson, Woodburn J., 123 W.W'sh'gt'n av.,Pl'sntv'le
Hyman, Charles, 2619 Pacific av., Atlantic City
Infield, G. L., 1401 Shore rd., Northfield
Irvin, John S., 1910 Pacific av., Atlantic City
Jacobson, John J., 1616 Pacific av., Atlantic City
Johnson, V. Earl, 101 S. Indiana av., Atlantic City
Kahn, Leo, 32 States av., Atlantic City
Kilduffe, Robert A., 108 S. Nassau av., Margate City
Kline, Herman, 2627 Pacific av., Atlantic City
Krechmer, Abraham, 521 Pacific av., Atlantic City
Lawther, B. M., 1401 Shore rd., Northfield
Leonard, Isaac E., 2842 Atlantic av., Atlantic City
Lucas, Stanley L., 44 N. Kentucky av., Atlantic City
Madden, Leland S., 21 E. Verona av., Pleasantville
Magill, Marcus, 4116 Ventnor av., Atlantic City
Major, Morton M., 4212 Ventnor av., Atlantic City
Marshall, H. Donald, 611 N. Indiana av., Atl. City
Marshall, Joseph C., 1517 Pacific av., Atlantic City
Martin, William, Ambassador Hotel, Atlantic City
Marvel, Peter H., 2216 Shore rd., Northfield
Mason, James H., 1616 Pacific av., Atlantic City
McGeehan, Stanley M., 100 S. Maryland av., Atl' C'y
McGivern, Charles S., 805 Pacific av., Atlantic City
Merendino, Anthony G., 2720 Pacific av., Atl. City
McVay, James C. F., 2907 Pacific av., Atlantic City
Murray, Clifford K., 7301 Ventnor av., Ventnor
Nickman, Emanuel H., 101 S. Newton av., Atl. City
Pilkington, Albert, 117 S. Virginia av., Atlantic City
Poland, George A., 206 E. Verona av., Pleasantville
Quinn, Norman J., 3303 Pacific av., Atlantic City
Read, Hilton S., 5407 Atlantic av., Ventnor
Reyner, Daniel C., 2703 Pacific av., Atlantic City
Rieck, Allan, 507 S. Shore rd., Pleasantville
Roop, William O., 101 S. Indiana av., Atlantic City
Rosenberg, Louis, 26 S. Stenton pl., Atlantic City
Rosenblatt, Sidney, 1904 Pacific av., Atlantic City
Ruffu, Henry L., 111 S. Boston av., Atlantic City
Salasin, Samuel L., 511 Pacific av., Atlantic City
Scanlan, David W., 15 S. Illinois av., Atlantic City
Schwarzkopf, George C., 2901 Pacific av., Atl. City
Schwinn, Charles, 7600 Winchester av., Margate C'y
Scott, Joseph H., 121 N. Virginia av., Atlantic City
Scott, Karl M., 1616 Pacific av., Atlantic City
Shavelson, Irving C., 2 N. Dover av., Atlantic City
Shenfeld, Isaac, 4806 Atlantic av., Ventnor

Shimer, A. Burton, 606 Pacific av., Atlantic City
Shivers, Charles H. deT., 121 S. Illinois av., Atl. C'y
Shore, Ernest L., 306 Atlantic av., Atlantic City
Silvers, Homer I., 16 S. Suffolk av., Atlantic City
Sinkinson, Charles, 1616 Pacific av., Atlantic City
Smith, Andrew M., 344 Phila. av., Egg H'rb'r City
Stalberg, Isaac Z., 1616 Pacific av., Atlantic City
Stamps, George R., 300 E. Verona av., Pleasantville
Stern, Samuel, 2815 Pacific av., Atlantic City
Stevenson, Alex. M., 7506 Ventnor av., Margate C'y
Stewart, Sloan G., Pacific & N. Car. avs., Atl. City
Stewart, Walter B., 8 N. Tallahassee av., Atl. City
Subin, Harry, 1616 Pacific av., Atlantic City
Surran, Carl A., 1616 Pacific av., Atlantic City
Timberlake, Baxter H., 1616 Pacific av., Atl. City
Uzzell, Edward F., 2703 Pacific av., Atlantic City
Walker, Levi M., 110 S. No. Carolina av., Atl. City
Weiner, Samuel E., 904 Pacific av., Atlantic City
Wescott, William C., Pacific & Dela. avs., Atl. City
Westney, Alfred W., 3005 Pacific av., Atlantic City
Whims, Clarence B., 5401 Ventnor av., Ventnor
White, R. Rostin, 644 Shore rd., Somers Point
Wilson, Lawrence A., 114 N. Shore rd., Absecon
Winn, Samuel L., 1616 Pacific av., Atlantic City

Associate Member

Rechtman, A. M., 1616 Pacific av., Atlantic City

Courtesy Members

Barab, B. B., D.D.S., 1616 Pacific av., Atlantic City
Malley, E. J., D.D.S., 1900 Pacific av., Atlantic City
Phillips, C. F., D.D.S., 1509 Pacific av., Atlantic City
Steigerwalt, C. S., D.D.S., 4711 Atlantic av., Atl.C'y
von Deilen, A. W., D.D.S., 2703 Pacific av., Atl. City
Westcott, E. R., D.D.S., 1500 Pacific av., Atlantic C'y
Whitehill, N. J., D.D.S., 1904 Pacific av., Atl. City

Honorary Member

Brown, Elmer

Number of Active Members and basis of representation, 123, March 15, 1938.

BERGEN COUNTY (2)

Society organized February 28, 1854. Meets on second Tuesday of each month, except July and August. Annual Meeting in May.

President, Littwin, Charles, Teaneck

Vice-President, King, Chester A., Oradell

Secretary, Knowles, G. M., Hackensack

Treasurer, Harryman, W. K., Hackensack

Reporter, Black, LeRoy, Rutherford

Ethics Committee, MacKellar, J. M., Tenafly
Hallett, F. S., Hackensack
Vroom, W. L., Ridgewood
Schmidt, W. W., Cliffside Park
Prather, John, Dumont
Halpern, H., Englewood

Active Members

Agayoff, John D., 127 S. Washington av., Bergenfield
Alexander, Samuel, Main st., Park Ridge
Anderson, Reuben M., 372 Maple Hill dr., Hackens'k
Angelillis, Paul, 76 State st., Hackensack
Appold, George D., 60 E. Church st., Bergenfield
Baketel, H. Sheridan, 155 Van Wagenen av., Jer. C'y
Baldwin, John F., 1474 Windsor rd., W. Englewood
Balze, Henry R., 147 Christie st., Leonia
Barlow, G. Barton, 63 Spring lane, Englewood
Barnes, William J., 155 Engle st., Englewood
Barroso-Bernier, Adalberto, 173 Morse pl., Englew'd
Basralian, Joseph B., 238 Blvd., Hasbrouck Hghts.
Berke, Raynold N., 430 Union st., Hackensack
Bernard, Richard C., Bergen Co. Hosp., Ridgewood
Beyer, William, 612 Undercliff av., Edgewater
Bickner, Alvah W., 84 Park av., Rutherford
Black, LeRoy W., 33 W. Passaic av., Rutherford
Blake, Roger N., 729 Kinderkamack rd., River Edge
Blauvelt, Grace B., 76 Heights rd., Ridgewood
Bleasby, Charles B., 136 Passaic st., Garfield
Blenkle, Victor A., 140 Chadwick rd., Teaneck
Bono, Joseph J., Paris av., Northvale
Bookstaver, Barnet S., 193 Norma rd., Teaneck
Bosch, Taeke, Goffle Hill rd., Hawthorne
Branon, M. E., 76 Ames av., Rutherford
Bregman, Alexander, 4 Dempsey av., Edgewater
Brennan, Ralph J., 300 Howard av.,Radb'n-F'rLawn
Brown, John L., 647 Anderson av., Grantwood
Buckley, Paul J., 159 Palisade av., Bogota
Burns, Geoffrey C. H., County rd. & So. st., Demarest
Busicco, Philip S., 131 Liberty rd., Englewood
Caldroney, Thomas L., 66 Bergen av., Ridgefield P'k
Campbell, James M., 101 S. Central av., Ramsey
Candio, Vincent P., 347 Ridge rd., Lyndhurst
Carroll, Thomas R., 754 Anderson av., Cliffside Park
Cartnick, Louis C., 228 Hillcrest av., Wood Ridge
Caruso, Paul F., 196 Hackensack st., Wood Ridge
Chase, Kalman, 591 N. Maple av., Hohokus
Clarie, D'Arcy C., 558 Broad av., Ridgefield
Clarke, Edward W., 435 Warwick av., W. Englew'd
Clock, Ralph O., 20 Ridgecrest, W., Scarsdale, N. Y.
Cloud, Albert W., Hugenot av., Englewood
Cochrane, Cleland D., Main st., Closter
Connor, Clarence A., 1586 Center av., Fort Lee
Conover, Ellsworth E., 267 Madison av., Hasbr'k Hts.
Cooper, Howard M., 37 Ridge rd., Rutherford
Coppoletta, Joseph M., 452 Palisade av., Cliffside P'k
Corn, David, 119 Park st., Ridgefield Park
Costabile, Vincent, 150 Ridge rd., Lyndhurst
Crandall, John K., 200 Main st., Fort Lee
Cropsey, Charles D., 168 Chestnut st., Rutherford
Curtis, Donald A., 241 Union st., Hackensack
D'Agostin, Henry, 243 Fulton ter., Cliffside
Dahlquist, Ralph M., 430 Union st., Hackensack
Dayton, Spencer T., 86 Demarest av., Englewood
DeBiaso, Cornelius V., 9 W. Park pl., Rutherford
Decker, John G., 216 Blvd., Hasbrouck Heights
Demarest, J. Willis, 124 Elm av., Hackensack
Denig, Ralph D., 370 State st., Hackensack
DeSanto, Anthony M., 377 Essex st., Hackensack
Dezer, Charles N., Jr., 210 Main st., Hackensack
Dickson, John D., 202 Larch av., Bogota
Dilger, Frederick G., 210 Main st., Hackensack
Edwards, J. Bennett, 144 Woodridge pl., Leonia
Ellmers, Basil J., 230 New Milford av., New Milford
Essertier, Edward P., 275 State st., Hackensack
Fadden, F. J., Jr., 275 Engle st., Englewood
Farmer, Vincent, 288 State st., Hackensack
Farr, Walter J., 288 Griggs av., Teaneck
Fermaglich, H. B., 881 Garrison av., Teaneck
Ferrari, Andrew F., 110 Hackensack av., E.Ruth'rf'd
Fessler, William, 31 Knox av., Grantwood
Finke, George W., 237 State st., Hackensack
Finke, John H. D., 19 Hudson st., Hackensack
Fisher, Percy C., 145 Franklin av., Ridgewood
FitzHugh, William F., 65 Bergen av., Ridgef'd Park
FitzPatrick, Leo J., 134 Bergen av., Ridgefield Park
Forte, Fulvio C., 65 Hudson st., Hackensack

Franklin, Sidney I., 15 Tenafly rd., Englewood
Freeland, Frank, 281 State st., Hackensack
Garrett, Harry S., Park av., Park Ridge
Gershman, Joseph G., 99 W. Madison av., Dumont
Gilady, Raphael, 205 Union st., Hackensack
Gittelsohn, Isador, 896 Kinderkam'k rd., River Edge
Goldberg, David, 7 Bogert pl., Westwood
Goldfarb, Abraham, 52 Chestnut st., Rutherford
Gordon, Sarah, 327 Cedar lane, Teaneck
Gramsch, A. Louis, Bergen Co. Hosp., Ridgewood
Greenfield, Arthur W., 50 Anderson st., Hackens'k
Greenfield, William J., 50 Anderson st., Hackensack
Grimes, Jesse R., 214 Washington av., Dumont
Groff, Parker A., 159 Washington av., Little Ferry
Grosfeld, W., Paterson
Hallett, Frederick S., 200 Passaic st., Hackensack
Halpern, Herman, 143 Engle st., Englewood
Harryman, William K., 271 Union st., Hackensack
Hawes, Vernon L., 63 Church st., Ramsey
Helff, Joseph R., 1367 Teaneck rd., W. Englewood
Heller, George, 100 E. Palisade av., Englewood
Hillsman, Robert B., 268 Vandelinda av., Teaneck
Hitzemann, Louis A., 30 E. Passaic st., Maywood
Hoheb, Albert S., 5 Lincoln av., Rutherford
Horowitz, Herman J., 872 Broad av., Ridgefield
Huff, Edmund N., 97 Engle st., Englewood
Hull, Donald B., 7 W. Ridgewood av., Ridgewood
Iannuzzi, Ernesto, 597 Palisade av., Cliffside Park
Irwin, John H., 51 Tenafly rd., Englewood
Jenkins, Alvah, 40 Amory st., Englewood
Johnson, G. Leonard, 390 Booth av., Englewood
Johnston, Rufus O., Railroad av., Harrington Park
Johnston, Sidney F., 365 Rochelle av., Rochelle Park
Jones, James M., 611 Cedar lane, Teaneck
Jordan, Walter L., 146 Engle st., Englewood
Jukofsky, Isidore D., 32 Union pl., Ridgefield Park
Kakascik, Emil, 206 Palisade av., Garfield
Kastler, Franz, 54 Ames av., Rutherford
Keir, Floyd E., 308 Engle st., Englewood
Kennedy, Paul A., 147 Tenafly rd., Englewood
Kilts, Winfield S., 950 Garrison av., Teaneck
King, Chester A., 410 Kinderkamack rd., Oradell
Kingslow, George L., 346 First st., Hackensack
Kissinger, Donald J., 120 E. Madison av., Dumont
Knapp, Richard E., 25 Hudson st., Hackensack
Knight, William T., 515 Oradell av., Oradell
Knowles, George M., 241 Main st., Hackensack
Knox, Charles A., 138 Bergen av., Ridgefield Park
Knox, Harriet L., 390 Union st., Hackensack
Kraissl, Cornelius J., 393 Main st., Hackensack
Kroll, Mark M., Union av., Cresskill
Lamberto, Vito A., 422 Stuyvesant av., Lyndhurst
Legato, Samuel F., 417 Palisade av., Cliffside Park
Leonard, Frederick S., Jr., 9 Washington av.,Tenafly
Lesko, Stephen W., 234 Mt. Pleasant av., Wall'gt'n
Levitas, George M., 77 Fairview av., Westwood
Lewis, Alice B., E. Saddle River rd., Saddle River
Littwin, Charles, 962 Queen Anne rd., Teaneck
Liva, Arcangelo, 5 Pangborn pl., Hackensack
Liva, G. Albin, Madison & Franklin avs., Wyckoff
Liva, Paolo F., 280 Stuyvesant av., Lyndhurst
Loman, Samuel, Magnolia & Jefferson avs., Cresskill
Lueddecke, Roland E., 216 Randolph av., E.Ruth'rf'd
Lynch, Maurice M., 396 Union st., Hackensack
Lyons, Romola L. K., 171 Meadowbr'k rd., Englew'd
Macaulay, Francis A., 815 Elm av., Teaneck
MacKellar, James M., 26 E. Clinton av., Tenafly
Mader, Anthony I., Jr., 430 Union st., Hackensack
Markley, Luther A., Holy Name Hospital, Teaneck
McCormack, Frank C., 95 Tenafly rd., Englewood
McFeely, Percy R., 242 Palisade av., Bogota
McLane, A. Donald, 498 Engle st., Englewood
McLeod, Harry J., 71 Forest rd., Tenafly
Mears, William G., 22 Overlook av., Leonia
Meyer, Howard M., 400 Maple Hill dr., Hackensack
Miller, Theodore R., 316 State st., Hackensack
Mockett, Walter W., 714 Palisade av., Cliffside Park
Moran, Helen C., 151 Engle st., Englewood
Morrow, Joseph R., Bergen Co. Hosp., Ridgewood
Mosher, Henry L., 325 Valley Brook av., Lyndhurst
Muller, Frederick L., 413 Third st., Carlstadt
Mulligan, Luke A., 230 Central av., Leonia
Myers, Norma V., 301 Knickerbocker rd., Tenafly
Netz, Lester W., 414 Main st., Hackensack
Neville, Robert J., 547 Main st., Hackensack
Nicol, Lorenz C., 360 Larch av., Bogota
O'Brien, Paul, 196 Main st., East Rutherford
Oren, Hyman, Park av., Park Ridge
Pagano, Peter, 45 N. Broad st., Ridgewood
Patti, Frank A., 304 Broad av., Leonia
Payne, Joseph, 223 Godwin av., Midland Park
Pedevill, Joseph R., 232 Highland av., Palisades P'k
Perham, Roy G., 248 Blvd., Hasbrouck Heights
Pettit, Harry H., 138 Franklin av., Ridgewood
Phillips, Walter, 109 E. Palisade av., Englewood
Pierce, H. A., 150 Broad av., Leonia
Pingitore, Eufelia, 30 Martin ter., Hackensack
Pitkin, George P., 4 S. Washington av., Bergenfield
Policastro, N. C., 378 Union st., Hackensack
Prather, John W., 155 Washington av., Dumont
Protzman, Thomas B., 39 Park pl., Englewood
Prout, William B., 88 W. Forest av., W. Englew'd
Rader-Hoheb, Katherine A., 5 Lincoln av., Rutherf'd
Reid, Erwin W., 125 Marsellus pl., Garfield
Reinhold, Herbert E., 441 W. Engl'w'd av.,W.Engle'd
Richardson, Charles A., Main st., Closter
Riordon, John, 110 Maple av., Rutherford
Robinson, Silas E., Franklin Turnpike, Waldwick
Romano, Anthony M., 134 Broadway, Hillsdale
Rowe, Joseph A., 247 Franklin av., Ridgewood
Rube, Joseph A., 145 Prospect st., Ridgewood
Ruch, Valentine, 115 W. Palisade av., Englewood
Rucker, William C., 408 Main st., Hackensack
Ryley, Harold W., 1 Lincoln pl., E. Rutherford
Sandler, Moses, 1630 Center av., Fort Lee
Schmidt, Walter W., 386 Palisade av., Cliffside Park
Scullion, Arthur A., 460 Anderson av., Cliffside P'k
Sealey, Henry J., 79 Washington av., Dumont
Segard, Christian P., 204 Glenwood av., Leonia
Seiler, Benjamin, 330 Palisade av., Cliffside Park
Sexton, Edward V., 176 Edgemont ter., Teaneck
Seymour, Edward T., 55 Hillside av., Tenafly
Skvarla, John A., 17 Koster st., Wallington
Smaine, Enrique del C., 549 Monroe st., Carlstadt
Smith, Bryan A., 20 W. Plaza, Ridgewood
Snedecor, Spencer T., 50 Anderson st., Hackensack
Solworth, Lee, 100 E. Palisade av., Englewood
Sosnow, Louis M., 51 Central av., Hillsdale
Spiegelglass, Abraham B., 417 Main st., Hackens'k
Taylor, Harold W., 247 Mountain rd., Englewood
Teeter, John N., Lydecker st., Englewood
Tennis, Edgar M., 240 Engle st., Englewood
Tether, Russell K., Main st., Closter
Toal, Joseph, 803 Prospect av., Ridgefield
Trossbach, Herman, 97 Palisade av., Bogota
Tyson, Frances B., 101 Leonia av., Leonia
Vanderbeek, S. W., 143 Engle st., Englewood
Vandersluis, Harold H., Main st., Park Ridge
VanDyke, Joseph S., 42 W. Palisade blvd., Palis.P'k
Villegas, Juan A., 302 Day av., Fairview
Vita, Frank J., 595 Palisade av., Cliffside Park
Vroom, William L., 7 W. Ridgewood av., Ridgewood
Walsh, Thomas M., 210 Kipp av., Hasbrouck Hgts.
Ward, Alfred W., County rd., Demarest
Ward, George H., 240 Engle st., Englewood
Warren, Charles B., 181 S. Prospect av., Bergenfield
Webb, Wilson D., 316 State st., Hackensack
Werner, E. A., 109 E. Palisade av., Englewood

White, Frank S., 190 Carlton ter., Teaneck
Whitman, Lloyd B., 7 W. Clinton av., Bergenfield
Whittaker, Neil McL., 418 Main st., Hackensack
Widetsky, Alfred, 85 Broadway, East Paterson
Williams, William C., 9 Ridge rd., Rutherford
Willis, Benedict P., 23 Park av., Rutherford
Wilson, Harrison B., 430 Union st., Hackensack
Winter, Gladys C., 717 Norma ct., Teaneck
Witkoff, Ben, 215 Terrace av. Hasbrouck Heights
Wolowitz, Harry B., 20 Spring Valley av., Hack'ns'k
Worcester, George F., 220 Engle st., Englewood
Wry, Orlin V., 95 High st., East Rutherford
York, James L., 331 River rd., New Milford

Associate Members

Burt, Con A. V., 5 Pangborn pl., Hackensack
Coca, Arthur F., 425 Grant av., Oradell
Colonna, P. C., Englewood
Denison, Ward C., 123 Prospect st., Ridgewood
Hambright, A. M., Ramsey
Harreys, Charles W., 714 Broadway, Paterson
Hickey, Charles M., 464 Churchill rd., W. Englew'd
Inge, G. A. L., 150 Winthrop pl., Englewood
James, W. L., 31 Lincoln Park, Newark
Liddy, Frank J., Mahwah
Lowry, Thomas, 112 Prospect st., Ridgewood
Opitz, Russell B., 218 Brindle way, Palisade
Randazzo, Anton P., 82 Prospect st., Passaic
Sandler, Samuel A., 5 Pangborn pl., Hackensack
Spickers, William, 6 Church st., Paterson
Twinem, Francis P., 450 Summit av., Hackensack

Honorary Members

Clock, Ralph O., 433 East 51st st., New York City
Proctor, James W., 188 Engle st., Tenafly
Riordon, J., 110 Maple st., Rutherford

Transferred

Agayoff, John D., from King's Co. Medical Society
Pierce, H. A., from Schuylkill Co. Medical Society
Blalock, Frank A., to Fulton Co. Medical Society
Douglass, Richmond, to Tompkins Co. Medical Soc.
Grossman, Rubin, to Hudson Co. Medical Society
Thompson, Lewis R., to Camden Co. Medical Soc.

Number of Active Members and basis of representation, 239, March 15, 1938.

BURLINGTON COUNTY (3)

Society organized May 19, 1829. Meets second Thursday evening of each month, except June, July and August. Annual Meeting in November.

President, Fahrenbruch, Frederick D., Mt. Holly

Vice-President, Munro, Charles A., Marlton

Secretary, Rodman, E. Warren, Beverly

Treasurer, Davis, E. Vernon, Vincentown

Reporter, Hogan, Carlton P., Burlington

Censors, Imhoff, Robert E., Moorestown
Curtis, Howard C., Moorestown
Anderson, Richard D., Burlington

Active Members

Bauer, Harry W., 515 Maple av., Palmyra
Betts, Richard W., 22 N. Main st., Medford
Bray, William E., 41 Elizabeth st., Pemberton
Busansky, Samuel T., Circle dr., Browns Mills
Clement, John B., 209 Warren st., Beverly
Curtis, Howard C., 129 Chester av., Moorestown
Darlington, Emlen P., New Lisbon
Davis, Elbert V., Vincentown
Davis, Jacob M., 1400 High st., Burlington
Downs, Roscius I., 40 Scott st., Riverside
Fahrenbruch, Frederick D., 101 Garden st., Mt.Holly
Frank, Reuben, Hanover & Hampton sts., Pembert'n
Geary, Russell D., Riverside
Haines, Edgar J., Medford
Haldeman, Robert E., Mount Holly
Hartman, Luther M., 82 E. Main st., Maple Shade
Hogan, Carlton P., 220 E. Union st., Burlington
Hornberger, J. Howard, 4th & Main sts., Roebling
Hunter, Edward R., 321 Union st., Delanco
Imhoff, Robert E., 29 E. Main st., Moorestown
Kuder, Joseph M., 104 Garden st., Mount Holly
Landis, Harry P., Jr., 925 Columbia av., Palmyra
Le Favor, Dean H., 619 Morgan av., Palmyra
Longsdorf, Harold E., Mount Holly
Love, Elizabeth F., 142 E. Oak av., Moorestown
Mark, Harry B., Riverton
McDonnel, Gerald E., 200 Garden st., Mount Holly
Mendenhall, Clint'n D., 412 F'rnsw'th av.,Bordent'n
Metzer, Emma P. W., 430 Fairview st., Riverside
Metzer, Freeman W., 428 Fairview st., Riverside
Meyer, Eugene A., 407 Chester av., Moorestown
Mills, Charles S., 106 Lippincott av., Riverton
Muldoon, Edward J., 200 3rd st., Florence
Munro, Charles A., Marlton
Newcomb, Marcus W., Browns Mills
Peacock, Arthur B., 39 W. Main st., Columbus
Remer, Daniel F., 417 High st., Mount Holly
Rodman, E. Warren, 503 Cooper st., Beverly
Rogers, Harry L., 408 Main st., Riverton
Schisler, Milton M., 2nd & Church sts., Florence
Scott, Parry M., 466 Cooper st., Beverly
Shapiro, Charles S., Maple Shade
Shipps, Hammell P., 739 Chestnut st., Delanco
Small, E. Lester, 30 Branch st., Medford
Sparks, Paul R., 21 W. Broad st., Burlington
Stokes, Joseph, 220 E. Main st., Moorestown
Stokes, S. Emlen, 129 Chester av., Moorestown
Summey, Thomas J., 201 E. Oak av., Moorestown
Thorne, Nathan, 117 Chester av., Moorestown
Tracy, George T., 222 Warren st., Beverly
Ulmer, D. H. Bartine, 199 Chestnut st., Moorestown
Viteri, Luis E., 13 Brainerd st., Mount Holly
Voss, John C., 634 Thomas av., Riverton
Wagner, J. George, Riverbank, Delanco
Wells, William C. V., Delanco
Wyman, Edward H., 100 E. Broad st., Burlington
Zwick, William W., 540 Bridgeboro st., Riverside

Honorary Member

Wilkinson, George H., Moorestown

Number of Active Members and basis of representation, 57, March 15, 1938.

CAMDEN COUNTY (4)

Society organized August 14, 1846. Meets first Tuesday in each month, October to May inclusive, with an outing in June. Annual Meeting in May.

President, Mahaffey, J. Lynn, Haddonfield

Vice-President, Jack, H. Wesley, Camden

Secretary, German, George B., Camden

Treasurer, Shull, E. C., Camden

Reporter, Barnshaw, Harold D., Camden

Historian, Schrack, Helen F., Camden

Censors, Davis, A. B., Camden
Lee, T. B., Camden
Shafer, F. W., Camden
Lewis, T. K., Camden
Buzby, B. F., Camden

Active Members

Adams, George B. McC., 304 Monmouth st.,Glouc'st'r
Anderson, Wm. M., 20 King's H'way W., Haddonfield
Andrus, David L., 805 Cooper st., Camden
Assante, Mario Hugo, Evesham av., Magnolia
Athey, Kenneth, 3616 Westfield av., Camden
Baker, Banks S., 601 Walnut st., Camden
Baker, Maurice E., 1149 Kaighn av., Camden
Barb, Kirk B., 1303 Princess av., Camden
Barnshaw, Harold D., 406 Cooper st., Camden
Barroway, James N., 2626 Federal st., Camden
Becker, Charles F., 620 Benson st., Camden
Beideman, Casper M., 5 W. Maple av., Merchantv'le
Bentley, David F., Jr., 406 Cooper st., Camden
Betancourt, Raul R., 406 Cooper st., Camden
Braun, William, 4307 W. Maple av., Camden
Brennan, Chas. L. S., 14 S. Br'dw'y, Gl'cester City
Brennan, John P., 429 Cooper st., Camden
Brown, Stanley L., Glen av. & Locust st., LaurelSp.
Browning, W. Kempton, 120 N. Center st.,M'rch'tv'le
Browning, Wm. J., 134 N. Center st., Merchantville
Burns, Wilmer F., 267 White Horse Pike, Audubon
Bush, Ralph K., 131 E. Park av., Merchantville
Buzby, Benjamin F., 414 Cooper st., Camden
Carlander, Oswald R., 1927 Browning rd.,M'rch'ntv'le
Casselman, Arthur J., 301 N. 2nd st., Camden
Ciliberti, Frank J., Jr., 713 S. 5th st., Camden
Clark, Ernest W., 209 Haddon av., Westmont
Clement, Lavina B., 124 King's Highway, H'dd'nf'd
Cohen, Paul, 218 State st., Camden
Collier, Martin H., 618 Benson st., Camden
Corpening, Flave H., Park av., Laurel Springs
Coxson, Harold P., Laurel rd., Stratford
Crist, Walter A., 725 Collings av., W. Collingswood
Crowley, Joseph W., 4005 Westfield av., Camden
Davis, Albert B., 511 Cooper st., Camden
Davis, John S., 527 Cooper st., Camden
Day, Grafton E., Frazer & N. J. avs., Collingswood
Decker, Henry B., 527 Penn st., Camden
Deibert, Irvin E., 618 Benson st., Camden
Del Duca, Vincent Peter, 406 Cooper st., Camden
Denbo, Elic A., 854 Haddon av., Camden
DiIelsi, Anthony J., 1013 S. 5th st., Camden
Driscoll, Charles D., 6 White Horse Pike,Hadd'nHts.
Eaton, Arthur T., 201 4th av., Haddon Heights
Ebner, Paul G., 719 Cooper st., Camden
Ellis, Alexander, 513 Broadway, Camden
Elwell, Alfred M., 407 Cooper st., Camden
Evans, Winborne D., 2704 Westfield av., Camden
Ewing, Leslie H., 10 Broad st., Berlin
Eynon, Harold K., 579 Haddon av., Collingswood
Farrell, Edgar A. H., 25 King's Highw'y,Haddonf'd
Fessman, John W., Clements Bridge rd., Runnemede
Filkins, Cedric E., 418 White Horse Pike, Audubon
Fisher, Stella C., 4405 Westfield av., Camden
Gamon, Robert S., 527 Cooper st., Camden
German, George B., 429 Cooper st., Camden
Gilson, John A., Jr., 220 8th av., Haddon Heights
Glover, Lawrence L., 53 King's Highw'y, H'dd'nf'd
Goldman, Samuel, 7th & State sts., Camden
Goldstein, Hyman I., 1425 Broadway, Camden
Grenhart, George W., 430 Haddon av., Camden
Griffey, William C., 132 Haddon av., Westmont
Hadley, Charles F., 210 W. Maple av., Merchantville
Haines, Mabel C. S., 600 White Horse Pike, Audubon
Haines, William H., 600 White Horse Pike, Audubon
Hallinger, Earl S., 517 Cooper st., Camden
Hammett, Lee J., 760 North 27th st., Camden
Hanson, Alfred S., 533 Monmouth st., Gloucester
Hays, Roy G., 567 Haddon av., Collingswood
Hemphill, Everett H., 232 King's Hwy. E., H'dd'nf'd
Hessert, Edmund C., 700 Haddon av., Collingswood
Hirst, Ernest R., 634 Federal st., Camden
Hollinshed, Beulah S., 600 Benson st., Camden
Horner-Rodger, Clara L., 721 Cooper st., Camden
Howard, John E., 67 King's Highway W., Haddonf'd
Hughes, Thomas E., 223 Cooper st., Camden
Hummel, Ernest G., 414 Cooper st., Camden
Hummel, Merwin L., 135 N. Center st.,Merchantville
Hutcheson, Charles R., 517 Cooper st., Camden
Jack, H. Wesley, 517 Cooper st., Camden
Jackson, Charles H., 1250 Park blvd., Camden
Jarrett, Harry, 923 Broadway, Camden
Jones, John C., 805 Princeton av., Camden
Kain, Thomas M., 403 Cooper st., Camden
Keyser, David, 1518 Baird av., Camden
Kinney, Albert G., 917 Haddon av., Collingswood
Kline, Oram R., 414 Cooper st., Camden
Kutner, Charles, 1005 S. 5th st., Camden
Larossa, Ernest A., 708 Cooper st., Camden
Lee, Thomas B., 622 Cooper st., Camden
Lewis, Thomas K., 47 South 27th st., Camden
Lovett, Jos. C., Municipal Hosp. for Cont.Dis.,C'md'n
Lyon, Leslie Clyde, P. O. Box 63, Magnolia
MacAlister, Alexander, 626 Federal st., Camden
MacAlpine, Kenneth B., 308 Monm'th st.,Gl'c'st'rC'y
McCallum, Arthur S., 213 Clements Br. rd., Barr'gt'n
McCarthy, Arthur M., 2772 Federal st., Camden
McConaghy, Thomas P., 10th & Cooper sts., Camden
McDermott, Vincent T., 511 State st., Camden
McGlade, Thomas H., 2953 Yorkship Square, Camd'n
Madden, Theophilus W., 16 Frazer av., Collingsw'd
Magee, Russell S., 201 White Horse Pk., Audubon
Mahaffey, Jesse L., 406 Warwick rd., Haddonfield
Maldeis, Albertos M., 117 N. 6th st., Camden
Marcarian, Henry G., 904 Cooper st., Camden
Marcy, John W., 117 E. Park av., Merchantville
Mecray, Paul M., 405 Cooper st., Camden
Mengel, Willard G., 400 Penn st., Camden
Meyer, George P., 410 Haddon av., Camden
Miller-Richardson, Emma, 577 Stevens st., Camden
Moore, Frank F., 201 Evergreen av., Woodlynne
Murray, Edwin N., 558 Newton av., Camden
Ondovchak, Fred. M., K'g's Hwy. W., Mt. Ephraim
Ornaf, Ignace E., 1145 Thurman st., Camden
Osmun, Milton M., 611 Broadway, Camden
Palm, Howard F., 614 N. 2nd st., Camden
Phillips, Claude B., 891 Haddon av., Collingswood
Pike, Charles E., 4 E. Haddon av., Oaklyn
Pinsky, M. Myer, 944 S. 5th st., Camden
Pratt, Arthur G., 516 Cooper st., Camden
Pratt, William Henry, 516 Cooper st., Camden
Principato, Roberto, 402 Walnut st., Camden

Raughley, William C., Taunton av., Berlin
Read, William T., Jr., 514 Cooper st., Camden
Rhone, David S., 1202 Haddon av., Camden
Ristine, Edwin R., 123 Maple av., Westville
Roberts, Joseph E., Jr., 403 Cooper st., Camden
Rogers, Edward B., 814 Haddon av., Collingswood
Ross, Alexander S., 542 Cooper st., Camden
Rossell, Edward W., 801 Cooper st., Camden
Ruttenberg, Max, 303 Cooper st., Camden
Saunders, Orris W., 1700 Broadway, Camden
Schall, Reuben E., 537 N. 7th st., Camden
Scheffler, Wilhelm A. H., 511 Cooper st., Camden
Schellenger, Edward A. Y., 429 Cooper st., Camden
Schrack, Helen F., 216 N. 5th st., Camden
Schwartz, Henry C., Raritan av., Atco
Scruggs, William J., 3005 Kearsage rd., Camden
Shafer, Albert H., 405 Cooper st., Camden
Shafer, Frederick W., 634 Penn st., Camden
Sharp, Jennie S., 719 Cooper st., Camden
Sharp, Reuben L., 719 Cooper st., Camden
Shaw, Ernest B., 811 Collings av., W. Collingswood
Sheaffer, Clinton P., 241 King's Hwy. E., Haddonf'd
Shemeley, William G., Jr., 7 Haddon av., Camden
Sheppard, Robert L., 768 N. 27th st., Camden
Sherk, A. Lincoln, 2647 Westfield av., Camden
Shipman, James S., 542 Cooper st., Camden
Shope, Edward P., 511 Cooper st., Camden
Shull, Elliott C., 517 Cooper st., Camden
Sieber, Isaac G., 204 Merchant st., Audubon
Smith, James D., 701 N. 6th st., Camden
Smith, Wilbur A., 2 E. Clinton av., Oaklyn
Sochacki, Alexander, 1478 Mt. Ephraim av., Camden
Stephenson, Daniel H., 213 Haddon av., Haddonfield
Stimus, Howard G., 300 Kaighn av., Camden
Stone, Arthur L., 2838 Berkley st., Camden
Stone, Frank P., Tomlinson av., Laurel Springs
Summerill, Garnett, 330 Cooper st., Camden
Swiecicki, Martin E., 317 Clements Br. rd., Barr'gt'n
Tatem, Henry R., Jr., Pine st. & Atl. av., Audubon
Thompson, Penrose H., 4612 Westfield av., Camden
Van Sciver, John E., 106 Broadway, Camden
Ward, Lettie A., 325 Cooper st., Camden
Warwick, Ralph A., 3300 Federal st., Camden
Watkins, George R., LaPierre av., Magnolia
Weimann, Max L., 803 Station av., Haddon Heights
West, Gordon F., 527 Penn st., Camden
Wheatland, Marcus F., 757 Kaighn av., Camden
Wiant, Herman E., 120 Windsor av., Haddonfield
Wilson, Isam E., 110 Chapel av., Merchantville
Wilson, Lester R., 3320 Federal st., Camden
Wright, Ralph S., 428 Richey av., Collingswood
Wroblewski, Benjamin M., 1166 Thurman st., Camd'n

Transferred

Thompson, Lewis R., from Bergen Co. Medical Soc.

Number of Active Members and basis of representation, 174, March 15, 1938.

CAPE MAY COUNTY (5)

Society organized December 18, 1883. Four regular meetings each year. Meets on first Tuesday in April and October. Annual meeting in November. Semi-annual meeting in April. Other two meetings at call of the President.

President, Tomlin, Hurlbert H., Wildwood

Vice-President, Crowe, Aldrich C., Ocean City

Secretary, Robbins, Warren D., Cape May

Treasurer, Tomlin, Hurlbert H., Wildwood

Reporter, Robbins, Warren D., Cape May

Censors, Hughes, Frank, Cape May
Corson, Allen, Ocean City

Active Members

Bernheisel, Louis E., Reading av., Tuckahoe
Brooks, George M., Cape May Court House
Cameron, Clarence P., 401 Atlantic av., Ocean City
Corson, Allen, 824 Wesley av., Cape May
Crowe, Aldrich C., 735 Atlantic av., Ocean City
Cryder, Millard C., Cape May Court House
Dandois, George F., 220 E. Wildwood av., Wildwood
Friedland, Arnold J., Woodbine
Friedland, Ida M., Woodbine
Gidding, Samuel S., 154 E. Spicer av., Wildwood
Haines, Willits P., 601 9th st., Ocean City
Hornstine, Harry H., 4019 Pacific av., Wildwood
Hughes, Frank R., C'l'mbia av. & Ocean st.,CapeM'y
Hughes, Samuel B., Pine & Pacific avs., Wildwood
Jennings, Edward C., R.F.D. No. 1, Cape May Ct.H.
Jonas, August, 218 E. Pine av., Wildwood
Mace, Margaret, 2410 Atlantic av., N. Wildwood
Pettit, Herschel, 807 Wesley av., Ocean City
Robbins, Warren D., 202 Ocean av., Cape May
Smith, Marcia V., 821 Wesley av., Ocean City
Steel, William A., Beesley's Point
Tomlin, Henry H., Magnolia & Atlantic avs.,Wildw'd
Townsend, John B., 824 Wesley av., Ocean City
Way, Clarence W., Sea Isle City
Way, Julius, Cape May Court House
Whiticar, John H., 717 Wesley av., Ocean City

Transferred

Hallinger, Earl S., Jr., to Gloucester Co. Med. Soc.

Number of Active Members and basis of representation, 26, March 15, 1938.

CUMBERLAND COUNTY (6)

Society organized June 16, 1816. Meets on the second Tuesday of October, December, February, April and June. Annual Meeting in April.

President, Myatt, Leslie, Bridgeton

Vice-President, Woodruff, Dare, Vineland

Secretary, Branin, H. S., Millville

Treasurer, Wilson, H. H., Bridgeton

Reporter, Corson, E. S., Bridgeton

Censors, Sharp, Charles, Port Norris
Sewall, M. F., Bridgeton
Gray, Charles, Vineland

Active Members

Bacon, Mary, 278 E. Commerce st., Bridgeton
Baker, Clifford, 800 Elmer st., Vineland
Baker, Hugh W., 8th & Elmer sts., Vineland
Bellak, Ellis R., Leesburg
Bennett, Samuel D., 118 Pine st., Millville
Berkowitz, Benjamin, 20 Bank st., Bridgeton
Bostwick, Delazon S., Cumberland Hotel, Bridgeton
Branin, Howard S., 200 W. Main st., Millville
Butcher, Charles, Heislerville
Clippinger, Richard D., 220 S. West av., Vineland
Cornwell, Alfred, 265 N. Laurel st., Bridgeton
Corson, Elton S., 133 E. Commerce st., Bridgeton
Corson, Kenneth E., 25 S. Myrtle st., Vineland
Cunningham, Charles, 7th & Wood sts., Vineland
Davies, George A., 53 Front st., Elmer
Day, Samuel T., Port Norris
Garrison, Walter S., Cedarville
Gray, Charles M., 6th & Grape sts., Vineland
Harris, Allan, Greenwich
Kauffmann, Louis J., 232 N. 2nd st., Millville
Knowles, James S., 318 N. 2nd st., Millville
Lloyd, Reba, 31 W. Commerce st., Bridgeton
Lore, Harry E., Main st., Cedarville
Lyon, Earl C., 194 E. Commerce st., Bridgeton
Marchione, Nicholas E., 109 S. 7th st., Vineland
Mayhew, Charles H., 329 Pine st., Millville
Miller, Harry G., 203 E. Main st., Millville
Myatt, Leslie E., 98 N. Pearl st., Bridgeton
Neal, Charles B., Pine & 3rd sts., Millville
Oliver, David H., 183 E. Commerce st., Bridgeton
Pino, Anthony, 196 Irving av., Bridgeton
Ramsey, F. Muriel, 310 E. Pine st., Millville
Reeves, J. Franklin, 55 East av., Bridgeton
Sewall, Millard F., 195 E. Commerce st., Bridgeton
Sharp, Charles E., Main st., Port Norris
Sheppard, A. G., 309 Broad st., Elmer
Sheppard, Frank R., 131 N. 3rd st., Millville
Sheppard, Muse A., Penn & Broad sts., Elmer
Shirlock, Margaret E., Vineland Train.Schl.,Vineland
Thalheimer, Edward J., 644 Plum st., Vineland
Thomas, George N., 712 Wood st., Vineland
Van Deusen, Edwin H., 12 N. 7th st., Vineland
Wainwright, Frederick P., 87 Bank st., Bridgeton
Walker, Ada F. H., 635 Landis av., Vineland
Walker, H. Burton, 635 Landis av., Vineland
Ware, Carl N., Shiloh
Ware, Francis V., 223 N. 2nd st., Millville
Weithaase, Helen E., 803 Elmer st., Vineland
Whaland, Berta, 117 Atlantic st., Bridgeton
Wilson, Charles W., 636 Wood st., Vineland
Wilson, Herbert H., 24 Bank st., Bridgeton
Winslow, John H., 27 S. Valley av., Vineland
Woodruff, Dare, 630 Landis av., Vineland

Honorary Members

Elmer, Matthew K., 3 Franklin st., Bridgeton
Simkins, Raymond, 117 Broad st., Bridgeton

Transferred

Baker, Clifford, from Broome Co. Medical Soc., N. Y.
Shirlock, Margaret, from Somerset Co. Med. Soc.

Number of Active Members and basis of representation, 53, March 15, 1938.

ESSEX COUNTY (7)

Society organized June 4, 1816. Meets second Thursday of each month, October to May, inclusive. Annual Meeting is the second Thursday in May.

President, Van Ness, H. Roy, Newark

President-Elect, Kraker, David A., Newark

Vice-President, Mount, Walter B., Montclair

Secretary, Greifinger, Marcus H., Newark

Treasurer, Rogers, Robert H., Newark

Reporter, Wood, E. LeRoy, Newark

Councilors, Blackburne, George, Newark
Comando, Harry N., Newark
English, John T., Irvington
Farr, Irving L., Montclair
Schaaf, R. A., Newark
Weber, F. C., Newark
Moore, John D., Bloomfield
Warner, W. H. A., East Orange
Officers and Ex-Presidents

Active Members

Abel, Arthur R., 144 Harrison st., East Orange
Abrams, Abram B., 668 Clinton av., Newark
Adelman, Benjamin B., 190 Clinton av., Newark
Agnew, Hobart McV., 144 S. Harrison st., E. Orange
Albano, Edwin H., 242 Clifton av., Newark
Albano, Joseph, 535 N. 7th st., Newark
Alcamo, John H., 215 Littleton av., Newark
Alford, Ralph I., 83 Park st., Montclair
Allan, James S., 144 Harrison st., East Orange
Allen, George H., 181 Roseville av., Newark
Allen, Raymond N., 144 Harrison st., East Orange
Alling, Frederic A., 15 Washington st., Newark
Altman, Charles D., 301 Highland av., Newark
Ambrose, Anthony, 71 Congress st., Newark
Antonius, Nicholas A., 27 W. Market st., Newark
Antopol, William A., 201 Lyons av., Newark
Applebaum, Irving L., 152 Clinton av., Newark
Areson, Wm. H., 153 Bellevue av., Upper Montclair
Ash, Samuel, 25 Johnson av., Newark
Asher, Maurice, 186 Clinton av., Newark
Aszody, Paul, 340 Waverly av., Newark
Avidan, Maurice S., 30 Stratford pl., Newark
Bachmann, William, 87 Hillcrest ter., East Orange
Bacote, Ernest F., 78 Barclay st., Newark
Baiocchi, Pascal J., 203 Hunterdon st., Newark
Baird, Thompson McD., 124 Grand pl., Arlington
Baker, Charles F., 198 Clinton av., Newark
Baker, Maclyn F., 638 Stuyvesant av., Irvington
Baldwin, Samuel H., 626 Clinton av., Newark
Banks, Charles W., 6 N. Munn av., East Orange
Banks, Winifred D., 6 N. Munn av., East Orange
Barkhorn, Charles W., 223 Roseville av., Newark
Barkhorn, Henry C., 45 Johnson av., Newark
Barnard, Frank G., 65 N. Fullerton av., Montclair
Barrett, Joseph F., 230 Parker av., Maplewood
Bass, Rose D., 222 Lyons av., Newark
Baum, Felix, 765 S. 10th st., Newark
Baum, Samuel, 10 Osborne ter., Newark
Bauman, Everett O., 17 Hillside av., Newark
Becker, Frederick W., 14 Clinton pl., Newark
Becket, George C., 350 Springdale av., East Orange
Beling, Christopher A., 111 Clinton av., Newark
Beling, Christopher C., 111 Clinton av., Newark
Bell, Horace O., Essex Co. Hosp. Cont. Dis., Bellcville
Bengelsdorf, Aron, 29 Clinton pl., Newark
Bennett, William F., Essex Mountain San., Verona
Berardinelli, Carmine G., 92 8th av., Newark
Berg, Samuel, 156 Roseville av., Newark
Berger, William A., 346 Roseville av., Newark
Bergman, Meyer W., 31 Lincoln Park, Newark
Berman, H. Robert, 286 Roseville av., Newark
Bernhard, William G., Countryside dr., Murray Hill
Beyer, Othmar J., 42 Laurel av., Irvington
Bianchi, Angelo R., 184 Hunterdon st., Newark
Bien, Frank A., 999 Clinton av., Irvington
Bigelow, Elizabeth F. F., 120 Prospect st., So.Orange
Bigelow, Nelson S., 120 Prospect st., South Orange
Bingham, Arthur W., 144 Harrison st., East Orange
Birdsall, Clarence A., 9 Smull av., Caldwell
Bissett, John V., 29 Hawthorne av., East Orange
Blackburne, George, 490 Central av., Newark
Blanchard, Kenneth, 25 S. Munn av., East Orange
Blaustein, Maurice L., 37 Hillside av., Newark
Blauvelt, Harold, 46 Parker av., Maplewood
Bleiberg, Jacob, 565 Bergen st., Newark
Bleick, William D., 583 Prospect av., Maplewood
Bleier, Louis, 332 Waverly av., Newark
Block, Marcus T., 177 Bloomfield av., Newark
Block, Max, 48 N. Fullerton av., Montclair
Block, Milton, 711 Chancellor av., Irvington
Bokor, Emery, 79 Shanley av., Newark
Borsher, Irving P., 255 Broad st., Bloomfield
Bove, Joseph, 306 Lincoln av., Orange
Brackett, Elizabeth R., 371 Franklin av., Nutley
Bradford, Stella S., 16 Seymour st., Montclair
Bradshaw, John H., 27 High st., Orange
Brakeley, Elizabeth, 71 Myrtle av., Montclair
Brandman, Otto, 83 Johnson av., Newark
Braun, Gustav A., 391 Bergen st., Newark
Brien, William M., 449 Main st., Orange
Briggs, Henry, 144 Harrison st., East Orange
Brim, Anne J. S., Hotel Edgemere, East Orange
Broadnax, Mary Ethel, 83 Lincoln Park, Newark
Brodkin, Eva T., 365 Osborne ter., Newark
Brodkin, Henry A., 365 Osborne ter., Newark
Brotman, Morton M., 90 Avon av., Newark
Brown, Chester R., 22 Midland av., Arlington
Brown, Chester T., Prudential Insurance Co., New'k
Brown, Harold W., 27 S. Fullerton av., Montclair
Brown, Lewis W., 160 Roseville av., Newark
Brown, Richard J., 105 Ridgewood rd., South Orange
Buckley, Jeremiah L., 666 Franklin av., Nutley
Bugbee, Frederick C., 132 Sunset av., Verona
Bull, Louis M., 92 Heller Parkway, Newark
Bull, Robert I., 531 W. Market st., Newark
Bull, William J., 98 Park st., Montclair
Burke, Leonard P., 30 Lakeside av., Verona
Burke, Stephen E., 212 1st av., Newark
Burne, John J., 17 Gould av., Newark
Burns, Edward L., 269 Broad st., Newark
Burpeau, William P., 144 Harrison st., East Orange
Busch, Herman, 38 Johnson av., Newark
Bush, Archer C., 40 Union st., Montclair
Butler, Eustace C., 249 Bloomfield av., Caldwell
Buvinger, Charles W., 50 Washington st., E. Orange
Byck, Louis, 114 Lyons av., Newark
Cacciarelli, Robert A., 517 Roseville av., Newark
Caggiano, Anthony P., 137 Grove st., Montclair
Cahill, Laurence A., 361 Lafayette st., Newark
Calasibetta, Charles J., 37 Longfellow av., Newark
Caldwell, Donald M., Prudential Ins. Co., Newark
Caldwell, Julius A., 45 S. Mountain av., Montclair
Calvert, William C., 210 Central av., Orange
Camche, Leo J., 250 Renner av., Newark
Cameron, Edwin A., 186 S. Burnett st., East Orange
Campbell, William, 144 Harrison st., East Orange
Carbone, Francesco N., 157 Hunterdon st., Newark
Cardwell, Edgar P., 47 Central av., Newark

Carlucci, Angelo M., 57 E. Blackwell st., Dover
Carman, Fletcher F., 31 Lincoln Park, Newark
Carrigan, Francis P., 516 Prospect st., Maplewood
Casale, John B., 359 Bloomfield av., Newark
Cater, Douglas A., 57 S. Harrison st., East Orange
Cerone, Daniel M., 309 1st av., Newark
Cestone, Canio, 521 Pompton av., Cedar Grove
Chamberlain, Aims R., 30 Lenox pl., Maplewood
Chamberlain, Richard R., 30 Lenox pl., Maplewood
Champlin, Paul M., 43 S. Arlington av., E. Orange
Chapman, Robert W., 835 Bergen st., Newark
Chiger, Alexander S., 621 High st., Newark
Chimacoff, Hyman, 171 Elizabeth av., Newark
Chmelnik, Abraham G., 299 Clinton av., Newark
Clark, James H., 108 Orange rd., Montclair
Clarken, Joseph A., 43 Lincoln Park, Newark
Claus, C. Hermann, 776 S. 19th st., Newark
Clement, Baxter L., 31 Lincoln Park, Newark
Coe, Richard, 156 Clinton av., Newark
Coffin, Henry F., 433 Mt. Prospect av., Newark
Coghlan, Jasper, 17 Academy st., Newark
Cohen, I. Elvin, 561 Elizabeth av., Newark
Cohen, Maurice, 106 Valley rd., Montclair
Cohen, Max, 9 Franklin pl., North Arlington
Cohen, Meyer J., 118 Johnson av., Newark
Cohen, Sidney L., 20 Avon av., Newark
Cohen, Sidney P., 512 Franklin av., Nutley
Cohn, Hermann, 393 Clinton av., Newark
Cohn, Royal M., 740 Clinton av., Newark
Colsh, LeRoy L., 612 Ridgewood rd., Maplewood
Colton, Ethan T., Jr., 31 Park st., Montclair
Comando, Harry N., 690 Clinton av., Newark
Condon, John F., 686 Mt. Prospect av., Newark
Conlon, Philip Jerome, 25 James st., Newark
Connamacher, Harold S., 671 Springfield av., Newark
Connolly, John J., 180 Ballantine Parkway, Newark
Connolly, Richard N., Newark City Hosp., Newark
Cook, Hugh F., 21 Roseville av., Newark
Cooke, William H., 303 Main st., East Orange
Cooperman, William, 647 Market st., Newark
Cornish, Charles H., 673 Prospect st., Maplewood
Coughlan, Ella A., 10 Oakwood av., Orange
Coughlin, Frank J., 100 Magnolia av., Arlington
Cox, John C., 55 Woodland rd., Maplewood
Cox, William W., 79 S. Fullerton av., Montclair
Crane, Charles G., 78 Farley av., Newark
Craster, Charles V., Plane & William sts., Newark
Crawford, Georgina L. U., 28 Carnegie av.,E.Orange
Crecca, Anthony D., 76 2nd st., Newark
Crecca, William D., 111 Park av., Newark
Crossfield, Henry C., 144 Harrison st., East Orange
Crystell, Edward H., 4 Hawthorne av., Nutley
Curtis, Arthur W., 144 Harrison st., East Orange
Curtis, Elbert A., 65 Central av., Newark
D'Agostini, Alfred J., 41 Columbia av., Newark
Dane, Charles, 61 Scotland rd., South Orange
Dane, John, 61 Scotland rd., South Orange
Danzis, Maximillian, 31 Lincoln Park, Newark
Darden, Walter T., 149 W. Kinney st., Newark
Davenport, Peter B., 764 S. Orange av., Newark
Davidson, Henry A., 31 Lincoln Park, Newark
Davidson, Louis L., 31 Lincoln Park, Newark
Davies, George W., 35 Fairview av., Verona
Davis, Thomas C., 30 Old Short Hills rd., Millburn
Davis, William J., 144 Harrison st., East Orange
DeFronzo, Morando, 180 Fairmount av., Newark
Deignan, William L., 257 Dodd st., East Orange
Del Deo, Nicholas V., 49 State st., Newark
Del Guercio, Olindo, 365 Bloomfield av., Newark
DeMichele, Roland V., 359 Clifton av., Newark
Denes, Oscar, 402 Centre st., Nutley
DePalma, Anthony F., 242 Clifton av., Newark
Derivaux, John A., 103 Clinton av., Newark
Deutel, Oscar R., 283 Franklin st., Bloomfield
DeVincentis, Henry, 285 Henry st., Orange
Devlin, Frank, 617 Broadway, Newark
Devlin Hugh J., 72 Thomas st., Newark
Dias, Joseph L., 17 Lombardy st., Newark
Dieffenbach, Richard H., 570 Mt. Prosp't av., New'k
DiFino, Felix J., 88 Jefferson st., Newark
DiGiacomo, William H., 161 Hunterdon st., Newark
Dinge, Ferdinand C., 67 S. Munn av., East Orange
Dodd, Edward L., 157 Forest st., Belleville
Donahue, William J., 71 S. 9th st., Newark
Doremus, Widmer E., 375 Mt. Prospect av., Newark
Dorn, Elliott I., 267 Vassar av., Newark
Dowd, Ambrose F., 239 Broadway, Newark
Dragonetti, Elvige N., 177 Clifton av., Newark
Dranow, Paul, 233 Franklin av., Nutley
Dreskin, Jacob L., 172 Lyons av., Newark
DuBois, Morris G., 769 High st., Newark
Dulin, Everett V., 144 Harrison st., East Orange
Dunn, Theodore B., 395 Franklin st., Bloomfield
Eagleton, Wells P., 15 Lombardy st., Newark
Ebenfeld, Samuel W., 344 High st., Newark
Echikson, Joseph I., 845 S. 12th st., Newark
Edelen, James J., 280 S. Clinton st., East Orange
Eigen, Louis A., 511 Valley rd., West Orange
Ein, William B., 31 Lincoln Park, Newark
Eisenberg, David S., 31 Lincoln Park, Newark
Ellis, Arthur J., 282 Broad st., Newark
Ellis, Moury I., 177 S. Clinton st., East Orange
Emerson, Linn, 310 Main st., Orange
Emmer, S. Wolfe, 31 Lincoln Park, Newark
Englander, Charles, 41 Hillside av., Newark
English, John T., 681 Stuyvesant av., Irvington
Epler, Don A., 45 Hillside av., Newark
Epstein, Harry B., 31 Lincoln Park, Newark
Epstein, William M., 31 Lincoln Park, Newark
Erler, Eugene W., 360 Irving av., South Orange
Ervin, Millard B., 572 Prospect st., Maplewood
Etheridge, Charles H., 433 Prospect st., East Orange
Evans, David P., 144 Harrison st., East Orange
Ewing, Harvey M., 31 Trinity pl., Montclair
Fager, Rudolph O., 53 Park pl., Bloomfield
Failing, Brayton E., 31 Lincoln Park, Newark
Fanburg, Sol J., 31 Lincoln Park, Newark
Farden, Joseph L., 342 Roseville av., Newark
Farr, Irving L., 214 Walnut st., Montclair
Fasano, Giovanni, 158 W. Market st., Newark
Faughnan, Rose C., 97 High st., Passaic
Fechner, Julius, 362 Clinton av., Newark
Fein, Bernard S., 585 Elizabeth av., Newark
Fendrick, Edward, 17 Watson av., East Orange
Ferguson, William E., 22 James st., Newark
Fern, Samuel S., 122 Elizabeth av., Newark
Fewsmith, Joseph L., 120 2nd av., Newark
Fine, M. James, 65 Girard pl., Newark
Finesilver, Edward M., 53 Lincoln Park, Newark
Fink, Irving E., 129 Lyons av., Newark
Finkel, Joshua, 368 Clinton av., Newark
Finkelstein, Abe S., 670 Clinton av., Newark
Finkler, Rita V. S., 35 Leslie st., Newark
Fischman, Harold H., 326 Avon av., Newark
Fitzpatrick, Edward F., 546 W. Market st., Newark
Flanagan, John J., 173 Roseville av., Newark
Flax, Ira I., 890 S. 16th st., Newark
Flower, Morrie A., 39 Lincoln Park, Newark
Flynn, Edward A., 161 Washington av., Belleville
Foley, James F., 331 N. Grove st., East Orange
Ford, Theodore R., 144 Harrison st., East Orange
Forsyth, Kenneth C., 611 Mt. Prospect av., Newark
Fort, J. Irving, 306 Roseville av., Newark
Forte, Frank S., 318 Roseville av., Newark
Foster, Herbert W., 2 Erwin Park, Montclair
Foster, William S., 233 Mt. Prospect av., Newark
Fowler, Royale H., 744 Broad st., Newark
Freeman, George C., Prudential Ins. Co., Newark

Freeman, Richard D., 103 Scotland rd., So. Orange
Freinkel, Jacob, 2 Hillside av., Newark
Friedman, Harry, 721 S. 16th st., Newark
Friedman, Hyman, 1096 Sanford av., Irvington
Friedman, Milton, 201 Lyons av., Newark
Froelich, Joseph C., 74 Ingraham pl., Newark
Furman, Benjamin A., 31 Roseville av., Newark
Furst, Nathan J., 201 Lyons av., Newark
Gamba, Joseph, 345 Fairmount av., Newark
Ganley, Arthur J., 390 Park av., East Orange
Ganot, Frank I., 392 Ridge st., Newark
Gantz, Emma O., 215 N. Grove st., East Orange
Gardam, Joseph W., 16 Longfellow av., Newark
Gauch, William, 177 Elwood av., Newark
Gelber, Louis J., 550 Mt. Prospect av., Newark
Gennell, Ernest, 298 Parker st., Newark
George, Malbourne E. W., 744 Broad st., Newark
Gerard, Patrick D., 364 Roseville av., Newark
Gershenfeld, David B., 20 Hillside av., Newark
Gibbins, Albert L., 119 5th st., Newark
Gifford, William R., 247 Park av., East Orange
Gilman, Charles M. B., 59 Seely av., Arlington
Glass, Oscar, 838 S. 12th st., Newark
Glass, William H., 144 Harrison st., East Orange
Godfrey, Alan O., 220 Roseville av., Newark
Goeller, Jacob D., 1165 Clinton av., Irvington
Goffman, Emanuel, 316 Claremont av., Montclair
Goldberg, Harold H., 814 S. 10th st., Newark
Goldberg, Louis E., 31 Lincoln Park, Newark
Goldberg, Samuel A., Presbyterian Hosp., Newark
Goldberg, Samuel M., 345 Washington av., Belleville
Golden, Clement H., 347 16th av., Irvington
Goldman, Lester M., 896 S. 16th st., Newark
Goldstein, Henry Z., 31 Lincoln Park, Newark
Goldstein, Samuel M., 40 Johnson av., Newark
Goldstein, William H., 632 Belgrove dr., Kearny
Goodfellow, Gordon P., 196 Prospect st., East Orange
Gordon, A. Julius, 351 Roseville av., Newark
Grady, William F., 42 N. Fullerton av., Montclair
Graham, Richard B., 575 Belgrove dr., Arlington
Grant, William F., 309 Roseville av., Newark
Gray, John W., 142 Clinton av., Newark
Greenberg, Samuel, 46 Johnson av., Newark
Greenfield, Bernard H., 691 Clinton av., Newark
Greenfield, Leonard S., 691 Clinton av., Newark
Greenwald, Theodore L., 44 Maple av., Morristown
Gregorius, Ralph F., 120 Irvington av., So. Orange
Gregory, Mildred G., 64 N. 9th st., Newark
Greifinger, Marcus H., 200 Ferry st., Newark
Griffin, Guy B., 197 S. Centre st., Orange
Griffith, Roy, 909 Broad st., Newark
Grossblatt, Philip, 70 Baldwin av., Newark
Gullord, Edward G., 205 Alexander av., Montclair
Guthrie, Wilson G., 300 Summer av., Newark
Gutowski, Walter T., 104 Grove ter., Irvington
Hagney, Frederick W., 669 Elizabeth av., Newark
Hahn, Katherine B., 372 Thornden st., So. Orange
Hahn, William H., 15 Lombardy st., Newark
Haley, Paul W., 781 Sanford av., Newark
Halpern, M. M., 493 Central av., Newark
Halprin, Harry, 65 N. Fullerton av., Montclair
Hamilton, Robert, 92 Main st., Orange
Hanan, James T., 11 The Crescent, Montclair
Hantman, Harold, 530 Orange st., Newark
Harden, Albert S., 510 W. Market st., Newark
Harden, Albert S., Jr., 536 Ridgewood rd., Maplew'd
Harhen, George E., 22 Brookside av., Caldwell
Harvey, Thomas W., Sr., 59 Main st., Orange
Harvey, Thomas W., Jr., 59 Main st., Orange
Hasney, Frederick A., 292 Main st., West Orange
Hauck, Lydia R. B., 644 Stuyvesant av., Irvington
Hauck, William H., 644 Stuyvesant av., Irvington
Haussling, Francis R., 661 High st., Newark
Hawkes, E. Zeh, 84 Washington st., Newark
Hawkes, Stuart Z., 84 Washington st., Newark
Hayes, Gerald W., 86 Hawthorne av., East Orange
Heath, Louanna, 20 Fairmount av., Newark
Heineken, Theodore S., 17 Park pl., Bloomfield
Heller, Abraham R., 10 Kearny av., Kearny
Heller, Nathan B., 31 Lincoln Park, Newark
Henle, Carye-Belle, 671 Springfield av., Newark
Hennig, Paul F., 688 Stuyvesant av., Irvington
Hermann, John H., 197 S. Centre st., Orange
Herndon, Lewis S., 33 Johnson av., Newark
Herold, Harvey T., 850 S. 13th st., Newark
Hersh, David H., 658 Springfield av., Newark
Hewson, George F., 21 Roseville av., Newark
Hexamer, Fred, 50 Lyons av., Newark
Heyman, Arthur, 79 Baldwin av., Newark
Heyman, Jacob, 55 Oxford st., Newark
Hicks, William H., 46 Milford av., Newark
Hill, Robert H., 332 Park av., Newark
Hilton, Clarence O., 556 N. 7th st., Newark
Hobart, Richard T., 454 Park st., Montclair
Holland, George A., 364 Clinton av., Newark
Holler, Henry G., 234 Montclair av., Newark
Holmes, George J., 17 Elizabeth av., Newark
Hood, Philip G., 19 Lincoln Park, Newark
Hooton, Thomas C., 56 Church st., Montclair
Horland, Aaron H., 24 Stengel av., Newark
Horn, Max, 94 Lyons av., Newark
Horsford, Frederick C., 305 Broadway, Newark
Hosp, Paul H., 842 S. 12th st., Newark
Houck, William J., 207 Mt. Prospect av., Newark
Hubbard, Fayette E., 65 Church st., Montclair
Hubbard, Robert Y., 12 Myrtle av., Irvington
Huber, William H., 15 Salem st., Newark
Huberman, John, 853 S. 12th st., Newark
Hughes, Lee W., 965 Broad st., Newark
Hulett, Albert G., 20 Hawthorne av., East Orange
Humphries, Robert E., 637 Central av., East Orange
Hurff, J. Wallace, 86 Washington st., Newark
Husserl, Siegfried, 777 Clinton av., Newark
Hymowitz, Ben, 519 Belmont av., Newark
Ill, Carl H., 188 Clinton av., Newark
Ill, Charles L., 188 Clinton av., Newark
Ill, Edgar A., 1004 Broad st., Newark
Ill, Edward J., 1004 Broad st., Newark
Ill, Edmund W., 188 Clinton av., Newark
Ill, Herbert M., 188 Clinton av., Newark
Irwin, James R., 330 Washington av., Belleville
Israeloff, Howard H., 1044 Clinton av., Irvington
Jackson, Albert F., 225 Hillside av., Nutley
Jackson, Elmer C., 98 Washington st., East Orange
James, Bart M., 31 Lincoln Park, Newark
James, William L., 31 Lincoln Park, Newark
Janifer, Clarence S., 208 Parker st., Newark
Jaso, James V., 710 Varsity rd., South Orange
Jedel, Meyer, 125 4th st., Newark
Jennings, Robert E., 143 Park st., East Orange
Jessurun, Samuel H., 613 High st., Newark
Jones, Edward C., 183 Grove st., Montclair
Jones, William R., 33 S. Fullerton av., Montclair
Jonitz, Robert, 153 S. Grove st., East Orange
Judge, John F., 33 Hazelwood av., Newark
Just, Francis, 564 High st., Newark
Kaderabek, Erwin J., 144 Harrison st., East Orange
Kahrs, Grace M., 375 Mt. Prospect av., Newark
Kalb, Samuel W., 416 Clinton pl., Newark
Kalter, George E., 640 Prospect st., Maplewood
Kaplan, S. Bernard, 846 S. 12th st., Newark
Katzin, Eugene M., 50 Baldwin av., Newark
Kaufman, Jerome J., 299 Clinton av., Newark
Kaufman, Michael J., 103 Lyons av., Newark
Kavanaugh, Daniel E., 217 Broadway, Newark
Kearney, Edward P. J., 26 Forest st., Montclair
Keim, W. F., 25 Roseville av., Newark
Keller, Paul, 15 Washington st., Newark

Keller, Sidney C., 31 Lincoln Park, Newark
Kenney, John A., 134 W. Kinney st., Newark
Keppler, Carl R., 190 Clinton av., Newark
Kern, E. Clarence, 45 Park st., Montclair
Kerns, Francis J., 526 W. Market st., Newark
Kessell, John S., 643 Central av., East Orange
Kessler, Henry B., 666 Clinton av., Newark
Kessler, Henry H., 53 Lincoln Park, Newark
Kiley, John E., 94 Park st., Montclair
Kirkby, Cyril S., 128 Broad st., Bloomfield
Kirkman, Leroy G., 176 Roseville av., Newark
Kirkwood, Allan S., 53 Union st., Montclair
Klein, Andrew, 205 Littleton av., Newark
Klein, Edward C., Jr., 205 Littleton av., Newark
Klenk, Joseph P., 328 Belleville av., Bloomfield
Kraemer, Manfred, 31 Lincoln Park, Newark
Kraker, David A., 31 Lincoln Park, Newark
Krone, William F., 31 Lincoln Park, Newark
Kruger, William, 31 Lincoln Park, Newark
Kummel, Max, 31 Lincoln Park, Newark
Lafferty, Elton B., 330 Myrtle av., Irvington
Landesman, William, 187 Kearny av., Kearny
Lane, Austin W., 98 Prospect st., East Orange
Leaman, Granville M., 167 N. Grove st., E. Orange
LeBel, Louis J. B., 165 Grant av., Nutley
Lee, John J., 66 Central av., Orange
Lee, Stephen G., 55 Halsted av., East Orange
Lehman, Irving J., 558 Central av., Newark
Leonardis, James V., 94 Jefferson st., Newark
Levin, Joseph, 831 S. 13th st., Newark
Levine, Edward P., 86 Clinton av., Newark
Levinson, Louis J., 18 Stratford pl., Newark
Levy, Julius, 202 Osborne ter., Newark
Lewis, G. Rae, 458 Washington av., Belleville
Lewis, Leon, 190 Clinton av., Newark
Liccese, Emanuel, 84 Jefferson st., Newark
Licks, Frederick C., 117 Irvington av., South Orange
Lifland, Bernard D., 35 Shanley av., Newark
Lincoln, Jennings S., 140 Watchung av., Up. M'ntcl'r
Livingston, Paul, 299 Main st., East Orange
Loder, Joseph S., 924 S. 17th st., Newark
Loeser, Lewis H., 31 Lincoln Park, Newark
Lottridge, Dorothy, 43 S. Maple av., East Orange
Lovell, Frederick H., 1013 Clinton av., Irvington
Lovell, John F., 1011 Clinton av., Irvington
Lowenstein, Harry A., 96 Milford av., Newark
Lowrey, James H., 79 Congress st., Newark
Lowy, Otto, 190 Clinton av., Newark
Luban, Benjamin, 730 High st., Newark
Lundblad, Walter E., 75 Prospect st., East Orange
Lynch, Albert E., 257 Orange rd., Montclair
Lyon, Archibald, 115 Ridge rd., North Arlington
Lyons, James V., 333 Park av., Orange
Maas, Max A., 329 Clinton av., Newark
Mabey, J. Corwin, Clarem't & Midl'd avs., M'ntcl'r
Macaluso, Dominic C., 7 Hilton st., Belleville
MacArthur, Clymont, 219 Roseville av., Newark
Macdonald, Wentworth S., 56 Church st., Montclair
Maclejewski, Anthony S., 212 Van Buren st., New'k
Macpherson, Elwood H., 34 Rawley pl., Millburn
Maggio, George A., 292 Park av., Newark
Magovern, Thomas F., 228 S. Orange av., S. Orange
Mahood, Herbert L., 86 Durand rd., Maplewood
Malavazos, Antonio, 635 High st., Newark
Mamlet, Alfred M., 16 Johnson av., Newark
Mancusi-Ungaro, Elviro, 268 Mt. Prospect av.,New'k
Mancusi-Ungaro, Lodovico, 156 Mt. Pr'sp't av.,Nwk
Margolis, Alfred, 218 West End av., Newark
Margulies, Charles, 188 High st., Nutley
Marks, Edward G., 655 Kearny av., Arlington
Marks, Zelda I., 95 Wilson av., Newark
Marquis, William J., 198 Clinton av., Newark
Marra, Rocco S., 221 Park av., Orange
Martin, William P., 25 Holland rd., South Orange
Martinetti, Carlo D., 311 Central av., Orange
Martland, Harrison S., Newark City Hosp., Newark
Masterson, John F., 98 Myrtle av., Irvington
Matheke, George A., 592 Park av., East Orange
Matheke, Otto G., 328 Sussex av., Newark
Matheson, Gilchrist E., 144 Harrison st., E. Orange
Matthews, Harry E., 504 Hillside av., Orange
Matthews, William F., 61 S. Fullerton av., Montclair
Maurer, K. Virginia, 26 W. Northfield rd.,Livingston
May, Ernst A., 157 Harrison st., East Orange
McBride, Hesser G., 1072 S. Orange av., Newark
*McCabe, Thomas S., 913 Broad st., Newark
McCauley, Francis J., 31 Lincoln Park, Newark
McCormick, James E., 775 Elizabeth av., Newark
McCroskery, Jas. H., 396 N. Arlington av., E.Orange
McCullough, Walter A., Essex Co. Hosp., Cedar Gr.
McKim, William F., 317 Roseville av., Newark
McLellan, George A., 19 Hawthorne av., E. Orange
McVay, Edward A., 234 Lafayette st., Newark
Medd, John C., 25 Curtis pl., Maplewood
Meehan, Martin M., 339 Washington av., Belleville
Meeker, Irving A., 581 Valley rd., Upper Montclair
Mellen, Stanley H., 863 Mt. Prospect av., Newark
Menk, Paul E., 31 Lincoln Park, Newark
Merkelbach, W. P., 288 Broad st., Bloomfield
Merliss, Eugene, 386 Clinton av., Newark
Merselis, John G., 110 Irvington av., South Orange
Meurlin, Alfred, 158 S. Harrison st., East Orange
Mick, Edwin C., 46 S. Burnett st., East Orange
Mierau, Ernest W., 1096 Sanford av., Irvington
Miller, Herman P., 815 South 12th st., Newark
Miller, Joseph A., 364 Prospect st., South Orange
Miller, Nathan, 990 Sanford av., Irvington
Minard, Edwy L., 140 4th av., East Orange
Minier, Carl L., 25 N. Harrison st., East Orange
Miningham, William D., 18 Hedden ter., Newark
Minnefor, Charles A., 126 Carolina av., Newark
Mishell, Daniel R., 31 Lincoln Park, Newark
Mitchell, Augustus J., 59 South st., Newark
Mockridge, Oscar A., 8 S. Mountain av., Montclair
Moeckel, Clarence W., 63 S. Fullerton av., Montclair
Mohrbacher, John J., 37 Osborne ter., Newark
Moore, Dean C., 138 N. Arlington av., East Orange
Moore, John D., 6 Washington st., Bloomfield
Moretti, John J., 576 S. Clinton st., East Orange
Morgan, Browne, 2 Broad st., Bloomfield
Morris, Clement, 511 Broadway, Newark
Morrison, Caldwell, 379 7th av., Newark
Moschkowitz, Hermann, 737 High st., Newark
Motzenbecker, Peter F., 680 High st., Newark
Motzenbecker, William J., 16 Milford av., Newark
Moulton, Charles Day, 122 Park av., East Orange
Mount, Walter B., 21 Plymouth st., Montclair
Mullin, Eugene F., 505 Sanford av., Newark
Mullin, Raymond J., 857 S. 11th st., Newark
Murray, Harrold A., 624 Mt. Prospect av., Newark
Muta, Samuel A., 47 Park av., West Orange
Nacca, Carl A., 86 N. Essex av., Orange
Nadel, Charles I., 1186 Clinton av., Irvington
Nagler, Benedict, 25 Clinton pl., Newark
Nappi, Pasquale E., 250 Mt. Prospect av., Newark
Nash, Alexander E., 30 Forrest av., Verona
Nash, Herman S., 865 S. 11th st., Newark
Nash, William G., 20 Clinton st., Newark
Nataro, Joseph, 172 Littleton av., Newark
Nemzek, William P. B., 141 Ridge rd., N. Arlington
Neves, Charles S., 281 Park st., Montclair
Nevius, William B., 61 N. Arlington av., E. Orange
Newman, Grace T., 339 Grove st., Montclair
Newman, Julius, 31 Lincoln Park, Newark
Nimaroff, Meyer, 265 Union av., Irvington
Noll, Louis, 1383 Clinton av., Irvington
Nyiri, William A., 30 Van Ness pl., Newark
O'Connor, Bernard A., 314 4th st., Harrison

O'Connor, Dennis F., 671 Broad st., Newark
O'Connor, Michael J., 98 Shanley av., Newark
O'Crowley, Clarence R., 31 Lincoln Park, Newark
O'Grady, Michael J., 299 Broadway, Newark
Oleynick, Simeon A., 107 Clinton av., Newark
O'Neill, Charles L., 11 N. 7th st., Newark
Opdyke, Gordon M., 52 Claremont av., Verona
Openchowski, Mieczyslaw, 83 Johnson av., Newark
Orloff, Samuel, 149 Lyons av., Newark
Orton, Henry B., 24 Commerce st., Newark
Paddock, Royce, 965 Broad st., Newark
Palmer, Gideon H., 28 Winans st., East Orange
Panitch, William, 390 Belmont av., Newark
Pannell, Walter L., 243 Harrison st., East Orange
Pannullo, John N. P., 266 Van Buren st., Newark
Parent, Sol., 51 Baldwin av., Newark
Parisi, Anthony, 296 S. Orange av., Newark
Parker, John E., 144 Harrison st., East Orange
Parsonnet, Aaron E., 3 Madison av., Newark
Parsonnet, Eugene V., 31 Lincoln Park, Newark
Pascall, Thomas M., 197 Lincoln av., Newark
Pattyson, Ralph A., 144 Harrison st., East Orange
Paul, George A., 788 Lyons av., Irvington
Paul, H. Carl, 30 Westville av., Caldwell
Payne, Guy, Essex Co. Hospital, Cedar Grove
Payne, Guy, Jr., 56 S. Prospect st., Verona
Peer, Lyndon A., 965 Broad st., Newark
Pendexter, Sidney E., 11 S. Arlington av., E. Orange
Pennington, Alfred W., 763 Broad st., Newark
Perham, Bertram S., 199 Lorraine av., Up. M'ntcl'r
Petry, William, 109 Treacy av., Newark
Phillips, Algernon A., 212 W. Market st., Newark
Pilch, Arthur G., 1 Willard av., Bloomfield
Pilloni, Louis, 91 Beach st., Bloomfield
Pizzi, Francis W., 205 Park av., Orange
Plant, James S., 502 High st., Newark
Plante, Amos A., 437 Ridgewood rd., Maplewood
Pois, John, 52 Pillot pl., West Orange
Pollis, Nicholas L., 642 High st., Newark
Polow, Benjamin, 24 Johnson av., Newark
Pomeranz, Raphael, 31 Lincoln Park, Newark
Potter, Raymond T., 144 Harrison st., E. Orange
Prestifilippo, Silvestro, 117 Glenridge av., Montclair
Preston, Perry B., 12 Palm st., Newark
Price, Chas. W., Essex Co. Hosp., Cedar Grove
Price, Nathaniel G., 31 Lincoln Park, Newark
Probst, Everett W., 14 E. Park pl., Rutherford
Proctor, Jesse E., 15 N. 13th st., Newark
Pudney, William K., 31 Trinity pl., Montclair
Quad, Clifford W., 52 Northfield av., West Orange
Quinby, William O'G., 14 James st., Newark
Rado, William, 75 Lincoln Park, Newark
Rados, Andrew, 31 Lincoln Park, Newark
Randall, Charles H., 50 3rd av., Newark
Ranson, Briscoe B., Jr., 144 Harrison st., E. Orange
Rathgeber, Charles F., 18 William st., E. Orange
Ravitz, Samuel Feinberg, 1082 Broad st., Newark
Reed, Floyd G., 144 Harrison st., E. Orange
Reich, Abraham L., 83 Lyons av., Newark
Reich, Henry, 31 Lincoln Park, Newark
Reilly, Christopher J., 331 13th av., Newark
Reissman, Erwin, 31 Lincoln Park, Newark
Reitter, George S., 144 Harrison st., East Orange
Renzulli, Francesco, 228 S. 7th st., Newark
RePass, Paul E., 144 Harrison st., East Orange
Rettig, Isidor L., 36 Milford av., Newark
Ribbans, Robert C., 63 Central av., Newark
Rich, Charles, 191 Littleton av., Newark
Richardson, Arthur H., 60 Orange rd., Montclair
Richardson, Marvin T., 4 Sherbr'ke Pkwy.,Livingst'n
Ricketts, Henry E., 31 Lincoln Park, Newark
Riggins, Edwin N., 161 N. Arlington av., E. Orange
Ripley, Chas. D., 39 Lincoln Park, Newark
Ripley, Edward W., 7 Trinity pl., Montclair
Rizzolo, Edward M., 523 Union av., Belleville
Robbin, Lewis, 18 Clinton pl., Newark
Robbins, Charles M., 31 Lincoln Park, Newark
Robbins, Eugene, 909 Broad st., Newark
Roberts, Allison H., 24 S. 9th st., Newark
Roberts, David C., 7 Cape Court, Millburn
Roberts, William A., 11 Park av., Caldwell
Robie, Theodore R., 144 Harrison st., East Orange
Robinson, Louis H., 31 Lincoln Park, Newark
Rocco, Frank, 729 Summer av., Newark
Roeber, William J., 21 Nesbit ter., Irvington
Rogers, Harry, 144 Harrison st., East Orange
Rogers, Richard M., 1 Wallace st., Newark
Rogers, Robert H., 49 9th av., Newark
Roh, Robert F., 671 Broad st., Newark
Romano, Patrick J., 203 S. Essex av., Orange
Rosamilia, Ralph E., 480 N. 7th st., Newark
Rose, Mary E. D., 453 Park av., Orange
Rosenberg, L. Charles, 11 Murray st., Newark
Rosenthal, Sydney, 95 Wilson av., Newark
Roth, Oswald H., 210 Littleton av., Newark
Rothhouse, Burnet, 19 Lincoln Park, Newark
Rothschild, Daniel L., 585 Elizabeth av., Newark
Rothseid, Abraham, 59 Avon av., Newark
Rothstein, Isadore B., 16 Lyons av., Newark
Rubin, Abraham A., 75 Lincoln Park, Newark
Rubinow, Saul M., 755 High st., Newark
Runyan, William J., 102 Broad st., Bloomfield
Rusby, Henry H., 776 DeGraw av., Newark
Samson, Norman D., 281 Kearny av., Kearny
Saslow, Benjamin I., 680 Clinton av., Newark
Sasso, Albert, 99 Parker st., Newark
Satchwell, Harry H., 169 Roseville av., Newark
Sax, Max T., 84 Grove st., Bloomfield
Sbarra, Francesco C. N., 531 W. Market st., Newark
Schaaf, Royal A., 413 Mt. Prospect av., Newark
Schaefer, Eugene P., 12 Harrison pl., Irvington
Schaffer, Nathan, 172 S. Arlington av., East Orange
Schectman, Vera, 385 Osborne ter., Newark
Scher, Maurice A., 137 Lyons av., Newark
Schiller, Nicholas, 29 Girard pl., Newark
Schimmelpfennig, Robert D., M'tainsideHosp.,Mtclr.
Schmukler, Jacob, 29 Rutgers st., Maplewood
Schneider, Charles A., 694 Clinton av., Newark
Schneider, Louis, 874 S. 13th st., Newark
Schoenau, Carl W., 1255 Broad st., Bloomfield
Schramm, Joseph A., 572A High st., Newark
Schreck, Harry, 192 Roseville av., Newark
Schulsinger, Samuel, 80 Clinton av., Newark
Schulte, Herbert A., 701 Clinton av., Newark
Schults, Anna T., 207 Summer av., Newark
Schurman, Francis H. C., 14 Smull av., Caldwell
Scott, R. Hunter, 205 Roseville av., Newark
Scranton, Charles W., 59 Washington st., E. Orange
Scudder, Frank D., 65 N. Fullerton av., Montclair
Seidler, Victor B., 16 Plymouth st., Montclair
Seidman, Edwin A., 580 High st., Newark
Seifert, Edwin A., 415 Ridgewood av., Glen Ridge
Sellers, Robert R., 19 Chestnut st., Newark
Selvaggi, Carlo, 82 Congress st., Newark
Seward, William H., 49 Prospect st., East Orange
Shaner, Ralph D., 94 Hillside av., Nutley
Shannon, James B., 66 S. Fullerton av., Montclair
Shannon, Lardner M., 66 S. Fullerton av., Montclair
Shapiro, Louis, 146 Broad st., Newark
Shaul, Frederick G., 10 Washington st., Bloomfield
Shaw, John J., 127 Scheerer av., Newark
Shechan, Daniel C., 12 Cliff st., Newark
Sherman, A. Russell, 671 Broad st., Newark
Sherman, Allton L., 485 Park av., Orange
Sherman, Arthur E., 243 S. Harrison st., E. Orange
Sherman, Elbert S., 671 Broad st., Newark
Shill, Benjamin, 738 High st., Newark
Shor, David M., 32 S. Munn av., East Orange

Siegel, Jacob W., 96 S. 10th st., Newark
Silver, Harry B., 190 Clinton av., Newark
Silverstein, B. J., 32 Hillside av., Newark
Silverstein, Jacob M., 73 Main st., Millburn
Simmons, Albert V., 720 Prospect st., Maplewood
Simms, George F., 541 Page av., Lyndhurst
Simon, Henry, 5 Vermont av., Newark
Simon, Ludwig L., 201 Ferry st., Newark
Singer, Max, 147 Johnson av., Newark
Sisson, Nelson W., 144 Harrison st., East Orange
Skwirsky, Joseph, 170 Hawthorne av., Newark
Slavin, Paul, 31 Lincoln Park, Newark
Smalley, Sara D., 530 Clifton av., Newark
Smith, Byron J., 851 S. Orange av., East Orange
Smith, Ellis L., Soho Hosp., Belleville
Smith, George H., 136 Evergreen pl., East Orange
Smith, Harold W., 179 Lincoln av., Orange
Smith, Henry G., Essex Co. Hosp., Cedar Grove
Smith, Joseph J., 325 13th av., Newark
Smith, Leonard H., 32 Washington st., East Orange
Smith, Thayer A., Forest dr. & Park pl., Short Hills
Snavely, Earl H., Newark City Hospital, Newark
Sobin, Julius, 24 Waverly av., Newark
Solk, Arthur G., 88 Clinton av., Newark
Somers, Fred L., 144 Harrison st., East Orange
Soschin, Samuel J., 31 Lincoln Park, Newark
Spallone, Joseph C., 123 Mt. Prospect av., Newark
Sprague, Edward W., 86 Washington st., Newark
Staehle, Richard H., 34 Lyons av., Newark
Stahl, Alfred, 55 Lincoln Park, Newark
Stahl, Charles, 659 Sanford av., Newark
Statman, Arthur J., 337 Hawthorne av., Newark
Steiner, Edwin, 33 Lincoln Park, Newark
Stewart, Robert G., 79 Midland av., Montclair
Stickles, Lloyd C., 49 Parkhurst st., Newark
Stiles, C. Campbell, 713 Park av., East Orange
Stokes, Earle B., 144 Harrison st., East Orange
Straub, Herbert H., 242 Springdale av., East Orange
Streen, Morris E., 908 Bergen st., Newark
Sturchio, Edoardo, 104 Ferry st., Newark
Symes, Earle R., 161 Kearny av., Kearny
Szerlip, Leopold, 31 Lincoln Park, Newark
Tansey, William A., 98 Dover st., Newark
Tarbell, Harold A., 13 Pennington st., Newark
Taylor, George H., 144 Harrison st., East Orange
Teeter, Charles E., 418 Orange st., Newark
Teimer, Theodor, 17 Hillside av., Newark
Tenney, Albert S., 164 Harrison st., East Orange
Thomas, John H., 270 Lenox av., South Orange
Thomison, Harry E., 605 Broad st., Newark
Thompson, Arthur F., 144 Harrison st., East Orange
Thompson, Austin B., 479 Highland av., Orange
Thomson, Carroll S., Fair Oaks Sanatorium, Summit
Thornhill, Arthur C., 47 Forest st., Montclair
Tillis, Herman H., 11 Bergen st., Newark
Tirrell, Chester M., 725 High st., Newark
Tobey, Franklin J., 11 Hazelwood av., Newark
Tomasulo, Gennaro L., 225 Clifton av., Newark
Tomec, Richard F., 42 Melrose pl., Montclair
Toye, John E., 90 Midland av., Arlington
Trautwein, Charles F., 19 Treacy av., Newark
Turi, Amedeo E., 55 Garside st., Newark
Turner, Charles F., 151 Grove st., Montclair
Tushnet, Leonard, 662 18th av., Irvington
Tutschulte, Ernest, 11 Mt. Pleasant av., Newark
Twitchell, Adelbert B., 162 S. Orange av., S. Orange
Tymeson, Walter R., 310 Main st., Orange
Ulan, Oscar, 170 Fleming av., Newark
Urbach, George, 187 Chancellor av., Newark
Vail, Herbert B., 301 Washington av., Belleville
Vanderhoff, Irving M., 9 Clinton st., Newark
Vander Veer, Harold G., 295 Montgomery st., Bl'mf'd
Van Duzer, Reeves B., 226 N. Park st., East Orange
Van Emburgh, George H., 575 Belgrove dr., Arl'gton
Van Gieson, Edward J., 70 Watsessing av., Bloomf'd
Vannatta, George W., 226 N. Park st., East Orange
Van Ness, H. Roy, 444 Parker st., Newark
Verbeck, George B., 26 Washburn pl., Caldwell
Von Hofe, Frederick H., 75 Prospect st., E. Orange
Voorhees, Florence E., 83 Lincoln Park, Newark
Vreeland, Ralph D., L. Bamberger & Co., Newark
Wakeley, William E., 144 Harrison st., E. Orange
Waldron, Robert E., 1194 Broad st., Bloomfield
Wallhauser, Henry J. F., 31 Lincoln Park, Newark
Walsh, Charles R., 21 W. Mt. Pleasant av., Liv'gst'n
Walton, Ralph W., 102 Gates av., Montclair
Wambsganss, Magdalena, 44 Devine st., Newark
Ward, Elizabeth B., 112 Chancellor av., Newark
Ward, Gertrude P., 41 Park pl., Bloomfield
Ward, William R., 112 Chancellor av., Newark
Warner, William H. A., 444 Central av., East Orange
Waterman, Samuel M., 479 Elizabeth av., Newark
Weber, Francis C., 286 Mt. Prospect av., Newark
Webner, C. Fred, 71 Lincoln Park, Newark
Weeks, Norman E., 11 Seymour st., Montclair
Weinmann, Max H., 714 Scotland rd., Orange
Weinstein, Morris W., 643 Chancellor av., Irvington
Weiss, Louis, 519 Springfield av., Newark
Weiss, Selma, 2 Stratford pl., Newark
Weller, Arthur, 19 Hillyer st., Orange
Weston, Clifford G., 27 Woodland av., Glen Ridge
Wheeler, William K., 31 Lincoln Park, Newark
Whelan, Edward P., 460 Franklin av., Nutley
Wherry, Elmer G., 325 Clinton av., Newark
White, Robert R., 25 S. Munn av., East Orange
Wilkes, Arthur C., 36 Osborne ter., Newark
Willan, Edward H., 74 S. Munn av., East Orange
Willey, F. Parker, 5 Park st., Bloomfield
Williams, John J., 88 Walnut st., Newark
Willner, Irving, 18 Waverly av., Newark
Willson, James H., 144 Harrison st., East Orange
Wilson, John H., Jr., 85 Halsted st., East Orange
Wolf, Raymond E., 331 Gregory av., West Orange
Wolfe, Jacob S., 44 Watsessing av., Bloomfield
Wolfe, William W., 383 Mulberry st., Newark
Wood, E. LeRoy, 160 Roseville av., Newark
Woolf, Bernhardt H., 15 Hedden ter., Newark
Wort, Frederick J., 1080 Broad st., Newark
Wrensch, Alexander E., 79 Valley rd., Montclair
Wurts, Margaret M., 12 Elston rd., Up. Montclair
Wyker, Arthur W., 57 Park pl., Bloomfield
Yadkowski, Emanuel, 637 High st., Newark
Yaguda, Asher, 88 Clinton av., Newark
Yates, Glen L., 330 Washington av., Belleville
Ylvisaker, Lauritz S., 763 Broad st., Newark
Zager, Saul, 454 Hawthorne av., Newark
Zehnder, A. Charles, 188 Roseville av., Newark
Zimmer, William, 83 Vassar av., Newark
Zimmerman, Coler, 82 N. Arlington av., East Orange
Zweibel, Leonard, 885 S. 13th st., Newark
Zweigel, Isidore, 889 S. Orange av., East Orange
Zybulewski, Edmund A., 410 Bergen st., Newark

Associate Members

Anderson, Robert C., 519 Sanford av., Newark
Bancone, Albina V., 545 N. 7th st., Newark
Barrett, John E., 635 Summer av., Newark
Bernstein, Arthur, 330 Belmont av., Newark
Biunno, Anthony J., 53 Finlay pl., Newark
Bolton, Bernard, 291 Osborne ter., Newark
Burnstein, Frank, 402 Clinton av., Newark
Byrnes, Elizabeth W., 142 Clinton av., Newark
Bythewood, Alton E., Jr., 145 W. Market st., New'k
Ciarla, Filimeno P., 94 Mountain View rd., Millburn
Cohen, Sidney A., 283 Clinton av., Newark
D'Addario, Anthony R., 108 Broadway, Newark
D'Angelo, Joseph C., 330 Washington av., Belleville
Della Fera, Lucien F., 206 1st av., Newark

Denberg, Hyman S., 307 Peshine av., Newark
De Troia, Frederick C., 40 12th av., Newark
Di Norcia, Joseph, 451 N. 7th st., Newark
Ehrlich, William E., 31 Lincoln Park, Newark
Eichler, Bernard B., 159 Bellevue av., Up. Montclair
Eisenberg, Harry, 473 Washington av., Belleville
Fissell, George M., 333 Park av., Newark
Fratantuno, Michael J., 152 W. Market st., Newark
Gelb, Jerome, 84 W. Alpine st., Newark
Giannetti, Ernest D., 180 Glen Ridge av., Montclair
Giardina, John S., 341 Walnut st., Newark
Gilligan, Walter W., 460 Franklin av., Nutley
Goldman, Jerome, 148 Chancellor av., Newark
Greer, Melvin A., 190 Washington st., Bloomfield
Gross, Isidore, 60 Lakeside av., Verona
Gulick, James B., 144 S. Harrison st., East Orange
Hadley, Elinor E., 5 Mountain av., Maplewood
Harvey, Robert K., 753 Kearny av., Arlington
Jacobs, William, 360 Broad st., Newark
Kline, George L., 310 Mt. Prospect av., Newark
Kobes, John J., 138 Kearny av., Kearny
Kreeger, Morris H., 316 Broad st., Bloomfield
Lieb, Saul, 297 Seymour av., Newark
Luippold, Eugene J., Jr., 6 Fielding Court, S. Orange
MacArt, James H., 74 S. Munn av., East Orange
Mason, Virgil A., 100 Chestnut st., East Orange
McCluskey, Harry B., 137 Washington st., E. Orange
Messina, Thomas, 75 Chelsea av., Newark
Miller, Ralph, 691 Elizabeth av., Newark
Monaco, Saverio A., 293 Camden st., Newark
Morgenstern, Edward, 730 Prospect st., Maplewood
Nussbaum, Harvey E., 89 Ferry st., Newark
Ocheret, Irving, 334 Central av., Orange
O'Connor, Paul A., 157 Roseville av., Newark
Pollock, Franklyn J., 14 Watson av., Newark
Ram, Nathan H., 34 Park av., Caldwell
Reinhardt, Warren I., 296 N. Arlington av., E. Or.
Revere, Seth D., 600 Park av., East Orange
Rosen, Charles D., 106 S. Harrison st., E. Orange
Schaffer, Barney, 252 Washington av., Belleville
Scheller, George A., 701 Clinton av., Newark
Schotland, Clement E., 41 Leslie st., Newark
Sellitto, Anthony M., 268 Valley st., South Orange
Shechner, Isadore, 122 Broad st., Newark
Shreehan, Hubert F., 620 Summer av., Newark
Shulman, Murray W., 916 S. 20th st., Newark
Smith, Christopher A., 6 Park st., Roseland
Strack, Vincent J., 1072 S. Orange av., Newark
Strasser, Hans A., 569 Mt. Prospect av., Newark
Strauss, Frederick, 777 S. 20th st., Newark
Sutton, Harold L., 44 Walnut st., Newark
Taff, Harry, 172 Roseville av., Newark
Torppey, John J., 472 Sanford av., Newark
Ward, William R., Jr., 112 Chancellor av., Newark
Wayne, David M., 89 Girard pl., Newark
Weinstein, Francis S., 189 16th av., Newark
Wright, Robert E., 173 Park av., East Orange
Zingali, John A., 115 Glenridge av., Montclair

Transferred

Clayton, James O., to Omaha-Douglas Society
Leaman, Granville M., from Hunterdon Co. Med.Soc.
Probst, Everett W., from Bergen Co. Med. Society
Seward, Wm. H., from Morris Co. Medical Society

Resigned

Crankshaw, Charles W., Newark
Gilbert, Bella L., New York

Number of Active Members and basis of representation, 842, March 15, 1938.

GLOUCESTER COUNTY (8)

Society organized December, 1818. Regular meetings on the third Thursday of each month, except June, July and August. Annual Meeting in May. Annual Social Session in October.

President, Wood, Oran A., Paulsboro

Vice-President, Crain, William E., Woodbury

Secretary, Ulmer, Chester I., Gibbstown

Treasurer, Weems, Don B., Wenonah

Reporter, Diverty, Henry B., Woodbury

Censors, Sheets, Cecil C., Paulsboro
Moore, Ralph L., Woodbury
Pedrick, William W., Glassboro

Active Members

Bowersox, Clarence A., 106 S. C'l'mbia av., W'dbury
Brewer, William, 34 Cooper st., Woodbury
Burkett, John P., 215 Delaware st., Woodbury
Burkett, Wendell J., 16 W. Holly av., Pitman
Carpenter, William H., 39 Aberdeen pl., Woodbury
Crain, W. Eldridge, 43 Curtis av., Woodbury
Diverty, Henry B., Woodbury
Downs, Elwood E., 7 South Childs st., Woodbury
Fisler, Charles F., 140 Maple st., Clayton
Fooder, Horace M., 110 Main st., Williamstown
Gairdner, Thomas M., 319 Broad st., Gibbstown
Gillis, Alfred G., 19 W. Maple st., Clayton
Hillegass, Eugene Z., Main st., Mantua
Hollinshed, Ralph K., 351 Broadway, Westville
Hughes, Joseph F., 116 N. Broad st., Woodbury
Knight, Isaac W., 13 S. Broadway, Pitman
Livengood, Baxter A., 406 2nd st., Swedesboro
Lummis, Marshall F., 10 S. Broadway, Pitman
Moore, Ralph L., 127 N. Broad st., Woodbury
Nelson, Harry, 36 Lupton st., Woodbury
Patterson, Isaac N., 230 Broadway, Westville
Pedrick, William W., 11 West st., Glassboro
Pegau, Paul McD., 246 Briar Hill lane, Woodbury
Rhoads, S. Creadick, 104 Station av., Westville
Rogers, Dorothy M., 50 Cooper st., Woodbury
Ruttenberg, Louis, Union St., Mantua
Sheets, Cecil C., 213 W. Broad st., Paulsboro
Sherman, Fuller G., Woodbury
Sinexon, Henry L., 36 W. Broad st., Paulsboro
Sooy, Leslie T., 202 W. Holly av., Pitman
Stewart, Irving J., 529 King's Hwy., Swedesboro
Ulmer, Chester I., 431 W. Broad st., Gibbstown
Underwood, James H., 509 N. Broad st., Woodbury
Venturo, Ralph C., 101 S. Main st., Glassboro
Weems, Don B., 105 E. Mantua av., Wenonah
Wood, Oran A., 128 W. Broad st., Paulsboro
Wright, Herman W., 818 S. Broadway, Pitman

Number of Active Members and basis of representation, 37, March 15, 1938.

HUDSON COUNTY (9)

Society organized October 11, 1851. Meets first Tuesday evening of each month, October to May, inclusive. If a legal holiday, the meeting to be held on the next day. Annual Meeting in May.

President, Williamson, W. L., Bayonne

Vice-President, Ballinger, Reeve L., Arlington

Secretary, Brennock, Thomas McG., Jersey City

Treasurer, Spence, Henry, Jersey City

Reporter, Connell, John N., Jersey City

Censors, Zitani, A. M., Hoboken
Evans, J. L., Woodcliff
Jaffin, A. E., Jersey City

Active Members

Abrams, Benj. P., 919 Washington st., Hoboken
Adams, Samuel, 29 Highland av., Jersey City
Adler, Joseph, 933 Ave C, Bayonne
Africano, Julius V., 4246 Hudson Blvd., Union City
Agolia, Michael W., 441 Palisade av., Union City
Ainsley, Harry B., 246 Union st., Jersey City
Alexander, Hugo, 928 Hudson st., Hoboken
Allen, Isaac L., 521 Palisade av., Union City
Alpert, Edward, 661 Jersey av., Jersey City
Alter, Nicholas M., 410 Fairmount av., Jersey City
Amdur, Louis A., 834 West Side av., Jersey City
Angelo, Joseph A., 1190 Paterson Plank rd.,Secaucus
Arbeit, Sidney R., 2521 Boulevard, Jersey City
Aria, Michael H., 31 Glenwood av., Jersey City
Arlitz, William J., 107 Newark st., Hoboken
Aronowitz, Harry T., 932 Ave. C, Bayonne
Ash, Arthur F., 710 Boulevard E., Weehawken
Atwell, David R., 920 Hudson st., Hoboken
Auriemma, Michele, 419 Adams st., Hoboken
Axford, William H., Chester
Baechler, Jules, 439 16th st., West New York
Bahnson, Conrad M., 170 Bowers st., Jersey City
Bailyn, Emanuel, 331 16th st., West New York
Ballinger, Reeve L., 759 Kearny av., Arlington
Barbarito, William N., 135 Bentley av., Jersey City
Barishaw, Samuel B., 5 Bentley av., Jersey City
Barrett, Arthur F., 835 Montgomery st., Jersey City
Behrens, Herman H. E., 312 Webster av., Jersey C'y
Ben-Asher, Solomon, 260 Bergen av., Jersey City
Benjamin, Harold C., 59 Crescent av., Jersey City
Bergmeyer, Josef T., 422 20th st., West New York
Berlin, Joseph I., 2600 Hudson Blvd., Jersey City
Bigliani, Urban R., 526 36th st., North Bergen
Bitten, Robert M., 33 Romaine av., Jersey City
Blakey, Abram P., 155 Wegman Pkwy., Jersey City
Bonanno, Peter J., 518 35th st., North Bergen
Bookrajian, Edward N., 5459 Hudson Blvd.,N.Berg'n
Borrone, Milton G., 2695 Boulevard, Jersey City
Borshaw, Hyman, 108 Bentley av., Jersey City
Bortone, Frank, 2765 Hudson Blvd., Jersey City
Boselli, Emile H., 614 15th st., Union City
Botti, John A., 236 Summit av., Jersey City
Bowyer, Franklin F., 50 Gifford av., Jersey City
Brady, Thomas S., 678 Ave. C, Bayonne
Brady, William A., 412 44th st., Union City
Brandenburg, Leo W. A., 4260 Hudson Blvd., Un.C'y
Brauer, Selig L., 234 Bergen av., Jersey City
Braunstein, Sigmund C., 424 13th st., West New Y'k
Braunstein, William P., 831 Blvd. E., Weehawken
Brennock, Thomas McG., 3 Webster av., Jersey City
Brick, George J., 43 Cottage st., Jersey City
Brophy, Francis X., 55 Gifford av., Jersey City
Brozdowski, John J., 554½ Jersey av., Jersey City
Bruder, Andrew J., 344 Fairmount av., Jersey City
Butler, Vincent deP., 33 Bentley av., Jersey City
Callery, William T., 10 Columbia ter., Weehawken
Cannon, Edward A., 5360 Hudson Blvd., No. Bergen
Caridi, Salvatore, 465 Bergenline av., W. New York
Carr, Mary B., 1 Astor pl., Jersey City
Chapman, Ellis J., 203 Danforth av., Jersey City
Chayes, Sydney, 980 Ave. C, Bayonne
Christian, Henry A., 111 Fairview av., Jersey City
Cobham, James L., 78 Brinkerhoff st., Jersey City
Cohen, Herman, 489 Jersey av., Jersey City
Cohen, Herman N., 714 Park av., Hoboken
Cohen, Samuel A., 112 Mercer st., Jersey City
Connell, Emmet J., 2227 Hudson Blvd., Jersey City
Connell, John, 977 Summit av., Jersey City
Connell, John N., 26 Carlton av., Jersey City
Connolly, Thomas W., 921 Bergen av., Jersey City
Conty, Anthony J., 318 48th st., Union City
Cosgrove, Samuel A., 254 Union st., Jersey City
Coughlin, John P., 160 Wegman Parkway, Jer. City
Cracco, Frederick A., 51 Palisade av., Union City
Cropper, Charles W., 2595 Hudson Blvd., Jersey City
Crowley, Leo F., 148 Belmont av., Jersey City
Culver, George M., 25 Glenwood av., Jersey City
Culver, Samuel H., 75 Magnolia av., Jersey City
Curtis, Grant P., 312 36th st., Union City
D'Acierno, Pellegrino A., 346 Palisade av., Union C'y
Daly, Edmund J., 921 Bergen av., Jersey City
Danielson, John J., 977 Bergen Tnpk., No. Bergen
Davey, Thomas N., 41 W. 33rd st., Bayonne
Deary, Louis E., 88 W. 39th st., Bayonne
DeFuccio, Charles P., 47 Glenwood av., Jersey City
DeFusco, Gaetano T., 330 Newark av., Jersey City
DeMeritt, Charles L., 1225 Bloomfield st., Hoboken
Dershimer, Frederick W., 546 Bergen av., Jersey C'y
Dillingham, Willis I., 431 15th st., West New York
Disler, Louis, 30 Bergen av., Jersey City
Dodson, Louis W., 592 Jersey av., Jersey City
Donnelly, Joseph P., 1 Madison av., Jersey City
Donohoe, Lucius J., 140 W. 8th st., Bayonne
Doody, William M., 19 Bentley av., Jersey City
Doran, Ralph J., 200 11th st., Hoboken
Doran, William G., 921 Bergen av., Jersey City
Dougherty, Daniel D., 1006 Garden st., Hoboken
Draesel, Charles, 5681 Hudson Blvd., North Bergen
Dukes, Howard R., 220 Kearny av., Kearny
Edgar, Joseph A., 71 Congress st., Jersey City
Edwards, Lena F., 358 Pacific av., Jersey City
Elsasser, Theodore H., 906 Park av., N. Bergen
Evans, James L., 893 Park av., Woodcliff
Faber, Edward, 154 Bergen av., Jersey City
Faceiolo, Francesco, 562 Hudson Blvd., Bayonne
Faison, John B., 45 Glenwood av., Jersey City
Farr, John C., 75 10th st., Hoboken
Federer, John J., 69 Columbia ter., Weehawken
Feller, William, 283 Bergen av., Jersey City
Fellman, Morris, 118 Jewett av., Jersey City
Ferenezi, Louis J., 33 Edwards Ct., Bayonne
Fifer, William T., 746 Ave. C, Bayonne
Fineberg, Bernard J., 574 Bergen av., Jersey City
Fineberg, Jacob C., 50 Glenwood av., Jersey City
Finke, Charles H., 317 York st., Jersey City
Finn, Fred A., 921 Bergen av., Jersey City
Finn, Henry R. W., 84 Lembeck av., Jersey City
Flichtenfeld, Morris, 283 4th st., Jersey City
Flicker, David J., 342 Kearny av., Kearny
Frank, Morris S., 920 Ave. C, Bayonne
Frank, Nathan, 186 Bowers st., Jersey City
Franklin, Isidor H., 191 Palisade av., Jersey City
Franklin, Louis, 191 Palisade av., Jersey City
Freile, William, 25 Tonnele av., Jersey City

Frieman, Hyman, 744 Ave. C, Bayonne
Frundt, Oscar C., 92 Bartholdi av., Jersey City
Gerne, Timothy A., 972 Summit av., Jersey City
Ghee, Euclid P., 115 Claremont av., Jersey City
Ghee, Peter F., 734 Ocean av., Jersey City
Gille, Hugo, 149 Congress st., Jersey City
Ginsberg, George, 624 Bloomfield st., Hoboken
Gleeson, William J., 640 Bergen av., Jersey City
Godlin, David R., 610 36th st., North Bergen
Goldowsky, Ira, 1866 Boulevard, Jersey City
Goldsmith, Alfred S., 240 29th st., North Bergen
Goldstone, Karl H., 16 18th st., West New York
Good, Richard B., 949 Park av., Union City
Goodrich, Steuart L., 812 Ave. C, Bayonne
Gorenberg, Harold, 54 Duncan av., Jersey City
Granelli, Humbert A., 213 Garden st., Hoboken
Granelli, Michael S., 68 Hudson st., Hoboken
Greenberg, Philip, 1902 Hudson Blvd., Jersey City
Greene, Albert D., 195 Palisade av., Union City
Grewal, Joseph S., 196 Broadway, Bayonne
Grieco, Emil H., 196 Broadway, Bayonne
Grossman, Rubin, 416 Boulevard, Bayonne
Gutmann, Erwin K., 229 Bowers st., Jersey City
Hall, Perry O., 254 Union st., Jersey City
Halligan, Earl J., 254 Montgomery st., Jersey City
Halligan, Harold J., 254 Montgomery st., Jersey City
Halpern, Sophia L., 271 Palisade av., Union City
Hardenberg, Daniel S., 347 Communipaw av., Jer.C'y
Harter, Louis F., 174 Bowers st., Jersey City
Hartwell, Henry A., 777 Boulevard E., Weehawken
Harvey, John W., 818 Ave. C, Bayonne
Hasking, Arthur P., 318 Montgomery st., Jersey City
Heilbrunn, Julius, 135 Belmont av., Jersey City
Hekimian, Jacob H., 468 Palisade av., Weehawken
Herradora-Ubeda, Juan R., 2787 Blvd., Jersey City
Higgins, Gerald L., 94 Lembeck av., Jersey City
Higgins, John T., 145 Highland av., Jersey City
Hill, William F., 104 Grand st., Jersey City
Hillel, Joseph, 1394 Park av., Hudson Heights
Hoffman, Peter, 2672 Hudson Blvd., Jersey City
Hollywood, James L., 1818 Hudson Blvd., Jersey City
Hoops, Harold J., 2203 Hudson Blvd., Jersey City
Howeth, John L., 14 Duncan av., Jersey City
Imhoff, John G., 55 Lincoln st., Jersey City
Introcaso, Dominick A., 45 Crescent av., Jersey City
Ishkhanian, Nouri I., 656 Palisade av., W. New York
Jacks, Oscar, 476 Mercer st., Jersey City
Jaffe, Benjamin, 568 Bergen av., Jersey City
Jaffe, Herman M., 2600 Hudson Blvd., Jersey City
Jaffin, Abraham E., 41 Emory st., Jersey City
Jaques, Jennie E., 74 Waverly st., Jersey City
Jentz, John H., 63 Sherman pl., Jersey City
Jones, John M., Valley rd., Oakland
Joseph, Benjamin M., 2771 Hudson Blvd., Jersey C'y
Justin, Arthur W., 41 Fulton st., Weehawken
Kaplan, Herman B., 324 44th st., Union City
Keegan, Thomas D., 8 Gifford av., Jersey City
Kelley, Charles B. P., 921 Bergen av., Jersey City
Kelly, Bernard S., 1954 Hudson Blvd., Jersey City
Kelly, Harry R. J., 311A Brown st., Union City
Kerdasha, George S., 131 31st st., North Bergen
Kiely, Eugene M., 800 Hudson st., Hoboken
Kimmel, Meyer L., 142 Manhattan av., Jersey City
Klaus, Henry, 435 Palisade av., Union City
Klugman, Louis W., 696 Ave. C, Bayonne
Kolb, John M., 725 10th st., Union City
Kooperman, Barnett, 321 16th st., West New York
Kooperstein, Samuel I., 395 Ogden av., Jersey City
Koppel, Joseph A., 921 Bergen av., Jersey City
Kresch, Philip, 42 W. 22nd st., Bayonne
Kun, Bertram, 30 Kensington av., Jersey City
Landshof, Charles A., 50 Glenwood av., Jersey City
Lange, Louis C., 50 Clifton ter., Weehawken
Largay, Arthur O., 937 Ave. C, Bayonne
Larkey, Charles J., 700 Ave. C, Bayonne
Lawsing, George C., 443 22nd st., West New York
Lefkowitz, Jacob H., 445 20th st., West New York
Leining, Albert, 1 Fourth st., Weehawken
Leir, Jacob K., 9 Garrison av., Jersey City
Lemmerz, Theodore H., 141 Magnolia av., Jersey C'y
Lindroth, Lawrence V., 620 Pavonia av., Jersey City
Lipshutz, Benjamin, 18 West 22nd st., Bayonne
Lipshutz, Charles, 804 Ave. C, Bayonne
Lisanti, Gaetano, 660 Tyler pl., West New York
Little, Alonzo W., 120 Arlington av., Jersey City
Lobban, Robert B., 2595 Boulevard, Jersey City
Londrigan, Joseph F., 535 Washington st., Hoboken
Long, Miles T., 2150 Hudson Blvd., Jersey City
Loori, William A., 549 Pavonia av., Jersey City
Luczynski, Edward W., 28 E. 22nd st., Bayonne
Luippold, Eugene J., 85 Columbia ter., Weehawken
Lupin, Edward E., 727 Ave. C, Bayonne
Lynch, Roland J., Mental Disease Hosp., Secaucus
Lynn, Irving I., 2252 Boulevard, Jersey City
Macchia, Benjamin J., 262 Montgomery st., Jer. C'y
MacDonnell, Martin J., 24 30th st., North Bergen
Mackin, John J., 596 Bergen av., Jersey City
Madaras, J. S., 870 Ave. C, Bayonne
Madden, William L., 83 Gifford av., Jersey City
Madison, Lewis K., 358 Pacific av., Jersey City
Manno, Peter D., 81 W. 25th st., Bayonne
Marano, Michael A., 508 4th st., Union City
Maras, Peter, 80 Tonnele av., Jersey City
Markowitz, Benjamin B., 2157 H'ds'n Blvd., Jer. C'y
Markowitz, Irwin B., 2157 Hudson Blvd., Jersey C'y
Marshall, Frank A., 440 Palisade av., Weehawken
Matera, Joseph, 506 Garden st., Hoboken
Mathesheimer, Jacob L., 280 Old Bergen rd., Jer. C'y
Mathews, William J., 938 Hudson st., Hoboken
Maturi, Vincenzo E., 814 Hudson Blvd., Bayonne
Maver, William W., 532 Bergen av., Jersey City
McCarthy, John J., 606 35th st., North Bergen
McDonald, Frank R., 37 Monticello av., Jersey City
McLean, Herbert E., 92 Fairview av., Jersey City
McLean, Hugh A., 414 17th st., West New York
McLoughlin, Frank J., 558 Jersey av., Jersey City
McNenney, Claudio E., 113 Fairview av., Jersey C'y
Meehan, George E., 117 Mercer st., Jersey City
Meltsner, Louis, 904 Hudson st., Hoboken
Meltzer, Louis, 32 West 33rd st., Bayonne
Mendelsohn, Lewis, 272 Montgomery st., Jersey City
Mersheimer, Christian H., 15 Reservoir av., Jer. C'y
Meyer, William, 436 New York av., Union City
Meyerson, Noah, 428 15th st., West New York
Mickewich, Stephen A., 650 Ave. C, Bayonne
Miller, Max H., 311 16th st., West New York
Milnis, Bernard, 980 Broadway, North Bergen
Morganstein, Louis K., 20 West 22nd st., Bayonne
Morley, Grace C., 2787 Boulevard, Jersey City
Morris, David G., 11 W. 26th st., Bayonne
Mueller, George H., 102 Summit av., Jersey City
Mulvihill, William J., 275 Hudson Blvd., Bayonne
Murphy, Edward A., 1 Britton st., Jersey City
Murphy, James M., 2757 Hudson Blvd., Jersey City
Murphy, Leo J., 374 West st., Union City
Murphy, Patrick H. W., 27 Jefferson av., Jer. City
Murray, Joseph A., 765 Ave. C, Bayonne
Mustermann, Otto H., 303 48th st., Union City
Muttart, George W., 702 Ocean av., Jersey City
Mutter, Alfred A., 75 Beech st., Arlington
Nalitt, David I., 28 W. 33rd st., Bayonne
Newman, Abraham J., 132 Manhattan av., Jer. City
Nicholson, Frank P., 895 Summit av., Jersey City
Norton, James F., 299 Varick st., Jersey City
Norwich, Louis E., 355 Ave. C, Bayonne
Nuse, Edward F., 550½ Jersey av., Jersey City
Ockene, Abraham, 495 Palisade av., Union City
O'Connor, John J., 434 New York av., Union City

Oestmann, August W., 932 Summit av., Jersey City
O'Gorman, Michael W., 880 Bergen av., Jersey City
O'Grady, Benson J., 931 Washington st., Hoboken
O'Hanlon, George, Medical Center, Jersey City
Older, Benjamin, 435 New York av., Union City
Olpp, Archibald E., 318 Bergenline av., Union City
Opdyke, Levings A., 55 Clinton av., Jersey City
Ortolano, James J., 159 First st., Hoboken
O'Shea, John J., 438 Palisade av., Weehawken
Oshrin, Henry, 750 Park av., West New York
O'Sullivan, John R., 286 Chestnut st., Kearny
Ovens, Ritchie C., 675 Bergen av., Jersey City
Owen, Logan S., 938 Hudson st., Hoboken
Paciceo, Michele, 376 Monmouth st., Jersey City
Pagliughi, John J., 401 18th st., Union City
Pearlstein, Frank, 325 16th st., West New York
Pearson, J. Gerald, 817 Washington st., Hoboken
Pellarin, John D. B., 493 New York av., Union City
Penchansky, Samuel J., 847 Ave. C, Bayonne
Perkel, Louis L., 2801 Hudson Blvd., Jersey City
Perlberg, Harry J., 921 Bergen av., Jersey City
Perrone, Arthur F., 415 16th st., West New York
Peters, Edgar A. P., 394 Bergen av., Jersey City
Peterson, Charles A., 921 Washington st., Hoboken
Pflug, Ferdinand J., 732 Hudson st., Hoboken
Piltz, George F., 153 25th st., Guttenberg
Pindar, Frederick S., 960 Park av., North Bergen
Pinkerton, William A., 854 Ave. C, Bayonne
Piskorski, Abdon V., 604 Jersey av., Jersey City
Plavin, Nathan J., 5460 Hudson Blvd., North Bergen
Pollak, Berthold S., Hudson Co. T.B. Sana., Secaucus
Pontery, Herbert B., 89 Bowers st., Jersey City
Potter, Benj. P., Hudson Co. T.B. Hosp., Secaucus
Povalski, Alexander W. T., 1925 HudsonBlvd.,Jer.C'y
Purdy, Charles H., 35 Highland av., Jersey City
Pyle, Louis A., 89 Fairview av., Jersey City
Pyle, Wallace B., 15 Exchange pl., Jersey City
Quigley, Frederic J., 4622 Hudson Blvd., Union City
Quinn, John J., 921 Bergen av., Jersey City
Rector, Joseph M., 681 Bergen av., Jersey City
Reingold, Alex., 221 Garden st., Hoboken
Reitnauer, John S., 518 44th st., Union City
Rieck, Walter R., 379 Kearny av., Kearny
Rieman, Aloysius P., 3566 Hudson Blvd., Jersey City
Riese, Jacob A., 636 Palisade av., West New York
Rosecrans, James H., 826 Hudson st., Hoboken
Rosenberg, Albert B., 69 Myrtle av., Plainfield
Rosenberg, Jacob, 692 Bergen av., Jersey City
Rosenstein, Jacob L., 568 Bergen av., Jersey City
Rowe, Norman L., 828 Grand st., Jersey City
Rubenstein, Eli, 79 W. 32nd st., Bayonne
Rundlett, Emilie V., 79 Prospect st., Jersey City
Ruoff, Andrew C., Jr., 494 New York av., Union City
Russell, David L., 690 Bergen av., Jersey City
Ruvane, Joseph J., 38 Bentley av., Jersey City
Sacco, Anthony G., 440 New York av., Union City
Saehs, Wilbert, 921 Bergen av., Jersey City
Salmon, Edward F., 74 Fairview av., Jersey City
Sandler, Samuel A., 2758 Hudson Blvd., Jersey City
Santangelo, Stephen, 461 Jersey av., Jersey City
Saradarian, Albert V., 481 New York av., Union City
Schapiro, Joseph, 712 Palisade av., Union City
Schenker, Benjamin N., 246 5th st., Jersey City
Schept, Samuel S., 523 37th st., Union City
Schlein, August, 707 Park av., Hoboken
Schneekendorf, Samuel J., 179 Harrison av., Jer.C'y
Schneider, Louis A., 412 17th st., West New York
Schuehner, William F., 550½ Jersey av., Jersey C'y
Schuck, Traugott J., 58 9th st., Hoboken
Schulman, Abraham S., 4638 Blvd., Union City
Schwarz, Berthold T. D., 2787 Hudson Blvd., Jer.C'y
Schwarz, Henry J., 5560 Hudson Blvd., No. Bergen
Sciorsci, Edw. F., 609 Bloomfield st., Hoboken
Scott, Samuel G., 141 Bergen av., Jersey City
Selinger, Samuel, 413 16th st., West New York
Sesta, Joseph A., 242 Fulton st., Jersey City
Sexsmith, George H., 719 Ave. C, Bayonne
Shapiro, Maurice, 750 Ave. C, Bayonne
Shapiro, Nathaniel J., 192 Palisade av., Union City
Sheeran, Vincent J., 269 Jewett av., Jersey City
Shook, Benjamin E., 284 Bergen av., Jersey City
Shulman, Nathan L., 538 45th st., Union City
Siegel, Sidney L., 227 N. 2nd st., Millville
Siegler, Julius, 646 Bergen av., Jersey City
Simeone, Peter A., 555 38th st., Union City
Singer, Sina S., 3443 Boulevard, Jersey City
Smith, Alexander L., 2672 Hudson Blvd., Jersey C'y
Smith, Arthur B. R., 585 Bergen av., Jersey City
Snyder, John E., 1023 Garden st., Hoboken
Snyder, William J., 74 Columbia ter., Weehawken
Spalding, Henry J., 512 45th st., Union City
Spano, Frank, 320 47th st., Union City
Spath, George B., 722 Hudson st., Hoboken
Spence, Henry, 2540 Hudson Blvd., Jersey City
Sprague, Seth B., 301 York st., Jersey City
Stein, Jacob M., 68 Columbia ter., Weehawken
Stockfisch, Robert H., 3644 Hudson Blvd., Jer. City
Stout, John P., 165 Jewett av., Jersey City
Street, Daniel B., 27 Woodlawn av., Jersey City
Stuart, William C., 518 Hudson st., Hoboken
Sullivan, James A., 46 Bentley av., Jersey City
Sulouff, Samuel H., 662 Newark av., Jersey City
Sussman, Harold, 541 44th st., Union City
Sweeney, William J., 68 Clifton ter., Weehawken
Swiney, Juliana C., 325 Ave. C, Bayonne
Swiney, Merrill A., 325 Ave. C, Bayonne
Taft, Herman L., 26 4th st., Weehawken
Talty, John C., 935 Washington st., Hoboken
Tataryan, Hovsep H., 422 New York av., Union City
Temes, Julius H., 293 Ege av., Jersey City
Thomas, Ralph B., 793 Montgomery st., Jersey City
Tidwell, Harold F., 229 16th st., West New York
Tracy-Dexter, Harriet E., 903 Ave. C, Bayonne
Tyndall, Hugh H., 83 Highwood ter., Weehawken
Urevitz, Abraham, 495 New York av., Union City
Valentine, Edwin J. G., 2685 Blvd., Jersey City
Varriano, John L., 3263 Hudson Blvd., Jersey City
Visconti, Joseph A., 711 Garden st., Hoboken
von Deesten, Henry T., 268 Palisade av., Jersey C'y
Vostrosablin, Nicholas A., 121 Grand st., Jersey C'y
Vreeland, Hamilton, 232 S. Irving st., Ridgewood
Vreeland, William N., 32 Bergen av., Jersey City
Wallack, Eli A., 333 Fairmount av., Jersey City
Walseheid, Arthur J., 440 38th st., Union City
Waters, Edward G., 39 Gifford av., Jersey City
Watman, Anthony J., 2784 Hudson Blvd., Jersey C'y
Weber, Walter D., 305 23rd st., Union City
Weehsler, Joseph, 3342 Hudson Blvd., Jersey City
Weiss, Abram, 456 Palisade av., Weehawken
Weiss, Morris J., 734 Ave. C, Bayonne
Weleher, Howard A., 5436 Hudson Blvd., No. Bergen
Wheeler, James A., 85 Van Reypen st., Jersey City
White, Hugh M., 901 Summit av., Jersey City
White, Thomas J., 50 Glenwood av., Jersey City
Wilcox, Frank A., 329 16th st., West New York
Williamson, William L., 22 W. 22nd st., Bayonne
Willis, John, Jr., 268 Palisade av., Jersey City
Wiren, William E., 105 W. 8th st., Bayonne
Woelfle, Henry E., 907 Summit av., Jersey City
Wolbert, Charles M., 691 Palisade av., Cliffside P'k
Woodruff, Stanley R., 16 Enos pl., Jersey City
Yeaton, William L., Jr., 204 11th st., Hoboken
Yudkoff, William, 403 Hudson Blvd., Bayonne
Zenneck, Junius F., 17 4th st., Weehawken
Zitani, Alfred M., 937 Washington st., Hoboken

Associate Members

Buckley, Richard F., 1106 Bloomfield st., Hoboken
Cohen, Samuel, Medical Center, Jersey City
Felitti, Vincent J., 6 31st st., North Bergen
Fenimore, Edward D., 3663 Hudson Blvd., Jer. City
Harz, William V., 817 Ave. C, Bayonne
Lynch, James F., Hud. Co. Contag.Dis.Hosp.,Sec'cus
Matturri, Dominick A., 174 Clinton av., Jersey City
McCarron, James A., 341 Ave. A, Bayonne
McCarthy, Cornelius P., 327 Boulevard, Bayonne
Padney, Edward V., 452 Jersey av., Jersey City
Rubenstein, Robert, 2758 Hudson Blvd., Jersey City
Velluzzi, Joseph F., 311 Ave. C, Bayonne

Honorary Members

Cropper, Charles W., 2595 Boulevard, Jersey City
Vreeland, Hamilton, 232 S. Irving st., Ridgewood

Transferred

Grossman, Rubin, from Bergen Co. Medical Society
Disler, Louis, from Union County Medical Society
Kamp, Maurice, from Orange Co. Med. Society, N. Y.
Margulies, Charles, to Essex Co. Medical Society

Resigned

Forman, Howard S., Massachusetts
Miner, Donald, Jersey City

Number of Active Members and basis of representation, 417, March 15, 1938.

HUNTERDON COUNTY (10)

Society organized June 12, 1821. Meets on the fourth Tuesday of January, April, July and October, April being the Annual Meeting.

President, Fuhrmann, Barclay S., Flemington

Vice-Presdient, Cartisser, J. J., Sergeantsville

Secretary, Lane, E. W., Bloomsbury

Treasurer, Closson, E. W., Lambertville

Reporter, Lane, E. W., Bloomsbury

Censors, Tompkins, G. B., Flemington
English, S. B., Glen Gardner
Coleman, A. H., Clinton

Active Members

Baker, Philip W., High Bridge
Boothby, I. Roland, Clinton
Boyer, Charles G., Annandale
Christensen, Alex H., Lebanon
Clark, Frank G., White House Station
Closson, Edward W., 2 Main st., Lambertville
Coleman, Austin H., Clinton
English, Samuel B., Glen Gardner
Fuhrmann, Barclay S., 10 Main st., Flemington
Fulper, Theodore B., Hampton
Garfinkel, Abraham, 30 Broad st., Flemington
Gross, Max, N. J. Sanatorium for T. B., Glen Garn'r
Hamilton, Lloyd A., 46 York st., Lambertville
Harman, Harry M., 25 Bridge st., Frenchtown
Harner, Ronald M., Newark City Hospital, Newark
Heil, Alva A., Milford
Henry, George, Flemington
Knox, Howard A., New Hampton
Lane, Edgar W., 46 Main st., Bloomsbury
Leaver, Morris H., Quakertown
McCorkle, William E., Ringoes
Pearson, Theodore A., Whitehouse Station
Smith, Ivan B., Pittstown
Thomas, Floyd A., 97 Main st., Flemington
Tompkins, Grenelle B., 52 Broad st., Flemington

Honorary Members

Morrison, J. Bennett, 1 Wallace st., Newark
Scammell, Frank G., 40 S. Clinton av., Trenton
Sommer, George N. J., Sr., 120 W. State st., Trenton

Transferred

Smith, Ivan B., from Morris Co. Medical Society
Gramsch, A. Louis, to Bergen Co. Medical Society

Number of Active Members and basis of representation, 25, March 15, 1938.

MERCER COUNTY (11)

Society organized May 23, 1848. Meets on the second Wednesday of each month except July, August and September, at 8:30 P. M., in the Trenton Country Club. Annual Meeting in December. Annual Banquet second Wednesday in November.

President, Little, William R., Trenton

Vice-President, Walsh, Thomas J., Trenton

Secretary, Hutchinson, A. Dunbar, Trenton

Treasurer, North, Harry R., Trenton

Reporter, Hutchinson, A. Dunbar, Trenton

Censors, Mitchell, C. H., Trenton
Seely, R. B., Trenton
Williams, G. W., Trenton

Active Members

Abey, William J. H., 23 E. Delaware av., Pennington
Ackley, David B., 21 N. Clinton av., Trenton
Anthony, David W., 201 Witherspoon st., Princeton
Applegate, Edward T. R., 1125 Greenw'd av., Trent'n
Applestein, Robert, 568 E. State st., Trenton
Aronis, Harry R., 239 E. Hanover st., Trenton
Ashley, Harmon H., 190 W. State st., Trenton
Barrows, Arthur M., 440 Hamilton av., Trenton
Barry, Rolla G., 908 W. State st., Trenton
Bayne, Joseph K., 12 Princeton av., Princeton
Bearisto, Everett B., 178 W. State st., Trenton
Belfer, Jacob J., 1235 Chambers st., Trenton
Belford, Ralph J., 90 Nassau st., Princeton
Bellis, Horace D., 437 E. State st., Trenton
Belting, Arthur W., 836 W. State st., Trenton
Berger, Harry, 921 S. Clinton av., Trenton
Berman, Jacob J., 409 Market st., Trenton
Blackwell, Enoch, 28 W. State st., Trenton
Blaugrund, Samuel, 190 W. State st., Trenton
Blum, Joseph M., 128 Mill st., Trenton
Borrella, D. D., 476 Hamilton av., Trenton
Buckley, Richard T., Jr., Peddie School, Hightstown
Burbidge, J. Raymond, McCosh Infirmary, Pr'ncet'n
Burroughs, Edmund W., 701 W. State st., Trenton
Byer, M. Yale, 827 E. State st., Trenton

Carabelli, A. Albert, 306 Hamilton av., Trenton
Carroll, Charles W., 117 Centre st., Trenton
Carroll, William V., 211 Academy st., Trenton
Cella, Charles F., 335 Hamilton av., Trenton
Chesner, William A., 1111 Hamilton av., Trenton
Chianese, C. Chester, 464 Hamilton av., Trenton
Clark, Charles E., N. J. State Hospital, Trenton
Clark, Alice L., 206 W. State st., Trenton
Cohen, Charles C., 217 W. Hanover st., Trenton
Cohen, Herman, 1301 Hamilton av., Trenton
Cohen, William, 1007 Greenwood av., Trenton
Collier, William S., 1000 S. Broad st., Trenton
Collins, Henry J., 1160 Hamilton av., Trenton
Comfort, John B., 50 S. Clinton av., Trenton
Connelly, John A., 212 W. State st., Trenton
Corio, George A., 307 S. Clinton av., Trenton
Corrigan, Patrick H., 1720 S. Broad st., Trenton
Cottone, Rosario J., 683 Princeton av., Trenton
Cowlbeck, Harry D., 224 W. State st., Trenton
Cox, Harold C., 208 Stockton st., Hightstown
D'Arcy, Walter E., 545 E. State st., Trenton
Davenport, Irwin P., 194 W. State st., Trenton
Davis, Harold L., 178 W. State st., Trenton
Davis, John E., Jr., N. J. State Hospital, Trenton
Davison, Royden W., 205 W. State st., Trenton
Deitz, Joseph R., 320 Centre st., Trenton
Dembinski, T. Henry, 1238 S. Clinton av., Trenton
Denelsbeck, Julius O., 878 E. State st., Trenton
Dimun, John T., 960 S. Broad st., Trenton
Doranz, Harold K., 491 Centre st., Trenton
Drezner, Henry L., 507 S. Warren st., Trenton
Eames, William N., 1871 Pennington rd., Trenton
Elias, Elmer J., 474 Greenwood av., Trenton
Engelhart, Ferdinand K., 701 Stuyvesant av.,Tr'nt'n
Epstein, Rubie, 606 Perry st., Trenton
Ernest, Richard B., Jr., 240 W. State st., Trenton
Fabian, Paul L., 520 Princeton av., Trenton
Farmer, Walter D., 28 S. Main st., Allentown
Fee, Elam K., Main st., Lawrenceville
Fell, Alton S., Municipal Hospital, Trenton
Fessler, A. James, 1544 S. Broad st., Trenton
Fine, Sydney G., N. J. State Hospital, Trenton
Finegan, Paul J., 200 W. State st., Trenton
Finkle, Lester J., 225 Perry st., Trenton
Fiorello, Joseph R., 706 Princeton av., Trenton
Fluck, David A., 548 W. State st., Trenton
Forer, Robert, 247 Centre st., Trenton
Franzoni, Andrew E., 938 Brunswick av., Trenton
Friedman, Max, 822 Chambers st., Trenton
Friedman, Meyer H., 526 N. Clinton av., Trenton
Friedmann, Leonard L., 484 Princeton av., Trenton
Fuchs, Jacob N., 1267 S. Broad st., Trenton
Goldberg, Ben M., 1156 E. State st., Trenton
Gordon, Clark H., 808 E. State st., Trenton
Graham, Ernest E., 4273 S. Broad st., Yardville
Guglielmelli, Angelo D., 449 Hamilton av., Trenton
Guidotti, F. P., 432 Hamilton av., Trenton
Haggerty, D. Leo. 227 N. Warren st., Trenton
Haines, Evelyn M., 432 Hamilton av., Trenton
Hale, Henry E., Jr., Battlefield Farm, Princeton
Hammell, Frank M., 137 S. Main st., Allentown
Haney, John J., 850 Hamilton av., Trenton
Harman, James R., 824 W. State st., Trenton
Harman, William J., 740 W. State st., Trenton
Hess, George A., River rd., Titusville
Hiden, Joseph C., 199 Nassau st., Princeton
Hirschfield, Bernard A., 1404 Greenw'd av., Trenton
Holland, John A., 54 Prospect st., Trenton
Horhovitz, George I., 324 S. Broad st., Trenton
Hunter, Floyd D., 3620 Nott'gham Way, H'mlt'n Sq.
Hutchinson, A. Dunbar, 913 W. State st., Trenton
Hutchinson, George F., 55 Mercer st., Hamilton Sq.
Iams, Samuel H., Library pl. & Wescott rd., Princ't'n
Ireland, Allen G., 28 W. State st., Trenton
Ivins, William C., 214 E. Hanover st., Trenton
Jaspan, Samuel C., 820 Division st., Trenton
Kachdorian, Vartan, 930 Brunswick av., Trenton
Klempner, Paul, 414 Market st., Trenton
Kondor, Joseph S., 978 S. Broad st., Trenton
Koplin, Nathaniel H., 142 W. State st., Trenton
Kustrup, John F., 1418 S. Broad st., Trenton
Lapin, Louis P., 15 Crosswicks st., Bordentown
Lapin, Samuel B., 542 W. State st., Trenton
Lavine, Barney D., 630 N. Clinton av., Trenton
Lavine, Sidney B., 134 W. State st., Trenton
Lettiere, Anthony J., 425 E. State st., Trenton
Levin, Louis, 140 W. State st., Trenton
Levy, Irvin, 329 Gardner av., Trenton
Little, William R., 493 W. State st., Trenton
MacDermid, Lynden E., 506 Farnsw'th av.,Bord'nt'n
MacFarland, Burr W., 419 W. State st., Trenton
Magee, Harold S., N. J. State Hospital, Trenton
Majeski, Henry J., 935 Brunswick av., Trenton
Martin, Elizabeth L., 10 Bayard Lane, Princeton
Matthews, Clifford B., 59 Berlin rd., Clementon
McCandliss, William K., N. J. State Hosp., Trenton
McCullough, John H., 523 E. State st., Trenton
McGuigan, Francis A., 212 N. Warren st., Trenton
McGuire, James J., 122 W. State st., Trenton
Means, Paul B., N. J. State Hospital, Trenton
Miller, Earle K., 2502 Nottingham Way, Trenton
Miller, Gerald H., N. Main st., Cranbury
Miller, Samuel R., 407 S. Main st., Pennington
Mitchell, Charles H., 1100 W. State st., Trenton
Mitskas, Theodore V. J., 704 Greenwood av., Trenton
Moriconi, Albert F., 438 Hamilton av., Trenton
Mras, John M., 134 N. Clinton av., Trenton
Munro, Jeannette, 2 Queenston pl., Princeton
Murphy, James A., 142 N. Clinton av., Trenton
Murto, Thomas V., 532 W. State st., Trenton
Nonziato, Frank A., 50 Centre st., Trenton
North, Harry R., 160 W. State st., Trenton
O'Rourke, James J., 871 Stuyvesant av., Trenton
Pantaleone, Joseph, 504 Hamilton av., Trenton
Parker, Horace N., 72 N. Clinton av., Trenton
Pessel, Johannes F., 224 W. State st., Trenton
Peterson, Walter R., 312 W. State st., Trenton
Pierson, Carl L., 178 W. State st., Trenton
Pierson, Joseph R., 10 E. Broad st., Hopewell
Potter, Ellen C., 301 W. State st., Trenton
Powis, Ethel M., 198 W. State st., Trenton
Poyas, Morton L., 304 W. State st., Trenton
Proctor, Francis E., 1245 Greenwood av., Trenton
Purcell, Ernest F., 800 Stuyvesant av., Trenton
Ragany, Joseph, 966 S. Broad st., Trenton
Rainey, Willard G., 34 Bayard Lane, Princeton
Rampona, Joseph M., 118 Nassau st., Princeton
Rapp, Robert F., 302 Main st., Hightstown
Reisinger, Paul B., 369 W. State st., Trenton
Rita, James J., 235 S. Clinton av., Trenton
Rogers, Laurence H., Municipal Hospital, Trenton
Rowan, Henry M., 224 W. State st., Trenton
Salway, Benjamin, 321 S. Broad st., Trenton
Scammell, Frank G., 40 S. Clinton av., Trenton
Scasserra, Benedict B., 163 Nassau st., Princeton
Schildkraut, Jacob M., 170 W. State st., Trenton
Schroeder, Henry J. L., 110 W. State st., Trenton
Seely, Roy B., 78 N. Clinton av., Trenton
Seitzick-Robbins, Hannah E., 733H'milt'n av.,Tr'nt'n
Sekerak, Albert J., 984 S. Broad st., Trenton
Sica, L. Samuel, 431 E. State st., Trenton
Sill, John B., 1129 Hamilton av., Trenton
Silver, E. Drew, 136 Stockton st., Hightstown
Silver, George A., 242 Stockton st., Hightstown
Sinton, John Y., Imlaystown
Slack, Clarence J., 230 W. State st., Trenton
Smith, Houghton C., 1063 S. Clinton av., Trenton
Smith, W. Henley, 126 W. State st., Trenton

Sommer, George N. J., 120 W. State st., Trenton
Sommer, George N. J., Jr., 120 W. State st., Trenton
Spradley, Jeems B., N. J. State Hospital, Trenton
Stein, Louis A., 226 W. State st., Trenton
Stone, Robert G., N. J. State Hospital, Trenton
Storaci, Frank S., 703 Hamilton av., Trenton
Summers, Alfred D., 180 Nassau st., Princeton
Sutnick, T. B., 1081 S. Broad st., Trenton
Swern, Nathan, 399 W. State st., Trenton
Swertfeger, Herbert W., 106 W. Broad st., Hopewell
Taylor, Walter A., 450 Rutherford av., Trenton
Tomec, Otto C., 407 W. State st., Trenton
Treiber, Benjamin A., 626 Perry st., Trenton
Turner, Irvine F. P., 224 W. State st., Trenton
Urbaniak, Henry S., 883 Brunswick av., Trenton
Vaczi, Stephen, 983 S. Broad st., Trenton
Vanneman, Joseph S., 45 Princeton av., Princeton
Waldron, Edward L., 126 W. State st., Trenton
Walsh, Thomas J., 514 Greenwood av., Trenton
Warter, Peter J., 626 W. State st., Trenton
Waters, Charles H., 928 W. State st., Trenton
Watov, Samuel E., 603 Beatty st., Trenton
Watson, Frederick S., 238 W. State st., Trenton
Watts, Wilbur, 436 E. State st., Trenton
Wayman, Bernard R., 834 Stuyvesant av., Trenton
West, Edgar L., 443 E. State st., Trenton
Wiesler, Howard M., 128 3rd st., Trenton
Wikoff, John L., 799 Pennington av., Trenton
Wilbur, William L., 156 Stockton st., Hightstown
Wilkes, LeRoy A., 143 E. State st., Trenton
Williams, George W., 217 N. Warren st., Trenton
Williams, Harry D., 527 E. State st., Trenton
Wilner, Arthur S., 205 Market st., Trenton
Wittenborn, Wm. F. J., 1613 Brunsw'k av., Trenton
Wright, Howard E., 173 Nassau st., Princeton
Yager, Leslie A., 470 Hamilton av., Trenton
Yazujian, Dikran M., 562 E. State st., Trenton
Zandt, Frederick B., 16 Mercer st., Hamilton Square
Zentner, Maurice R., 1271 Hamilton av., Trenton
Zimskind, Joshua N., 210 W. State st., Trenton

Associate Members

Atkinson, James Q., 423 E. State st., Trenton
Burns, Joseph R., 46 S. Olden av., Trenton
Cotton, Henry A., Jr., 192 West State st., Trenton
Cunningham, Joel B., 31 N. Main st., Pennington
Dean, Guy K., Jr., 474 Stuyvesant av., Trenton
Goldman, Leo L., 1819 S. Broad st., Trenton
Kohn, Joseph J., 207 Calhoun st., Trenton
Larsson, Evert A., 238 Hillcrest av., Trenton
Meehan, Marjorie C., 24 Murray pl., Princeton
Nicolais, Michael A., 346 Farnsworth av.,Bordent'wn
Sharbaugh, George B., 327 Parkway av., Trenton
Shear, Maurice M., 1158 E. State st., Trenton
Siemion, Theophilis R., 1005 Brunswick av., Trenton
Smith, Paul E., N. J. State Hospital, Trenton
Snegireff, Leonid S., 14 Waverly pl., Trenton
Stabile, John A., Grand av., W. Trenton
Staciva, Stanley J., 974 S. Broad st., Trenton
Vol-Tretter, Marta, 302 W. State st., Trenton
York, Wilbur H., Princeton University, Princeton

Honorary Members

Bruyere, John, 234 W. State st., Trenton
Pierson, T. A., 10 E. Broad st., Hopewell
Rogers, W. N., 1255 Brunswick av., Trenton

Transferred

Hawke, E. K., to Sussex County Medical Society

Resigned

Seidelman, S. E., Chin Lee, Arizona
Allman, S. J., Mattapan, Massachusetts
Ellis, Van Mashburn, Philadelphia, Pennsylvania
Miller, C. W., Jr., Medical Lake, Washington

Number of Active Members and basis of representation, 213, March 15, 1938.

MIDDLESEX COUNTY (12)

Society organized June 11, 1816. Meets on the third Wednesday of each month, September to June inclusive. Annual Meeting in December.

President, Smith, J. V., Perth Amboy

Vice-President, Forney, N. N., Milltown

Secretary, Calvin, Charles H., Perth Amboy

Treasurer, Smith, A. L. Marshall, New Brunswick

Reporter, Panigrosso, L. R., Perth Amboy

Active Members

Anderson, John F., 195 College av., New Brunswick
Avery, Philip S., Middlesex Gen. Hosp., New Bruns.
Bassett, Lavern C., 320 New Market rd., Dunellen
Belafsky, Henry A., 150 Green st., Woodbridge
Berkow, Samuel G., 138 Market st., Perth Amboy
Breslow, Samuel, 157 Market st., Perth Amboy
Brody, Morton S., 75 Livingston av., New Brunsw'k
Brown, Frederick L., 67 Livingston av., New Bruns.
Burnett, Charles B., 109 Main st., South River
Calvin, Charles H., 80 Commerce st., Perth Amboy
Clarke, Francis M., 116 New st., New Brunswick
Cohen, Nathan B., 232 State st., Perth Amboy
Collins, James J., 116 Main st., Woodbridge
Cooper, Irving J., 116 Livingston av., New Bruns.
Copleman, H. B., 50 Livingston av., New Brunswick
Cottrell, Judson G., 159 Market st., Perth Amboy
Degenhardt, Ira H., 51 Livingston av., New Bruns.
Dieker, Howard E., 78 Main st., South River
East, Isaac C., State Home for Boys, Jamesburg
Fagan, James L., 51 Bayard st., New Brunswick
Fanelli, Antonio, 471 Laurie st., Perth Amboy
Faulkingham, Ralph J., 61 Liv'gston av., New Br.
Feher, Ladislas A. M., 177 Somerset st., New Bruns.
Fine, Hyman P., 151 Market st., Perth Amboy
Forney, Norman N., 94 N. Main st., Milltown
Gauzza, Valentine P., 505 New Brunswick av., Fords
Goldberg, Harry C., 182 Market st., Perth Amboy
Gutowski, Joseph M., 433 Brace av., Perth Amboy
Haight, Harry W., 118 Raritan av., New Brunswick
Hauber, Eugene A., 6 Quaid st., Sayreville
Haywood, Henry, 49 Paterson st., New Brunswick
Henry, Frank C., Jr., 214 Smith st., Perth Amboy
Hilker, George F., 258 Maple st., Perth Amboy
Hinton, Samuel H., 121 Main st., Sayreville
Hoffman, Florentine M., 91 Bayard st., New Bruns.
Howley, Bartholomew M., 419 George st., New Br.
Hunt, Melvin, M., 140 Jackson st., South River
Karshmer, Nathan, 92 Carroll pl., New Brunswick
Kemeny, Imre, 48 Pulaski av., Carteret
Kinney, Selden T., 250 Main st., South Amboy
Kleiber, Estelle E., 139 New st., New Brunswick
Klein, Edward F., 136 Market st., Perth Amboy
Klein, William, 85 Bayard st., New Brunswick
Kler, Joseph H., 77 Livingston av., New Brunswick
Kovarsky, Albert E., 255 State st., Perth Amboy

Kramer, Samuel E., 121 Market st., Perth Amboy
Lazow, S. Manlius, 199 Main st., Matawan
Leonard, George F., 63 N. 5th av., New Brunswick
Lesh, Vincent O., 114 S. Stevens av., South Amboy
London, William, 255 State st., Perth Amboy
Long, Pauline A., 22 Livingston av., New Brunswick
Lund, John L., 267 High st., Perth Amboy
MacDowall, John L., 113 Market st., Perth Amboy
Mann, Jacob J., 255 State st., Perth Amboy
Mark, Joseph S., 102 Green st., Woodbridge
Marvin, Dorothy H., 51 Livingston av., New Bruns.
Massey, John B., 20 Codwise av., New Brunswick
McCormick, Wm. H., Jr., 266 Market st., P. Amboy
McKiernan, Robert L., 97 Bayard st., New Brunsw'k
McKinstry, J. W., Railroad av., Jamesburg
Meacham, Eugene A., 112 N. Stevens av., So. Amboy
Meinzer, Martin S., 147 Market st., Perth Amboy
Morris, Carlyle, Spring st. & Lake av., Metuchen
Nafey, Herbert W., 51 Livingston av., New Bruns.
Nieman, Solomon Z., 92 Bayard st., New Brunswick
Panigrosso, Louis R., 284 Wash'gt'n st., P'th Amboy
Pinerman, Robert B., 269 Bordentown av., S. Amboy
Platt, Thomas H., 307 N. Washington av., Dunellen
Rona, Maurice, 159 Bayard st., New Brunswick
Rothschild, Karl, 149 Livingston av., New Brunsw'k
Rowland, John H., 159 New st., New Brunswick
Runyon, Laurance P., 80 Somerset st., New Bruns.
Sandella, Joseph F., 169 New st., New Brunswick
Saulsberry, Chas. E., 75 Livingston av., New Bruns.
Sender, Fannie, 193 Main st., South River
Sherman, William E., 88 Schureman st., New Bruns.
Shull, John V., 84 Market st., Perth Amboy
Silk, Charles I., 278 High st., Perth Amboy
Slobodien, Benjamin F., 107 Market st., P. Amboy
Smith, A. L. Marshall, 62 Bayard st., New Brunsw'k
Smith, John V., 463 State st., Perth Amboy
Spencer, Ira T., 152 Main st., Woodbridge
Spritzer, Theodore D., S. Washington av., Dunellen
Steffens, Chas. T., 307 N. Wash'gt'n av., Dunellen
Stein, William, 73 Livingston av., New Brunswick
Strandberg, Herbert, 94 Washington av., Carteret
Sullivan, Chas. J., 57 Paterson st., New Brunswick
Szuch, Nicholas, 159 Main st., South River
Taber, Frederick S., 49 Paterson st., New Brunsw'k
Toy, Calvert R., 22 Kirkpatrick st., New Brunswick
Tyrrell, George W., 380 State st., Perth Amboy
Uhr, Jacques S., 131 Livingston av., New Brunsw'k
Urbanski, Adrian X., 148 Market st., Perth Amboy
Urbanski, Matthew F. 314 Washington st., P. Amb'y
Voorhees, Howard C., 43 Bayard st., New Brunsw'k
Walker, Robert B., 108 Church st., New Brunswick
Walters, George M., 179 Main st., Woodbridge
Watson, Price T., 137 N. Main st., Milltown
Weber, John F., 264 Main st., South Amboy
Wetterberg, Louis F., 389 School st., Woodbridge
Wilentz, Wm. C., 188 Market st., Perth Amboy
Witmer, John D., 456 Middlesex av., Metuchen

Associate Members

Balogh, William A., 315 Dunellen av., Dunellen
Bowman, Ned O., 1101 Georges rd., New Brunswick
Carr, Alexander M., S. Main st., Metuchen
Dunham, Malcolm M., 88 Grove av., Woodbridge
Fine, Irvin J., 30 Gordon st., Perth Amboy
Gessner, Gerard R., 28 S. 3rd av., Highland Park
Goldman, Solomon, 43 Paterson st., New Brunsw'k
Greenwood, William R., Rutger's Univ., New Bruns.
Hutner, Cyril I., 134 Grove av., Woodbridge
Isaac, B. C., 143 Fayette st., Perth Amboy
Kelly, Leo J., 438 Amboy av., Perth Amboy
Kohut, George J., 473 Amboy av., Perth Amboy
Krafchik, Louis L., 110 Bayard st., New Brunswick
Mann, Benjamin, 468 Brace av., Perth Amboy
Margaretten, Edward I., 263 High st., Perth Amboy
Miller, Theodore J., 527 New Brunswick av., Fords
Normand, Alphonse F., 113 Market st., Perth Amboy
O'Connell, James J., Easton & Hamilton avs.,N.Brns.
Smith, Joseph A., 133 Kearny av., Perth Amboy
Wiesenfeld, Benjamin, 187 Main st., Woodbridge

Honorary Member

Applegate, Grover T., 71 Livingston av., New Bruns.

Resigned

Molitch, Matthew, Philadelphia, Pa.

Number of Active Members and basis of representation, 102, March 15, 1938.

MONMOUTH COUNTY (13)

Society organized July 24, 1816. Meets on the fourth Wednesday of each month from October to June inclusive. Annual Meeting on the fourth Wednesday in April.

President, Parry, Oliver K., Asbury Park

President-Elect, Blaisdell, C. Byron, Long Branch

Secretary-Treasurer, Featherston, Dan'l F., Asb.P'k

Asst. Secretary-Treasurer, Clark, J. C., Asbury Park

Reporter, Holters, O. R., Asbury Park

Censors, Brown, H. S., Freehold
Quirk, M. A., Red Bank
Woronoff, Murray, Keyport
Fenton, T. E., Spring Lake
Leonard, L. L., Asbury Park

Active Members

Albright, Louis F., N.E.Cor.Madison&2nd avs.,Sp.Lk.
Altschul, Frank J., 177 Garfield av., Long Branch
Baeseman, R. Winfield, 501 Grand av., Asbury Park
Bailey, Charles P., 422 First st., Lakewood
Baker, Elsworth F., State Hospital, Marlboro
Becker, Sidney D., 140 Maple pl., Keyport
Beveridge, William W., 1000 Grand av., Asbury P'k
Binder, Joseph, 101 Third av., Long Branch
Blaisdell, C. Byron, 489 Broadway, Long Branch
Bornstein, Paul K., 415 S. Lake dr., Belmar
Boyd, John B., 67 E. Front st., Red Bank
Brindle, Harry, 501 Grand av., Asbury Park
Brown, Harvey S., 5 Club pl., Freehold
Brown, Kenneth G., 501 Asbury av., Asbury Park
Bullwinkel, Fred., Ocean blvd .& 4th av., Atl.H'ghl'ds
Campbell, William K., 96 3rd av., Long Branch
Carey, David S., 11 E. Main st., Freehold
Carter, Joseph F. S., 142 Atkins av., Asbury Park
Clark, John C., 404 Asbury av., Asbury Park
Clayton, John C., 73 W. Main st., Freehold
Colby, Maxwell X., 287 Westwood av., Long Branch
de Pons, Isabel S. C., 501 Grand av., Asbury Park
Dewis, Edwin G., 21 Westra st., Interlaken
Diamond, David I., Oceanport av., Oceanport
Edelson, Samuel, 1141 Corlies av., Neptune
Ellenson, Solomon S., 507 4th av., Asbury Park
Fairbanks, Warren H., 27 Broadway, Freehold

Featherston, Daniel F., 506 4th av., Asbury Park
Feinberg, Harry D., 384 2nd av., Long Branch
Feman, J. G., 141 Main st., Keansburg
Fenton, Tennant E., 320 Ludlow av., Spring Lake
Fisher, James A., 501 Grand av., Asbury Park
Freedman, Harold H., 63 W. Main st., Freehold
Gesswein, Carl A., 35 Church st., Matawan
Glazer, Edward, 501 Grand av., Asbury Park
Goff, Frank J., 62 Maple av., Red Bank
Gordon, Joseph B., N. J. State Hospital, Marlboro
Gosling, Walter W., 23 Monmouth st., Red Bank
Graves, Charles C., Jr., N. J. State Hosp., Marlboro
Guertin, Diomede, N. J. State Hospital, Marlboro
Guillium, William H., 505 4th av., Asbury Park
Haines, Emerson S., 500 8th av., Asbury Park
Hancock, Michael Q., 705 D st., Belmar
Hardy, John W., 53 Main st., Farmingdale
Hausman, Samuel W., 50 W. Front st., Red Bank
Heatley, William, 23 Monmouth st., Red Bank
Herrman, William G., 501 Grand av., Asbury Park
Hill, John A., 511 Cedar av., Allenhurst
Holman, Francis Wade, 123 Broad st., Keyport
Holters, Otto R., 1002 Emory st., Asbury Park
Jamison, William F., 501 Grand av., Asbury Park
Jones, Granville L., N. J. State Hospital, Marlboro
Jordan, Alexander D., 238 E. Main st., Manasquan
Jordan, Joseph C., 238 E. Main st., Manasquan
Kanses, Edmund S., 51 W. River rd., Rumson
Kazmann, Harold A., 406 Broadway, Long Branch
Krohn, Marc, Main st., Belford
Leighton, Robert L., 401 Ludlow av., Spring Lake
Leonard, Lothair L., 615 Asbury av., Asbury Park
Lewis, Jacob, 43 Court st., Freehold
Lorenzo, Michael J., 75 Riverside av., Red Bank
Lovett, Irving K., 110 E. Front st., Red Bank
MacKenzie, Robert A., 501 Grand av., Asbury Park
Magee, David M. P., 407 Sewall av., Asbury Park
Maher, John E., 90 3rd av., Long Branch
Makin, John B., 501 Grand av., Asbury Park
Managhan, Daniel V., 55 E. Front st., Red Bank
Mason, Howard B., 90 W. Main st., Freehold
Matthews, William, 139 Broad st., Red Bank
McDonnell, George J., 80 W. Main st., Freehold
McTague, Robt. S., 9 Memorial P'rkw'y, Atl.Highl'ds
Metzger, Karl F., 603 9th av., Belmar
Miele, Frank A., 314 Carr av., Keansburg
Miller, Samuel T., 527 Bangs av., Asbury Park
Moffat, Barclay W., Nut Swamp rd., Red Bank
Murphy, Charles M., 21 Main st., Farmingdale
Neiderhoffer, Sydney L., 469 Broadway, Long Br'nch
Nichols, Stanley H., 501 Grand av., Asbury Park
Niemtzow, Frank, 45 E. Main st., Freehold
O'Mara, John A., 314 St. Clair av., Spring Lake
Opfermann, John L., 167 Bay av., Highlands
Osborn, Adam D., 519 6th av., Belmar
Parker, James W., 175 Shrewsbury av., Red Bank
Parry, Oliver K., 601 Bangs av., Asbury Park
Perrine, Cornelius C., 668 River rd., Fair Haven
Perotta, Anthony J., 94 Maple av., Red Bank
Pietri, Raoul, 501 Grand av., Asbury Park
Pignataro, Frank P., N. J. State Hosp., Marlboro
Podell, Alfred, 51 E. Front st., Red Bank
Pons, Carlos A., 501 Grand av., Asbury Park
Pregnall, James P., 501 Grand av., Asbury Park
Prout, Charles D., 406 6th av., Asbury Park
Quirk, Martin A., 90 W. Front st., Red Bank
Reynolds, George G., 64 W. Main st., Freehold
Robinson, Ernest A., 149 Atkins av., Asbury Park
Robinson, William A., 62 Main st., Ocean Grove
Rowland, James J., 321 Bay av., Highlands
Rubin, Adrian D., 401 1st av., Asbury Park
Rullman, Walter A., 58 W. Front st., Red Bank
Sacco, Gregory E., 191 Broad st., Red Bank
Sands, Ord L., 310 W. 72nd st., New York, N. Y.
Sayre, William D., 69 Maple av., Red Bank
Schlossbach, Theodore, 94 S. Main st., Ocean Grove
Schmidt, Albert F., 81 Union av., Manasquan
Scott, Elmer A., Belle Mead Sanatorium, Belle Mead
Sewell, Stephen, 212 Jersey av., Spring Lake
Shanik, William, 415 Sunset av., Asbury Park
Silcox, J. Evart D., 79 1st st., Keyport
Silverstein, Max, 605 1st av., Asbury Park
Slocum, Harry B., Bath & Westwood avs., L. Branch
Steinbock, Frederick W., 136 Garfield av., Avon
Stevenson, George S., R. D. No. 1, Red Bank
Strahan, Frank G., 473 Broadway, Long Branch
Straughn, Clinton C., 23 Monmouth st., Red Bank
Strauss, Arthur, 130 Pavilion av., Long Branch
Trippe, Clarence M., 702 Asbury av., Asbury Park
Upham, Helen F., 305 3rd av., Asbury Park
Vaccaro, S. P., 509 4th av., Asbury Park
Villapiano, Joseph G., 701 Sunset av., Asbury Park
Wallin, Alfred C., 166 Main st., Matawan
Watkins, Robert E., 517 5th av., Belmar
Wilbur, Franklin L., 711 Grand av., Asbury Park
Wilkins, Stanley O., 47 E. Front st., Red Bank
Wilson, Robert B., 91 Broad st., Red Bank
Wise, Lester D., 119 Morris av., Long Branch
Woodruff, Ralph G., Main st., Englishtown
Woronoff, Murray, 120 Main st., Keyport

Number of Active Members and basis of representation, 127, March 15, 1938.

MORRIS COUNTY (14)

Society organized June 11, 1816. Meets on the third Thursday in each month from October to June, inclusive. Annual Meeting in June.

President, Williams, Louis E., Madison

Vice-President, Thomas, Thomas S., Morristown

Secretary, Young, George J., Morristown

Treasurer, Harrington, J. Henry, Rockaway

Reporter, Curry, Marcus A., Greystone Park

Censors, Sherman, Byron G., Morristown
Teller, D. W., Morristown
Teskey, Stanley, Bernardsville
and Officers

Active Members

Abell, Elvira D. D., R.D. 2, Morristown
Ackermann, Edward, 5 Richards av., Dover
Atkinson, J. M., Hanover
Baker, Augustus L. L., 389 W. Blackwell av., Dover
Beaver, Jennie A. D., 44 Elm st., Morristown
Bird, Frank L., Main st., Netcong
Bobadilla-Riquelme, Juan E., 27 E .Bl'kw'll st.,Dover
Booth, William K., 304 William st., Boonton
Bowers, F. Clyde, Prospect st., Mendham
Byrne, James A., 181 South st., Morristown
Carberry, Edward T., 67 S. Main st., Wharton
Cohen, Oscar H., 115 Church st., Boonton
Collins, Laurence M., Greystone Park
Comeau, George W., 415 Speedwell av., Morris Pl'ns
Costello, William F., 55 W. Blackwell st., Dover
Coultas, Aldo B., 1 Madison av., Madison
Curry, Marcus A., Greystone Park
Deichman, Charles H., 39 Elm st., Morristown
Donovan, Joseph, N. J. State Hosp., Greystone P'k
Douglass, William C., 15 Olcott av., Bernardsville

Earp, Ruth, 15 Olcott av., Bernardsville
Eckhardt, Ralph A., 50 Green Village rd., Madison
Failmezger, Theodore R., 60 Green av., Madison
Ferriss, Ruth B., 10 DeHart st., Morristown
Frost, Inglis F., 181 South st., Morristown
Geary, Daniel J., 40 Maple av., Morristown
Gibb, William B., 26 Maple av., Morristown
Gilbertson, Robert L., 39 Green Village rd., Madison
Gordon, Charles D., Mount Arlington
Graddick, L. W., 22 Sussex av., Morristown
Gregory, Marie F., 50 Green Village rd., Madison
Hampton, George R., Greystone Park
Harrington, John H., 126 E. Main st., Rockaway
Hatch, Harold S., Shonghum Mt. Sana., Morristown
Haven, Samuel C., 14 Elm st., Morristown
Heinig, Frank George, 124 Cornelia st., Boonton
Hiler, Stuart A., 62 Rockaway av., Rockaway
Hogan, Marshall D., 219 Main st., Boonton
Hubert, Antonio O., 131 E. Main st., Rockaway
Johnston, Julian F., 17 Van Doren av., Chatham
Kessler, Edward I., N. J. State Hosp., Gr'yst'ne P'k
King, Alden P., 44 W. Blackwell st., Dover
Kinkead, Hilda, 51 Highland av., Madison
Kossmann, W. J., Long Valley
Krauss, Fletcher I., 201 Main st., Chatham
Kuite, George B., 435 Speedwell av., Morris Plains
Lane, Arthur G., Greystone Park
Larson, Henry M., 35 Franklin st., Morristown
Lathrope, George H., 965 Broad st., Newark
Mathews, Raymond H., 186 South st., Morristown
McElroy, Ervin, 20 Main st., Rockaway
McMahon, Bernard C., 18 DeHart st., Morristown
McMurray, George B., N. J. State Hosp., Gr'yst'ne P'k
Michell, George E., 221 High st., Hackettstown
Musetto, Carmelo A., 135 Cornelia st., Boonton
Nicoll, George L., 48 W. Blackwell st., Dover
Pinckney, Frank H., 186 South st., Morristown
Pottinger, William E., Midvale rd., Mountain Lakes
Prager, Bert A., 251 Main st., Chatham
Rice, Franklin W., 184 South st., Morristown
Rossi, Bartolomeo, 60 Park av., Madison
Ryman, Merlin T., 4 N. Hillside av., Chatham
Scott, Harold R., 10 Speedwell av., Morristown
Seward, Frederic H., 40 Green Village rd., Madison
Sherman, Benjamin, Aurora Health Inst., Morrist'n
Sherman, Byron G., 52 Maple av., Morristown
Smith, Malcolm K., 22 Madison av., Morristown
Spencer, Alvan, 395 W. Blackwell st., Dover
Stage, Earl D., 11 James st., Morristown
Talmage, Wm. G., Main st.&Hillside av., Succasunna
Teller, Daniel W., Jr., 26 Maple av., Morristown
Terreri, D. Joseph, 30 High st., Morristown
Teskey, Stanley, 10 Anderson rd., Bernardsville
Thomas, Thomas S., Jr., 18 Elm st., Morristown
Truax, Alfred J., 121 Church st., Boonton
vonDeilen, Henry O., 26 Maple av., Morristown
Voorhies, William S., Jr., Greystone Park
Voss, J. Landon, 21 Mt. Airy rd., Bernardsville
Ward, Albert J., 39 Elm st., Morristown
Washburn, Philip C., N. J. State Hosp., Gr'yst'ne P'k
Williams, Louis E., 80 Green av., Madison
Young, George J., 60 Maple av., Morristown

Honorary Members

Knight, A. S., Far Hills
vanBeuren, Frederick T., Jr., Morristown

Courtesy Members

Joy, Homer T., 54 Madison av., Morristown

Transferred

Kinley, J. W., to Buncombe Co. Medical Soc., N. C.
Pink, Solomon H., to Passaic County Medical Soc.
Smith, Ivan, to Hunterdon County Medical Society

Resigned

Schmidt, Hilmar R., Woodmont Hall, Woodm't, Conn.

Number of Active Members and basis of representation, 82, March 15, 1938.

OCEAN COUNTY (15)

Society organized October 28, 1903. Meets on second Wednesday of each month, except June, July, August and September. Annual Meeting in November.

President, Hayden, W. G., Toms River

Vice-President, Sickel, Emanuel M., Lakewood

Secretary, Obert, Edwin J., New Egypt

Treasurer, Dodd, William E., Beach Haven

Reporter, Ivory, Harry S., Point Pleasant

Historian, Bunnell, Fred G., Barnegat

Censor, Buermann, Robert, Lakewood

Active Members

Blumberg, A. W., New Egypt
Buermann, Robert, 206 Madison av., Lakewood
Bunnell, Fredk. N., Barnegat
Carmona, Luis R., 141 Wood st., Tuckerton
Dodd, Wm. E., Ocean st., & Bay av., Beach Haven
Falkinburg, LeRoy W., Forked River
Frazee, William H., Jr., 412 Main st., Toms River
Gaumer, George, 422 First st., Lakewood
Goldstein, Abraham, 404 Madison av., Lakewood
Green, Thos. J., New Egypt
Halbach, Robt. M., 802 Main st., Toms River
Hayden, Walter G., 504 Main st., Toms River
Henriksen, Jay B., 422 River av., Point Pleasant
Herbener, Eugene G., 423 Third st., Lakewood
Hogan, James J., New Egypt
Ivory, Harry S., 616 Forman av., Point Pleasant
Lehmacher, Frank, 16 Central av., Lakewood
McIlvaine, William E., 104 Third st., Lakewood
Menge, Carl H., 236 Washington st., Toms River
Obert, Josiah E., New Egypt
Sawyer, Blackwell, 109 Washington st., Toms River
Schneider, Clinton R., 125 N. Green st., Tuckerton
Sickel, Emanuel M., 220 Madison av., Lakewood
Szold, Norman F., 701 Princeton av., Lakewood
Taylor, Raymond A., 58 Madison av., Lakewood
Thompson, Theodore F., 316 First st., Lakewood
Tilles, Samuel, 44 Sheridan av., Seaside Heights
Towbin, Adolph, 326 Third st., Lakewood
Witte, C. N., 422 River av., Point Pleasant

Honorary Members

Collins, R. H., Naval Air Station, Lakehurst
Green, Carl, Naval Air Station, Lakehurst

Transferred

McIlvaine, William, from Bergen Co. Med. Society

Number of Active Members and basis of representation, 29, March 15, 1938.

PASSAIC COUNTY (16)

Society organized January 14, 1844. Meets on the second Thursday evening of each month except June, July and August. Annual Meeting in May.

President, Vosburgh, Fred, Passaic

First Vice-President, Shapiro, Louis G., Paterson

Second Vice-President, Hall, Wayne W., Paterson

Secretary, Yager, J. Allen, Paterson

Treasurer, Wolfson, Harry, Paterson

Reporter, Okin, Irving, Passaic

Censors, Willard, Harry S., Paterson
Dingman, Norman M., Paterson
MacMillan, C. Wright, Passaic

Active Members

Allen, Arthur A., 365 Park av., Paterson
Allen, James Marshall, 657 Main av., Passaic
Armstrong, Robt. R., 114 Pennington av., Passaic
Ash, Frank W., 180 Carroll st., Paterson
Atkinson, James W., 603 S. Maple av., Glen Rock
Atwood, Edward A., 360 Park av., Paterson
Averbach, Jacob, 435 Clifton av., Clifton
Barlow, Frank A., 965 Madison av., Paterson
Barlosky, Benj., 306 Broadway, Paterson
Barr, Jos., 975 Madison st., Paterson
Becker, George L., 646 E. 28th st., Paterson
Becker, Leo V., 69 Ward st., Paterson
Bender, Theodore, 666 Broadway, Paterson
Benjamin, Joseph F., 203 Godwin av., Ridgewood
Bergin, Joseph V., 315 Broadway, Paterson
Berk, M. David, 320 Ramapo av., Pompton Lakes
Berkhout, P. G., 106 Haledon av., Prospect Park
Beshlian, Hagop D., 7 Lee pl., Paterson
Biczak, Arkad K., 311 Lexington av., Clifton
Birely, Morris F., 104 Avondale rd., Ridgewood
Bohl, Louis J., 320 Broadway, Paterson
Bongiorno, Henry D., 516 River st., Paterson
Bonynge, Henry A., 123 Prospect st., Ridgewood
Bornstein, David, 372 21st av., Paterson
Botbyl, Burt W., 927 Madison av., Paterson
Boylan, Lawrence B., 630 Main st., Paterson
Bradasch, George A., 169 Lee av., Haledon
Brancato, Peter, 17 Church st., Paterson
Brevoort, H. H., 54 Main st., Lodi
Brogan, Francis B., 84 Ward st., Paterson
Bromberg, Charles B., 107 Lexington av., Passaic
Brooks, Sidney, 62 12th av., Paterson
Budd, J. Reuben, 379 Clifton av., Clifton
Bullen, Victor E., 148 Hamilton av., Paterson
Butterfield, Arey A., Passaic Nat. Bk. Bldg., Passaic
Carlisle, John Howe, 199 Aycrigg av., Passaic
Carlough, David J., 426 Ellison st., Paterson
Catanzaro, Francesco, 151 Jefferson st., Passaic
Chapnick, Maurice M., 117 Paterson st., Paterson
Chase, William E., 585 Main av., Passaic
Cherry, Homer H., Valley View Sana., Paterson
Chester, Saul W., 634 Broadway, Paterson
Chilton, Forrest S., Nwk-P'mpt'nTrnpk.,P'mpt'nPls.
Chipley, Bascomb L., Valley View Sana., Paterson
Chrisman, Irving, 408 Ellison st., Paterson
Ciccone, Anthony C., 389 Grand st., Paterson
Clay, Thomas A., 351 Totowa av., Paterson
Close, Byron H., Hamburg Trnpk., Bloomingdale
Cogan, Henry, 128 Carroll st., Paterson
Cohen, Julian, 475 Park av., Paterson
Cohen, Louis, 211 Main av., Passaic
Cohen, M. Marvin, 137 Graham av., Paterson
Cohn, Isidor, 231 Lexington av., Passaic
Cole, Lewis F., 242 Broadway, Passaic
Connolly, Thomas V., 56 Hamilton st., Paterson
Coppola, Edward A., 22 Garretsee pl., Clifton
Cortese, Alvin E., 26 Ward st., Paterson
Cotton, Norman T., 219 Graham av., Paterson
Cremens, John F., 144 Carroll st., Paterson
Crounse, David R., 84 Broadway, Passaic
Curtis, Austin M., Jr., 445 Van Houten st., Paterson
Davis, A. Hobson, Paterson Gen. Hosp., Paterson
Dawson, Harry, 618 E. 24th st., Paterson
DeBell, Peter J., 239 Burgess pl., Passaic
DeGrace, Francis H., 344 Gregory av., Passaic
Deich, Samuel R., 162 Lexington av., Passaic
Delario, Anthony J., 294 Broadway, Paterson
Del Mauro, Alphonse, 417 21st av., Paterson
DeMattia, Michael, 18 Ward st., Paterson
De Rosa, Armand, 290 Union Blvd., Totowa Borough
De Rosa, John, 150 Fair st., Paterson
Desmet, Victor F., 324 Broadway, Paterson
DeYoe, Leon E., 602 Broadway, Paterson
Dingman, Norman McL., 330 Broadway, Paterson
Donnelly, Joseph E., 451 Market st., Paterson
Douglass, Stephen A., Valley View Sana., Paterson
Dow, Robert F., 272 Park av., Paterson
Drake, Daniel E., Union Valley rd., Newfoundland
Duncan, Owsley B., 606 E. 26th st., Paterson
Dunning, Walter L., 533 River st., Paterson
Durant, Harold J., 485 Park av., Paterson
Dwyer, Henry E., 261 Madison st., Passaic
Dwyer, William A., 99 Park av., Paterson
Edlkraut, Edward C., 129 Highland av., Passaic
Ehrenfeld, Edward, 185 Lexington av., Passaic
Ehrenfeld, Irving, 185 Lexington av., Passaic
Ekings, Frank P., 221 Broadway, Paterson
Feigenoff, Israel, 420 Broadway, Paterson
Fenster, Morton N., 261 Main st., Passaic
Fiering, Abraham M., Pompton Trnpk., M'tainView
Fishbein, Elliot, Valley View Sanatorium, Paterson
Fisher, Samuel, 808 Madison av., Paterson
Flitcroft, Wm., 691 14th st., Paterson
Freedman, Jacob S., 178 Hamilton av., Passaic
Gallardo, Augustin, 61 Lakeside av., Pompton Lks.
Gallo, James S., 32 Zabriskie st., Paterson
Geiger, Harold C., West Milford
Giambra, Sante M., 666 Broadway, Paterson
Gillson, Hugh V., 21 Lee pl., Paterson
Gillson, John T., 170 Broadway, Paterson
Ginsburg, Saml., 227 Paulison av., Passaic
Glasgow, Thos. M., 120 Passaic av., Passaic
Gochman, Harry M., 166 Hamilton av., Paterson
Goldenberg, Raphael R., 575 Broadway, Paterson
Golding, Harry N., 180 Carroll st., Paterson
Gordon, Abel, 616 Main av., Passaic
Gordon, Osher, 119 Lexington av., Passaic
Gordon, Samuel, 515 Broadway, Paterson
Gormley, Cyrus M., 6 Roberts st., Butler
Gould, John H., 263 Franklin av., Ridgewood
Graham, Archibald F., 42 Park av., Paterson
Graham, Theodore K., 279 Park av., Paterson
Greengrass, Jacob J., 146 Broadway, Paterson
Guarraia, Jos., 285 Van Winkle av., Paterson
Hagen, Orville R., 266 Van Houten st., Paterson
Hall, Wayne W., 266 Van Houten st., Paterson
Hambright, Arthur M., Wyckoff av., Ramsey
Harreys, Charles W., 714 Broadway, Paterson
Hatem, Elias J., 1046 Main st., Paterson
Hillmann, Frederick C., 64 Hamilton st., Paterson
Hirsch, Samuel, 118 Lexington av., Passaic
Hollingsworth, Herman H., 86 1st st., Clifton
Holmes, Thomas J. E., 151 Fair st., Paterson
Holster, Stephen G., 951 Madison av., Paterson

Holt, Herman H., 256 Graham av., Paterson
Hughes, John V., 150 Prospect st., Passaic
Ianacone, John A.,*310 5th av., Paterson
Iraggi, Jas. V., 79 Broadway, Passaic
Irving, Albert, 318 Howard av., Radburn-Fair Lawn
Ives, Edwin I., 24 Stevens av., Little Falls
Izenberg, David, 104 Carroll st., Paterson
*Jacob, William H., 99 North Main st., Paterson
Jahn, Albert G., 657 Main av., Passaic
Jani, Frank F., 297 Lexington av., Passaic
Jarmulowsky, Harry, 181 E. 33rd st., Paterson
Jehl, Joseph R., 305 Clifton av., Clifton
Joelson, Morris S., 577 Broadway, Paterson
Joffe, Philip M., 556 East 28th st., Paterson
Joffe, Sidney H., 556 E. 28th st., Paterson
Johnsen, Sigurd W., 49 Passaic av., Passaic
Joseph, Morris, 271 Lexington av., Passaic
Joyce, Leo H., 259 Madison st., Passaic
Kane, Charles J., 396 15th av., Paterson
Keating, Chas. A., 177 Ellison st., Paterson
Keller, Franklin J., 297 Diamond Br. av.,Hawthorne
Kennedy, Eugene T., 413 Wanaque av., Pompt'nLks.
Keppler, Chas., Jr., 723 Allwood rd., Clifton
Kim, Gay B., 703 Main st., Paterson
Kinney, Burton O., 41 Lincoln av., Little Falls
Kleiner, Saml., 162 Hamilton av., Paterson
Koenig, Bertram M., 306 Broadway, Paterson
Koerber, Geo., 136 Prospect st., Passaic
Kovaleski, Walter A., 154 Passaic st., Passaic
Kovin, Abraham, 123 Lexington av., Passaic
Kroll, Adolph, 103 Van Buren st., Passaic
Kuhl, John P., 38 Main st., Butler
Laauwe, Harold W., 198 Haledon av., Paterson
Labash, Chas., 83 Quincy st,. Passaic
Landaw, Louis, 631 E. 26th st., Passaic
Lawrence, Elias D., 365 Union av., Paterson
Leach, John E., 372 Park av., Paterson
Lee, Fredk. P., 606 E. 27th st., Paterson
Leibovitz, Altan C., 261 Lexington av., Passaic
Lemay, Albert T., 384 15th av., Paterson
Leonard, Edward F., 771 Madison av., Paterson
Levendusky, Dan'l E., 52 Market st., Passaic
Levine, David B., 647 Broadway, Paterson
LeVine, Israel, 215 Broadway, Paterson
Levine, Sidney C., 459 Park av., Paterson
Levinsohn, Sandor A., 584 Broadway, Paterson
Levy, Herman, 219 Lexington av., Passaic
Linares, Angelo C., 208 Market st., Paterson
Lipton, Louis, 67 Passaic av., Passaic
Lobsenz, Nathan P., 294 Broadway, Paterson
Lomauro, James R., 149 Lexington av., Passaic
London, Jules R., 153 Jefferson st., Passaic
Low, Donald B., 529 Broadway, Paterson
Lucent, Santos B., 2 First st., Little Falls
Luksteid, Casimir J., 326 Park av., Paterson
MacAlister, Wm. W., 333 Van Houten st., Paterson
MacGregor, Allan W., 379 Ellison st., Paterson
MacGuffie, Robt. N., 657 Main av., Passaic
Maclay, Jos. A., 239 Broadway, Paterson
MacMillan, C. Wright, 23 Passaic av., Passaic
Maffongellie, Joseph A., 494 River st., Paterson
Magennis, Bryan C., 272 Broadway, Paterson
Magnes, Max, 271 Park av., Paterson
Manly, Thomas E., 390 Park av., Paterson
Manzione, Frank A., Pas. Co. WelfareHome,Pr'kness
Maps, Howard L., 53 Passaic av., Passaic
Marini, Dominick, 40 Henry st., Passaic
Markel, Albert G., 450 Park av., Paterson
Markovits, Theodore, 98 Haledon av., Paterson
Markowitz, Louis, 16 Church st., Paterson
Marrocco, Wm. A., 47 Ward st., Paterson
Marsh, Ellas J., 400 Van Houten st., Paterson
Masucci, Alberico, 34 Ward st., Paterson
Matthews, Leonard M., 95 High st., Passaic
McBride, Andrew F., 30 Church st., Paterson
McCamey, Kenneth E., 612 E. 29th st., Paterson
McCarthy, Geo. L., 496 Union av., Paterson
McCoy, John C., 292 Broadway, Paterson
McCue, John B., 912 Lincoln av., Pompton Lakes
McDede, Frank F., 992 Main st., Paterson
McDonald, Richard J., 80 Park av., Paterson
McPherson, Malcolm E.,141DiamondBr.av.,H'wth'rne
Meier, Wm. U., 1062 Ringwood av., Passaic
Meloney, Lester F., 156 Second st., Clifton
Mendelsohn, David H., 576 Broadway, Paterson
Meneve, Alfred D., 373 Broadway, Paterson
Meyers, Francis R., 627 E. 24th st., Paterson
Michela, Luigi S., 206 Carroll st., Paterson
Mills, Alvah V., Lindsley rd., Little Falls
Missonellie, Wm., 404 Lafayette av., Hawthorne
Mitchell, Chas. R., 311 Broadway, Paterson
Morici, Theodore, 80 Howe av., Passaic
Morrill, James P., 310 Broadway, Paterson
Morrison, Benj. G., 80 Carroll st., Paterson
Moscoe, Harry A., Main st., Lincoln Park
Mott, Joseph E., 426 Park av., Paterson
Murn, Chas. J., 48 Smith st., Paterson
Neer, Wm., 245 Broadway, Paterson
Nemirow, Martin, 234 Lexington av., Passaic
Nesbitt, Elizabeth, North Jer. Train.Sch'l,LittleFalls
Norval, William A., 419 Main st., Paterson
Notkin, Meyer, 351 Van Houten st., Paterson
Noto, Philip, 158 Washington pl., Passaic
Nye, Howard H., 174 Carroll st., Paterson
O'Brian, Dennis M., 154 Lexington av., Passaic
O'Brian, Jeremiah H., 204 Madison st., Passaic
Okin, Irving, 165 Passaic av., Passaic
Oram, Jos. H., 495 Broadway, Paterson
Pal, Darbari R., 32 Clark st., Paterson
Palma, Nicholas, 116 17th av., Paterson
Palmer, Francis R., 249 Lexington av., Passaic
Paris, William, 518 E. 25th st., Paterson
Park, Benj., 360 Park av., Paterson
Patella, Fulvio, 232 Broadway, Paterson
Pearlman, Saul J., 210 Lexington av., Passaic
Pelusio, August N., 269 Carroll st., Paterson
Phelps, James E., 203 Park av., Paterson
Piasecki, Chester A., 741 E. 23rd st., Paterson
Piller, Jacob, 245 Broadway, Paterson
Pink, Solomon H., 21 High st., Butler
Plinke, Fritz W., 159 Lexington av., Passaic
Polizzotti, Joseph L., 193 Park av., Paterson
Polowe, David, 555 E. 27th st., Paterson
Prince, Robt. A., 567 Broadway, Paterson
Raab, Michael, 111 Lexington av., Passaic
Radest, L. J., 158 Hamilton av., Paterson
Randazzo, Anton P., 82 Prospect st., Passaic
Rauschenbach, Paul E., 225 Broadway, Paterson
Rauschenbach, Paul E., Jr., 174 Carroll st., Paterson
Reeves, Ernest, 195 Lexington av., Passaic
Reynolds, Earle C., 655 Main av. Passaic
Reynolds, Harry C., 657 Main av., Passaic
Richards, Paul S., 1 Main st., Butler
Ring, Herman B., 112 Lexington av., Passaic
Rinzler, Harry G., 127 Van Houten av., Passaic
Roemer, Jacob, 213 Broadway, Paterson
Rothman, Theodore, 494 Park av., Paterson
Roy, Jos. N., 95 17th av., Paterson
Ruocco, William B., 416 River st., Paterson
Russell, Chas. B., 119 Hamilton av., Paterson
*Ryan, John N., 158 Lexington av., Passaic
Sabarese, Theodore C., 122 Marsellus pl., Garfield
Saffron, Morris H., 292 Paulison av., Passaic
Salzman, Nathan, 714 Broadway, Paterson
Sandt, Frank R., 466 Park av., Paterson
Sanfacon, Thos. A., 340 Park av., Paterson
Santangelo, Emil L., 349 Broadway, Paterson
Schubert, Roy R., 408 Union av., Paterson

Schultz, Augustin M., 379 Union av., Paterson
Schwartz, Wm., 155 Lexington av., Passaic
Schwartzberg, Frederick I., 579 Broadway, Paterson
Scielzo, Nicholas F., 369 Park av., Paterson
Scribner, Chas. H., Hamburg Tnpk., Paterson
Shapiro, David, 707 Broadway, Paterson
Shapiro, Louis G., 375 Broadway, Paterson
Shipman, Meyer P., 237 Broadway, Paterson
Shippee, David N., 648 Ringwood av., Wanaque
Shippee, J. N., 648 Ringwood av., Wanaque
Shulman, Abraham, 528 E. 29th st., Paterson
Silverman, Irving A., 260 Dayton av., Clifton
Simkin, Abraham, 247 Broadway, Passaic
Simon, Julius J., 174 Columbia av., Passaic
Simon, Morris L., 174 Washington pl., Passaic
Simon, Philip H., 174 Columbia av., Passaic
Siveke, John, 106 Lexington av., Passaic
Slaff, Florence, 16 Grove st., Passaic
Sloan, Saml. L., 182 Belmont av., Paterson
Smith, Carroll D., 320 Broadway, Paterson
Smith, Elroy W., 655 Main av., Passaic
Smith, Leon A., 655 Main st., Passaic
Sobel, Irving J., 136 Broadway, Passaic
Spickers, Wm., 6 Church st., Paterson
Stark, Jacob, 645 Broadway, Paterson
Stein, Harry M., 227 W. Broadway, Paterson
Steinberg, Benj. L., 534 Main st., Singac
Stinson, Richard, 641 E. 18th st., Paterson
Stokes, James S., 85 Park av., Paterson
Stoltz, Raymond R., 23 Passaic av., Passaic
Stouter, Francis L., 29 17th av., Paterson
Sucoff, Moses C., 158 Hamilton av., Passaic
Sullivan, Wm. M., Jr., 43 Passaic av., Passaic
Summerill, Fredk., 150 Mineral Springs av., Passaic
Surgent, Geo. W., 168 Clifton av., Clifton
Sutherland, Wm. W., 378 17th av., Paterson
Szymanski, John J., 616 Main av., Passaic
Tellman, Dan'l H., 120 Lexington av., Passaic
Temple, Arthur H., 164 Jefferson st., Passaic
Terhune, Percy H., 171 Paulison av., Passaic
Thorne, Wm. P., 254 Main st., Butler
Thron, Leopold E., 586 E. 29th st., Paterson
Todd, Francis H., 83 Auburn st., Paterson
Tomkins, Wm., 105 Fairmount rd., Ridgewood
Trilling, Leonard J., 423 Broadway, Paterson
Tuers, George E., 418 Park av., Paterson
Tweddel, Geo. K., 239 Broadway, Paterson
Udinsky, Hyman J., 29 Passaic av., Passaic
Vanderbeek, Andrew B., 174 Broadway, Paterson
Vander Clock, Cornelius, 23 Passaic av., Passaic
Van Eerde, Albert, 339 Lafayette av., Hawthorne
Van Riper, Arthur W., 607 Main av., Passaic
Van Schott, Gerand J., Jr., 245 Lexington av., Pas'c
Van Urk, Fredk. T., 663 Main av., Passaic
Van Winkle, John S., 297 Broadway, Paterson
Vosburgh, Fred., 61 Passaic av., Passaic
Vreeland, Clarence L., 516Wanaque av.,Pompt'nLks.
Vreeland, Ralph J., 266 Van Houten st., Paterson
Walker, Harold G., Everett av., Wyckoff
Wallace, Marc J., 152 Lakeview av., Clifton
Walton, Gordon G., 175 Church st., Paterson
Warburton, Jack C., 333 Park av., Paterson
Ward, Albert H., 404 Totowa av., Paterson
Warren, David E., 265 Gregory av., Passaic
Warren, Earl L., 266 Van Houten st., Paterson
Warren, Jacob, 308 18th av., Paterson
Wassing, Hans, 695 Broadway, Paterson
Weinert, Henry V., 128 Market st., Passaic
Weintraub, Wm. L., 400 Broadway, Paterson
Westerhoff, Peter, 51 Highland av., Paterson
Wethers, Wm., 171 Market st., Passaic
White, Richard E., 303 Crooks av., Paterson
Wilkinson, Boyd E., 266 Van Houten st., Paterson
Willard, Harry S., 266 Van Houten st., Paterson
Williams, Hiram, 230 Lexington av., Passaic
Winters, Walter M., 288 Broadway, Paterson
Wishnack, Meyer, 318 Broadway, Paterson
Wolf, Israel J., 231 E. 31st st., Paterson
Wolfson, Harry, 324 Broadway, Paterson
Wry, Dean A., 234 Dayton av., Clifton
Yachnin, Sam'l C., 32 Ridge rd., Lyndhurst
Yager, J. Allen, 6 Church st., Paterson
Yates, John S., 414 Ellison st., Paterson
Yolken, Harry, 246 E. 31st st., Paterson
Zalewski, I. J., 125 Market st., Passaic

Associate Members

Calligaro, Egildo A., 75 Clifton av., Clifton
Jaffe, Hyman, 57 Passaic av., Passaic
Katz, Herbert I., 278 Park av., Paterson
Keller, Michael L., 268 Park av., Paterson
Provisor, Benjamin, 141 Lexington av., Passaic
Schwartz, Leo, 3 Lucille pl., Passaic
Thomas, Irene O., 275 Lafayette av., Hawthorne
Vanderbeck, James J., 281 Park av., Paterson
Vanderbeek, Frank B., 407 Park av., Paterson

Courtesy Members

Reading, R. E., 538 E. 29th st., Paterson

Transferred

DeGrace, Francis H., from Nassau County, New Y'k
Pink, Solomon H., from Morris Co. Medical Society
Warren, Earl L., from Emanuel County, New York
Kowalski, Louis J., from Burlington Co. Med. Soc

Number of Active Members and basis of representation, 357, March 15, 1938.

SALEM COUNTY (17)

Society organized May 4, 1880. Meets on the second Friday of each month, September to May inclusive. Annual Meeting in April. Social Meeting in May.

President, Mackes, C. B., Woodstown

Vice-President, Suter, H. F., Pennsgrove

Secretary-Treasurer, Dunn, John S., Salem

Reporter, Hummel, L. C., Salem

Active Members

Bramble, Halsey S., Front & Chestnut sts., Elmer
Caggiano, John D., W. Main st., Pennsgrove
Chesler, Maurice, 124 W. Broadway, Salem
Church, Franklin, 86 W. Broadway, Salem
Cox, John R., 37 W. Main st., Pennsgrove
Davison, C. Spencer, 7 Chestnut st., Salem
Davison, Wilbur S., Pittsf'd st. & Salem rd., Pennsville
Dunn, John S., 75 Market st., Salem
Evans, E. E., 12 Ziegler ter., Pennsgrove
Fleming, Charles L., 42 W. Main st., Pennsgrove
Green, David W., 69 Market st., Salem
Hilliard, William T., 105 Market st., Salem
Hummel, I. L. C., 109 W. Broadway, Salem
James, William H., Main st., Pennsville
Lummis, Clarence P., 40 Delaware av., Pennsgrove
Mackes, Claude B., 48 N. Main st., Woodstown
Miller, Lewis H., 37 S. Main st., Woodstown
Perry, Frank L., 43 East av., Woodstown
Prigger, Edward R., 39 W. Main st., Pennsgrove
Silverman, Ralph L., Franklin st., Pennsgrove
Suter, Harry F., 49 W. Main st., Pennsgrove
Sutherland, Robert C., 5 Broad st., Pennsgrove
Weigel, C. B., 328 E. Broadway, Salem
Zappala, John, 47 W. Main st., Pennsgrove

Transferred

Lummis, C. P., from Cumberland Co. Med. Society

Number of Active Members and basis of representation, 24, March 15, 1938.

SOMERSET COUNTY (18)

Society organized May 21, 1816. Meets on the second Thursday evening in February, April, June, October and December. Annual Meeting in June.

President, Sferra, A. F. W., Bound Brook

Vice-President, Flint, Edgar T., Raritan

Secretary, Fritts, Lewis C., Somerville

Treasurer, Lawton, A. A., Somerville

Reporter, Pigott, A. W., Skillman

Censors, McConaughy, F., Somerville
Hegeman, R. F., Somerville
Gray, W. B., N. Plainfield

Active Members

Adams, Rayford K., Lakeside Lodge, Skillman
Albrecht, William J., 25 N. Bridge st., Somerville
Barbour, George E., 118 W. High st., Somerville
Beekman, John B., Bedminster
Bendix, Gerhard M., 4 W. Somerset st., Raritan
Blank, Samuel, N. J. St. Village for Epilep., Skillm'n
Borow, Benjamin, 507 Church st., Bound Brook
Borow, Henry, 507 Church st., Bound Brook
Borow, Louis S., 507 Church st., Bound Brook
Borow, Maurice, 509 Church st., Bound Brook
Brittain, Elmore G., 4 E. High st., Bound Brook
Cooley, Roger L., Dunellen
Cooper, Joseph H., East Millstone
Craig, Henry A., 315 William st., Somerville
Crawford, John W., Bedminster
Day, Hayward F., 37 Craig pl., North Plainfield
Dundon, Arthur H., 135 Somerset st., N. Plainfield
Edelberg, Sidney S., 403 E. High st., Bound Brook
Ely, Lancelot, 128 W. High st., Somerville
Falcone, N. A., 68 Watchung av., North Plainfield
Field, Frank L., Far Hills
Flint, Edgar T., 44 E. Somerset st., Raritan
Flynn, Thomas H., 41 High st., Somerville
Francis, Adaline M., 80 West End av., Somerville
Fritts, Lewis C., 62 E. High st., Somerville
Gray, W. B., 121 Somerset st., North Plainfield
Greenberg, George A., 195 W. High st., Somerville
Hamblin, Donald O., Calco Chemical Co., B'd Brook
Hegeman, Runkle F., 161 W. High st., Somerville
Hird, Emerson F., 118 E. Maple av., Bound Brook
Husted, Samuel H., Neshanic Station
Kay, Clarence R., Peapack
Klompus, Irving, 403 High st., Bound Brook
Knight, Augustus S., Far Hills
Lawton, A. Anderson, 15 N. Bridge st., Somerville
Levy, Abram, Bound Brook
Long, William H., 40 S. Bridge st., Somerville
Lovejoy, James L., 224 Somerset st., Bound Brook
Mangelsdorff, Arthur F., Calco Chem. Co., B'd Br'k
McConaughy, Francis, 1 E. High st., Somerville
Meigh, Josiah, Bernardsville
Pigott, Albert W., Skillman
Pogoloff, Samuel H., Manville
Reale, Nicholas P., 119 S. Main st., Manville
*Renner, Dan S., Skillman
Robinson, John T., 598 Watchung av., Bound Brook
Russo, Dominick T., 51 E. Somerset st., Raritan
Sferra, Alfred F. W., 125 Hamilton st., Bound Br'k
Smalley, Mahlon C., Gladstone
Thomas, Mary L., Skillman
Wallach, Bernard, 74 Watchung av., N. Plainfield
Wild, Frederick A., 111 E. High st., Bound Brook
Young, James L., 68 Mountain av., Somerville

Transferred

Hallinger, Earl S., Jr., from Gloucester Co. Med. Soc.
Shirlock, M. C., to Cumberland Co. Medical Society
East, I. C., to Middlesex County Medical Society
Lukats, E. J., to Pennsylvania
Scott, Michael, to Pennsylvania

Number of Active Members and basis of representation, 53, March 15, 1938.

SUSSEX COUNTY (19)

Society organized August 22, 1829. Meets at call of President. Annual Meeting on the second Tuesday in May.

President, Spurgeon, D. L., Newton

Vice-President, Spencer, J. H., Jr., Franklin

Secretary, McCall, Jesse, Newton

Treasurer, Eddy, L. R., Sussex

Reporter, Groeschel, A. H., Sussex

Censors, Spencer, J. H., Jr., Franklin
Spurgeon, D. L., Newton
Roy, B. W., Sussex

Active Members

Aitken, Herbert MacG., Ogdensburg
Braun, David C., 216 Spring st., Newton
Coleman, Joseph G., Hamburg
Drake, Leo B., 47 Main st., Franklin
Eddy, Lester R., 40 Bank st., Sussex
Groeschel, August H., 31 Bank st., Sussex
Hawke, Edward K., Newton
Johnson, George F., Branchville
Landes, Edwin W., Stillwater
Longnecker, John E., Jr., Sparta
McCall, Jesse, 12 Church st., Newton
McVeigh, Charles J. D., Netcong
Morrison, Frederick H., Newton
Pellet, Thomas L., Hamburg
Roy, Bert W., 25 Hamburg av., Sussex
Scott, Frederick J., 1 Oak st., Franklin
Smith, Warren H., 91 Main st., Newton
Spencer, James H., Jr., 23 Hospital rd., Franklin
Spurgeon, Dorsett L., 19 Church st., Newton
Zuck, John A., Main st., Stanhope

Resigned

Loux, H. A., Sussex

Number of Active Members and basis of representation, 20, March 15, 1938.

UNION COUNTY (20)

Society organized June 7, 1869. Meets on the second Wednesday of September, November, January, March, April and May. Annual Meeting in April.

President, Abel, Henri, Elizabeth

Vice-President, Blythe, Rowland P., Cranford

Secretary, Armstrong, Lorrimer, Westfield

Treasurer, Hoover, Alden R., Elizabeth

Reporter, Walsh, R. J., Roselle

Censors, Reiner, Jacob, Elizabeth
Schlichter, Charles H., Elizabeth
Currie, Norman W., Plainfield
Walsh, T. J., Elizabeth
Shangle, M. A., Elizabeth

Active Members

Abel, Henri E., 339 Union av., Elizabeth
Abramson, Solomon, 1587 Irving st., Rahway
Ackerman, Arthur F., 129 Summit av., Summit
Armstrong, Lorrimer B., 121 S. Euclid av., Westfield
Arthur, Frances H., 138 Westfield av., Elizabeth
Austin, Thomas R., 16 Alden st., Cranford
Babbitt, Hugh M., Jr., 101 W. 7th st., Plainfield
Baker, Raymond D., 52 De Forest av., Summit
Baron, Leo E., 509 N. Wood av., Linden
Baruch, Rudolf J., 316 Elmora av., Elizabeth
Beisler, Lawrence G., 1528 N. Broad st., Hillside
Bensley, Maynard G., 129 Summit av., Summit
Berenson, Samuel J., 1012 E. Jersey st., Elizabeth
Berman, Leonard, 155 Summit av., Summit
Berry, Hartley C., 129 Summit av., Summit
Birrell, Russell G., 554 Westminster av., Elizabeth
Bishop, Carl, 831 Madison av., Plainfield
Black, Max, 1192 St. George av., Linden
Blair, Thomas D., 414 Park av., Plainfield
Bloch, Harry, 200 E. Jersey st., Elizabeth
Blumberg, Jack, 504 Westminster av., Elizabeth
Blythe, Rowland P., 30 Springfield av., Cranford
Bolanowski, Kasimier J., 145 Marshall st., Elizabeth
Booth, Walter S., 318 Grier av., Elizabeth
Boozan, William E., 1137 E. Jersey st., Elizabeth
Bowens, Edward G., 126 Harrison av., Westfield
Bowles, Harry H., 36 Woodland av., Summit
Boyd, Robert P., 320 Spruce av., Garwood
Boyes, James Gordon, 1326 Chetwynd av., Plainfield
Breslow, Alexander E., 930 Pierpont st., Rahway
Brokaw, Christopher A., 1405 North av., Elizabeth
Brown, Lawrence G., 173 Madison av., Elizabeth
Brown, William H., 29 3rd st., Elizabeth
Bruning, Richard H., 435 Westminster av., Elizab'th
Bunting, Philip D., 712 N. Broad st., Elizabeth
Burritt, Norman W., 30 Beechwood rd., Summit
Butenas, Joseph J., 300 1st av., Elizabeth
Callahan, Edward J., 124 S. Paul st., Westfield
Canright, Cyril M., 34 Springfield av., Cranford
Cantini, Raphael S., 147 E. 7th st., Plainfield
Card, Charles F., 100 W. Milton av., Rahway
Cardinale, Pasquale F., 654 E. Jersey st., Elizabeth
Carlisle, J. M., 106 Miln st., Cranford
Carpenter, Cedric C., 129 Summit av., Summit
Carsley, Sidney H., 16 Alden st., Cranford
Casilli, Arturo R., 618 Newark av., Elizabeth
Chapman, Otis P., 125 Broad st., Elizabeth
Childers, Robert J., 614 Park av., Plainfield
Cole, Walter H., Jr., 116 Chilton st., Elizabeth
Comunale, Anthony R., 1709 Irving st., Rahway
Conway, James V., 428 Emerson av., Elizabeth
Coplin, George J., 510 E. Jersey st., Elizabeth
Corbusier, Harold D., 614 Park av., Plainfield
Crabtree, Loren H., 142 Bellevue st., Elizabeth
Crane, Norman T., 147 E. 7th st., Plainfield
Cronin, Francis J., 730 South st., Elizabeth
Currie, Norman W., 508 Central av., Plainfield
Daron, Simeon, 31 Lincoln Park, Newark
Davidson, Edwin N., 102 E. Elm st., Linden
Davidson, Maurice M. 128 Grant av. E., Roselle P'k
Davis, F. Cleveland, 129 Summit av., Summit
Davis, Stanton H., 212 E. 7th st., Plainfield
Day, Willis B., 407 E. 7th st., Plainfield
DeCesare, Ferdinand J., 500 Walnut st., Roselle Park
Decker, Charles T., 275 Orchard st., Westfield
DeFreitas, Clement, 423 W. 4th st., Plainfield
Dengler, Henry P., 260 Morris av., Springfield
Deutsch, Nathan S., 300 W. 7th st., Plainfield
Diamond, Joseph G., 512 W. Front st., Plainfield
Disbrow, George W., 126 Mountain av., Summit
Doggett, Edwin H., 916 Park av., Plainfield
Drury, Alfred J., 268 E. 3rd av., Roselle

du Busc, Lawrence C. V., 399 Westfield av., Elizab'h
Dunn, H. Irving, 610 Salem av., Elizabeth
Durrah, Fred F., 310 Plainfield av., Plainfield
Dwoyer, Leon C., 420 N. Wood av., Linden
Eason, Samuel W., 48 De Forest av., Summit
Edgar, Malcolm S., 129 Summit av., Summit
Ehrlich, Max, 375 Elmora av., Elizabeth
Esty, Geoffrey W., 629 E. Broad st., Westfield
Ewart, Eli W., 138 Ferris pl., Westfield
Feleppa, Edward E., 239 Morris av., Summit
Fiedler, Michael, 247 Crawford ter., Union
Fitch, Thomas S. P., 916 Park av., Plainfield
Fort, William B., 147 E. 7th st., Plainfield
Foster, Frank L., 320 Springfield av., Cranford
Franklin, Joseph E., 127 Westfield av., Elizbaeth
Freeman, Ray M., 826 N. Wood av., Linden
Friedburg, George H., 1108 Anna st., Elizabeth
Frohwein, Ida H., 125 Morristown rd., Elizabeth
Funk, Joseph, 615 Elizabeth av., Elizabeth
Gadomski, Casimir F., 103 Murray st., Elizabeth
Gallaway, George E., 163 W. Milton av., Rahway
Geary, Paul, 923 Park av., Plainfield
Gerendasy, Julius, 956 E. Jersey st., Elizabeth
Gibb, Alice Stearns, 339 Union av., Elizabeth
Giglio, Alphonsus S. V., 626 Elizabeth av., Elizab'th
Gilpin, Fletcher, 118 North av. W., Cranford
Gittelman, Morton, 426 Westminster av., Elizabeth
Glaser, Emanuel, 360 Linden av., Elizabeth
Glass, Benjamin E., 609 Watchung av., Plainfield
Glass, Harry L., 609 Watchung av., Plainfield
Glasston, Hyman M., 628 N. Wood av., Linden
Golden, William M., 1587 Irving st., Rahway
Goldfield, Harold H., 225 E. Jersey st., Elizabeth
Goldmacher, Herman B., 555 S. Broad st., Elizabeth
Goldstein, Herman H., 318 W. Jersey st., Elizabeth
Gonczy, Edward J., 538 Jersey av., Elizabeth
Gorczyca, Albert G., 538 S. Broad st., Elizabeth
Grant, William E., 1939 Morris av., Union
Gregory, Roy A., 161 Crescent av., Plainfield
Griesemer, Z. Lawrence, 1145 E. Jersey st., Elizabeth
Griswold, Merton L., Jr., 949 Park av., Plainfield
Guidi, Guido M., 212 Christine st., Elizabeth
Hackett, Edward J., 597 Westfield av., Westfield
Hall, Winthrop H., 400 Elm st., Westfield
Hallock, Wilton J., 650 Springfield av., Summit
Hanrahan, James M., 1144 E. Broad st., Elizabeth
Hansen, Harry, 831 Madison av., Plainfield
Hanson, Carl G., 116 Eastman st., Cranford
Harrison, Joseph B., 302 E. Broad st., Westfield
Haseltine, Sherwin L., 125 Broad st., Elizabeth
Herrington, Lee R., 605 E. Broad st., Westfield
Hill, Clarence T., 43 E. Hazelwood av., Rahway
Hipple, Percy L., 230 Walnut st., Roselle
Hnat, Frederick, 624 Newark av., Elizabeth
Hoffman, Charles A., 302 E. 7th st., Plainfield
Holland, Reuben J., 1026 Chandler av., Linden
Holmes, Grace A., 1077 E. Jersey st., Elizabeth
Holt, Evelyn, 118 Summit av., Summit
Hoover, Alden R., 721 N. Broad st., Elizabeth
Horre, George W. H., 203 W. Jersey st., Elizabeth
Hubbard, Harry V., 121 E. 7th st., Plainfield
Hughes, Frederic J., 706 Park av., Plainfield
Hunt, Thomas F., 528 Monroe av., Elizabeth
Hutton, Frederick T., 1012 Park av., Plainfield
Imbleau, Joseph E. L., 2106 Morris av., Union
Jackson, George H., 2092 Morris av., Union
Jacobs, Alan L., 2130 Morris av., Union
Johnson, Harold F., 734 Park av., Plainfield
Jones, Herbert E., 612 Emerson av., Elizabeth
Jones, Lewis H., 139 E. Grant av., Roselle Park
Kapp, Carl G., 440 Westminster av., Elizabeth
Karshmer, Ernest E., 927 S. Wood av., Linden
Keeney, Cadwell B., 137 Summit av., Summit
Kemper, Harry T., 224 Monmouth rd., Elizabeth
Kinch, Frederick A., 267 E. Broad st., Westfield
Knauer, George, 930 Elizabeth av., Elizabeth
Knepper, Orcena F., 149 Crescent av., Plainfield
Konzelman, Henry J., 65 King st., Hillside
Kramer, Douglas W., 822 Park av., Plainfield
Krans, Clara M. D., 920 Park av., Plainfield
Krans, Edward S., 920 Park av., Plainfield
Kreutz, Paul J., 363 Union av., Elizabeth
Kuchlewski, Edward J., 130 3rd st., Elizabeth
Kushner, Alexander, 208 W. Milton av., Rahway
Kyle, Ernest I., 1165 Park av., Plainfield
Labow, Joseph J., 1063 E. Jersey st., Elizabeth
Ladas, George, 305 Cherry st., Elizabeth
Laird, George S., 125 Central av., Westfield
Lamy, Anthony W., 560 Newark av., Elizabeth
Lance, Elton W., 125 W. Milton av., Rahway
Larrabee, Callie H., 14 Kent Place blvd., Summit
Lathrop, Frederic W., 909 Park av., Plainfield
Laurie, Andrew L., 664 Newark av., Elizabeth
Lawrence, William H., 129 Summit av., Summit
Leggett, Lindley H., Jr., 330 E. Broad st., Westfield
Leggett, Thomas H., Jr., 937 Oakland pl., Plainf'd
Lepree, Joseph A., 371 Morris av., Elizabeth
Lerman, Irving, 1024 E. Jersey st., Elizabeth
Lewis, Albert, 41 Retford av., Cranford
Liana, Stephen M., 1740 Front st., Scotch Plains
Lieberman, David P., 1063 North av., Elizabeth
Lieberman, Milton L., 101 Pershing av., Roselle P'k
Linke, James J. P., 245 E. Front st., Plainfield
Livengood, Horace R., 587 Westminster av., Elizab'h
Llull, Gabriel J., 266 Morris av., Springfield
Losada, Camella A., 19 Prospect st., Summit
Lowell, Milton E., 434 Summit av., Westfield
Lowenstein, E. C., 103 Elm av., Rahway
Lufburrow, Charles B., 441 W. Front st., Plainfield
Lyerly, James M., 1116 Putnam av., Plainfield
Lynch, Edward T., 748 Livingston rd., Elizabeth
MacBrayer, R., 101 Hobart av., Summit
Maggio, Rosario J., 550 Carlton rd., Westfield
Malatesta, Charles S., 302 E. 7th st., Plainfield
Marone, Carmine R., 648 1st av., Elizabeth
McCallion, William H., 727 Westminster av., Eliza.
McClintock, Elsie, 1439 Maple av., Hillside
McGinn, Wm. J., 1913 Westfield av., Scotch Plains
Meeker, John L., 6 De Barry pl., Summit
Meineke, Wm. C., Jr., 820 Chestnut st., Roselle
Merlo, Francis A., 210 Murray st., Elizabeth
Merlo, Francis V., 39 3rd st., Elizabeth
Miller, Robert M., 382 Springfield av., Summit
Mills, Stephen D., 132 S. Euclid av., Westfield
Minnella, Thomas J., 132 Morris av., Summit
Mohr, Frank L., 1030 Pine av., Union
Moister, Roger W., 7 Norwood av., Summit
Moress, Edward J., 1551 Maple av., Hillside
Morris, Thomas M., 503 Park av., Plainfield
Morris, Watson B., 193 Morris av., Springfield
Munger, Ray T., 727 Watchung av., Plainfield
Murphy, Herschel S., 320 Chestnut st., Roselle
Murray, Norman L., 129 Summit av., Summit
Naidorff, Saul A., 404 W. 7th st., Plainfield
Nittoli, Rocco M., 660 E. Jersey st., Elizabeth
Novello, Joseph A., 641 2nd av., Elizabeth
Nussbaum, Joseph, 321 Elmora av., Elizabeth
Obester, Gabriel E., 646 Madison av., Elizabeth
Oderr, Charles, 121 S. Euclid av., Westfield
Orton, Foster, 196 Elm av., Rahway
Orton, George L., 196 Elm av., Rahway
Osher, Morris M., 194 Martine av., N. Fanwood
Paulson, Arch M., 160 E. 7th st., Plainfield
Pearl, Sydney S., 545 Rahway av., Elizabeth
Peters, Richard C., 963 Park av., Plainfield
Phelan, Walter F., 124 Chilton st., Elizabeth
Poleshuck, Rubin, 127 Hollywood av., Hillside
Prout, Thomas P., 19 Prospect st., Summit

Quinn, Stephen T., 326 S. Broad st., Elizabeth
Read, Jessie D., 519 Lenox av., Westfield
Reich, Jerome J., 1410 Maple av., Hillside
Reiner, Jacob, 811 N. Broad st., Elizabeth
Relyea, George McD., 129 Summit av., Summit
Ripps, Maurice L., 410 Elmora av., Elizabeth
Robertson, Grace M., 650 W. 7th st., Plainfield
Rose, Abraham, 212 S. Broad st., Elizabeth
Rosenstein, Saivel L., 2120 Springf'd av., Vaux Hall
Runnells, John E., Bonnie Burn Sana., Scotch Pl'ns
Sadoff, Joseph, 116 Elmora st., Elizabeth
Salvati, Leo H., 244 Walnut st., Westfield
Samuels, Sol L., 219 W. 7th st., Plainfield
Satulsky, E. M., 544 Jersey av., Elizabeth
Schiller, Edwin, 449 Westminster av., Elizabeth
Schiller, Rosa O., 449 Westminster av., Elizabeth
Schilling, Anthony B., 727 Jefferson av., Elizabeth
Schlein, David, 26 Price st. E., Linden
Schlichter, Charles H., 556 N. Broad st., Elizabeth
Schwartz, Samuel H., 1044 Park av., Plainfield
Schweizer, Roman G., 36 Summit rd,. Elizabeth
Sell, Frederick W., 167 W. Emerson av., Rahway
Senerchia, Fred F., Jr., 604 Westminster av., Eliz.
Seybold, Arthur D., 302 E. 7th st., Plainfield
Seymour, George A., 253 Orchard st., Elizabeth
Shangle, Milton A., 34 Prince st., Elizabeth
Sherman, Samuel H., 81 Elmora av., Elizabeth
Shirrefs, Russell A., 348 Elmora av., Elizabeth
Silverman, Theodore M., 105 Elmora av., Elizabeth
Singer, Bella, 406 Elmora av., Elizabeth
Sly, John L., 382 Springfield av., Summit
Smith, William B., 17 Alden st., Cranford
Spirito, Michael W., 1071 Elizabeth av., Elizabeth
Spivack, David, 944 E. Jersey st., Elizabeth
Stanton, Nathaniel B., 734 Park av., Plainfield
Staub, Emil M., 531 E. Broad st., Westfield
Steele, Stephen, 10 W. Gibbons st., Linden
Stein, Emil, 607 Park av., Elizabeth
Stein, George H., 406 Elmora av., Elizabeth
Stein, Isadore, 210 Elizabeth av., Elizabeth
Stein, Martin H., 153 2nd st., Elizabeth
Steinberg, Werner, 45 E. Henry st., Linden
Stephenson, G. A., 145 Summit av., Summit
Steuart, David F. R., 11 DeBarry pl., Summit
Stillwell, Harry C., 51 W. Milton av., Rahway
Strelinger, Alexander, 689 Newark av., Elizabeth
Strom, Abraham, 410 W. 7th st., Plainfield
Stuart, James E., 552 E. 2nd st., Plainfield
Stybel, Joseph, 806 W. Front st., Plainfield
Suffness, Gustave, 1087 E. Jersey st., Elizabeth
Taranto, Michael, 635 N. Wood av., Linden
Tator, Arthur E., 57 DeForest av., Summit
Terrell, Edward E., 110 Alden st., Cranford
Tidaback, John D., 382 Springfield av., Summit
Townsend, L. M., 37 Grant av. E., Roselle Park
Turner, William F., 7 Pittsfield st., Cranford
Tyndall, Alice E., 329 Mountain av., Westfield
Tyndall, Martha W., 329 Mountain av., Westfield
Van Horn, Alfred F., 514 Central av., Plainfield
Vinciguerra, Michael, 604 Westminster av., Elizab'h
Vitale, Dominic V., 681 Newark av., Elizabeth
Vogel, Herbert A., 1061 E. Jersey st., Elizabeth
Wacker, William F., Jr., 1224 Salem av., Hillside
Wade, Simon F., 555 Newark av., Elizabeth
Wagner, Otto, 111 Stiles st., Elizabeth
Wagner, Richard, 43 S. Broad st., Elizabeth
Walsh, Ronald J., 118 E. 5th av., Roselle
Walsh, Thomas J., 335 S. Broad st., Elizabeth
Ward, Leo J., 137 W. Jersey st., Elizabeth
Warncke, Frank H., 523 Westfield av., Elizabeth
Wegryn, Louis S., 257 Elizabeth av., Elizabeth
Weigel, Edgar W., 970 Park av., Elizabeth
Weigel, Elmer P., 727 Watchung av., Plainfield
Weissman, M. T., 727 N. Wood av., Linden
Weitz, Abraham, 54 Boulevard, Kenilworth
Western, Frederic B., 1227 Morris av., Townley
Williams, Frank A., 324 W. Jersey st., Elizabeth
Williams, Leonard D., 518 Park av., Plainfield
Wolgin, Philip L., 445 Elmora av., Elizabeth
Woody, McIver, 454 Union av., Elizabeth
Yood, Raphael, 401 Grant av., Plainfield
Young, Franklin C., 120 Summit av., Summit
Yuckman, Robert O., 224 W. Jersey st., Elizabeth
Yuckman, William, 701 Madison av., Elizabeth
Zeitlin, Herman H., 943 N. Wood av., Linden

Honorary Members

Ard, Frank C., Plainfield
Carman, John H., 602 Crescent av., Plainfield
Harrison, Joseph B., 302 E. Broad st., Westfield
Montfort, Robert J., 1051 E. Jersey st., Elizabeth
Strickland, George W., 123 W. 1st av., Roselle

Transferred

Gadomski, C. F., from Hudson Co. Medical Society
Steinberg, Werner, from Baltimore
Orton, C. B., to Vermont
Iserman, Michael, to Morris Co. Medical Society

Resigned

Montfort, J. B., 1051 E. Jersey st., Elizabeth

Number of Active Members and basis of representation, 305, March 15, 1938.

WARREN COUNTY (21)

Society organized February 15, 1826. Meets on the third Tuesday of January, April, July and October; the last named being the Annual Meeting.

President, Smith, Clyde, Oxford

Vice-President, Bostwick, Wallace, Blairstown

Secretary, Skinner, William, Washington

Treasurer, Cummins, G. W., Belvidere

Reporter, Bossard, H. B., Phillipsburg

Censor, Bloom, L. H. Phillipsburg

Active Members

Bloom, Lawrence H., 8 Market st., Phillipsburg
Bossard, Harry B., R.D. No. 2, Phillipsburg
Bostwick, Wallace, Main st., Blairstown
Brasefield, Edgar N., 218 Chamber st., Phillipsb'g
Buchanan, Ralph M., 131 So. Main st., Phillipsburg
Cummins, Geo. W., 202 Mansfield st., Belvidere
Curtis, Frank W., Stewartsville
Drake, Paul F., 85 Summit av., Phillipsburg
Dresel, Irmgard, Far Hills
Gordon, Frank S., Blairstown
Hackett, Leon W., 173 Belvidere av., Washington
Jackson, Dominic P. D., 420 Front st., Belvidere
Krausz, Emery, 577 S. Main st., Phillipsburg
La Riew, Fredk. J., 107 E. Wash'gt'n av.,Washingt'n
Lemmon, Junius M., 28 W. Wash'ton av., Wash'gt'n
Lyon, Chas. H., 79 Lewis st., Phillipsburg
Marlett, Neumann C., 311 Front st., Belvidere
Maxwell, Carl A., 117 Grand av., Hackettstown
McMurtrie, William A., Far Hills
Pursell, William D., 508 So. Main st., Phillipsburg
Shimer, Floyd A., 88 Lewis st., Phillipsburg
Spillane, Timothy H. P., 379 S. Main st., Phillipsb'g
Vail, William P., Blairstown
Varney, William H., 122 Belvidere av., Washington
Weres, James, Blvd. N., Alpha
West, Guernsey F., 109 S. Main st., Phillipsburg
West, Heston R., 109 S. Main st., Phillipsburg
Wing, Raymond, Blair Hall, Blairstown
Wolf, Frank A., 494 S. Main st., Phillipsburg
Zuck, Arthur C., 22 Broad st., Washington

Number of Active Members and basis of representation, 30, March 15, 1938.

NUMBER OF MEMBERS ON THE OFFICIAL LIST, MARCH 15, 1938

	Active Members	Associate Members
Atlantic	123	1
Bergen	239	16
Burlington	57	
Camden	174	
Cape May	26	
Cumberland	53	
Essex	842	72
Gloucester	37	
Hudson	417	12
Hunterdon	25	
Mercer	213	19
Middlesex	102	20
Monmouth	127	
Morris	82	
Ocean	29	
Passaic	357	
Salem	24	
Somerset	53	
Sussex	20	
Union	305	
Warren	30	
	3335	149

SUMMARY

	April 15, 1937	March 15, 1938
Active	3225	3335
Associate	150	149
Total	3375	3484

Increase in Number of Members 110
Deaths of Members During the Year .. 37

MEETINGS OF THE COUNTY SOCIETIES

Atlantic County.—Meets second Friday evening monthly, except in June, July, August and September. Annual Meeting in May.

Bergen County.—Meets on second Tuesday each month except July and August. Annual Meeting in May.

Burlington County.—Meets second Thursday evening of each month except June, July and August. Annual Meeting in November.

Camden County.—Meets first Tuesday in each month, October to May inclusive, with an outing in June. Annual Meeting in May.

Cape May County.—Four regular meetings each year. Meets on first Tuesday in April and October. Annual Meeting in November. Semi-annual meeting in April. Other two meetings at call of the President.

Cumberland County.—Meets on the second Tuesday in October, December, February, April and June. Annual Meeting in April.

Essex County.—Annual Meeting is the second Thursday in May. Other meetings on the second Thursday of each month, October to May, inclusive.

Gloucester County.—Regular meetings on the third Thursday of each month except June, July and August. Annual Meeting in May. Annual Social Session in October.

Hudson County.—Meets first Tuesday evening of each month, October to May, inclusive. If a legal holiday, the meeting is held on the next day. Annual Meeting in May.

Hunterdon County.—Meets on the fourth Tuesday of January, April, July and October, April being the Annual Meeting.

Mercer County.—Meets on the second Wednesday of each month, except July, August and September, at 8:30 p. m., in the Trenton Country Club. Annual Meeting in December. Annual Banquet second Wednesday in November.

Middlesex County.—Meets on third Wednesday of each month, September to June inclusive. Annual Meeting in December.

Monmouth County.—Meets on the fourth Wednesday in each month from October to June, inclusive. Annual Meeting on fourth Wednesday in April.

Morris County.—Meets on the third Thursday in each month from October to June, inclusive. Annual Meeting in June.

Ocean County.—Meets second Wednesday each month except June, July, August and September. Annual Meeting in November.

Passaic County.—Meets on the second Thursday evening of each month, except June, July and August. Annual Meeting in May.

Salem County.—Meets on the second Friday of each month, September to May inclusive. Annual Meeting in April. Social Meeting in May.

Somerset County.—Meets on the second Thursday evening in February, April, June, October and December. Annual Meeting in June.

Sussex County.—Annual Meeting on the second Tuesday in May; other meetings at call of President.

Union County.—Meets second Wednesday of September, November, January, March, April, and May. Annual Meeting in April.

Warren County.—Meets on third Tuesday of January, April, July and October, the last named being the Annual Meeting.

An Alphabetical List of the Members of the Medical Society of New Jersey

COMPILED MARCH 15, 1938

The figures in parenthesis refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19). Sussex, (20) Union, (21) Warren.

*Deceased.

ACTIVE MEMBERS

Abel, Arthur R., 144 Harrison st., East Orange (7)
Abel, Henri Ernest, 339 Union av., Elizabeth (20)
Abell, Elviro Dean, R. F. D. No. 2, Morristown (14)
Abey, Wm. J. H., 21 E. Delaware av.,Pennington(11)
Abrams, Abram Bernard, 668 Clinton av., New'k (7)
Abrams, Benj. Picky, 919 Wash'gton st., Hoboken(9)
Abramson, Solomon, 1587 Irving st., Rahway (20)
Ackerman, Arthur Fowler, 129Sum't av.,Summit(20)
Ackermann, Edward, 5 Richards av., Dover (14)
Ackley, David B., 21 N. Clinton av., Trenton (11)
Adams, Geo. B. McC., 304 Monm'th st.,Gl'c'st'rC'y(4)
Adams, Rayford Kennedy, Skillman (18)
Adams, Samuel, 29 Highland av., Jersey City (9)
Adelman, Benj. Barnett, 190 Clinton av.,Newark(7)
Adler, Jos., 933 Ave. C, Bayonne (9)
Africano, Julius V., 4246 Hudson Blvd., Union C'y(9)
Agayoff, John Dan'ls, 127S.W'sh'gt'n av.,B'rg'nf'd(2)
Agnew, Hobart McV., 144 S. Harrison st., E. Or.(7)
Agolia, Michael Wm., 441 Palisade av., Union C'y(9)
Ainsley, Harry Bryson, 246 Union st., Jersey C'y (9)
Aitken, Herbert MacGregor, Ogdenburg (19)
Albano, Edwin Henry, 242 Clifton av., Newark (7)
Albano, Joseph, 535 N. 7th st., Newark (7)
Albrecht, Wm. John., 25 N. Bridge st., S'm'rv'le (18)
Albright, Louis F., Madis'n & 2nd st.,SpringLake(13)
Alcamo, J. H., 215 Littleton av., Newark (7)
Alexander, Hugo, 928 Hudson st., Hoboken (9)
Alexander, Samuel, Main st., Park Ridge (2)
Alford, Ralph Irving, 83 Park st., Montclair (7)
Allan, James S., 144 Harrison st., E. Orange (7)
Allen, Arthur Andrew, 365 Park av., Paterson (16)
Allen, George Herbert, 181 Roseville av., Newark (7)
Allen, Isaac Lathrop, 521 Palisade av., Union C'y (9)
Allen, James M., 657 Main av., Passaic (16)
Allen, Raymond N., 144 Harrison st., E. Orange (7)
Alleyne, Albert Allen, 115 N. Pa. av., Atl. City (1)
Alling, Frederic A., 15 Washington st., Newark (7)
Allman, David Bach'r'ch, 104 St. Chas. pl., Atl.C'y(1)
Alpert, Edward, 661 Jersey av., Jersey City (9)
Alter, Nicholas M., 410 Fairmount av., Jersey C'y(9)
Altman, Charles D., 301 Highland av., Newark (7)
Altschul, Frank Jos., 177 Garfield av., L'g Br'ch(13)
Ambrose, Anthony, 326 Highland av., Newark (7)
Amdur, Louis A., 834 Westside av., Jersey City (9)
Anderson, John F., George's rd., NewBrunswick(12)
Anderson, Reuben M., 408 Main st., Hackensack (2)
Anderson, Wm. Marsh, 20KingsHgw.W.,H'dd'nf'd(4)
Andrews, Clarence L., 1616 Pacific av., Atl. City (1)
Andrus, David L., 805 Cooper st., Camden (4)
Angelillis, Paul, 76 State st., Hackensack (2)
Angelo, Jos. A., 1190 Paterson Pl'k rd., Secaucus(9)
Anthony, David W., 201 With'rsp'n st.,Princet'n(11)
Antonius, Nicholas A., 27 W. Market st., Newark(7)
Antopol, Wm. A., Beth Israel Hosp., Newark (7)
Applebaum, Irving L., 152 Clinton av., Newark (7)
Applegate, Edw. T. R., 1125 Gr'nw'd av.,Trenton(11)
Applestein, Robert, 568 E. State st., Trenton (11)
Appold, Geo. Dewey, 60 E. Church st., Bergenfield(2)
Arbeit, Sidney Robt., 2521 Blvd., Jersey City (9)
Areson, Wm. Henry, 153 Bellevue av.,Up.M'ntcl'r(7)
Aria, Michael H., 31 Glenwood av., Jersey City (9)
Arlitz, William J., 107 Newark st., Hoboken (9)
Armstrong, Lorrimer B., 121 S.Euclid av.,W'stf'd(20)
Armstrong, Robt. R., 114 Pennington av., Pas'c (16)
Aronis, Harry R., 239 E. Hanover st., Trenton (11)
Aronowitz, Harry T., 932 Ave. C, Bayonne (9)
Arthur, Frances H., 138 Westfield av., Elizabeth(20)
Ash, Arthur F., 710 Boulevard East, Weehawken(9)
Ash, Frank W., 180 Carroll st., Paterson (16)
Ash, Samuel, 25 Johnson av., Newark (7)
Asher, Maurice, 186 Clinton av., Newark (7)
Ashley, Harmon H., 190 W. State st., Trenton (11)
Assante, Mario Hugo, Evesham av., Magnolia (4)
Aszody, Paul, 340 Waverly av., Newark (7)
Athey, Kenneth L., 3616 Westfield av., Camden (4)
Atkinson, J. M., Hanover (14)
Atkinson, Jas. W., 603 S. Maple av., Glen Rock (16)
Atwell, David R., 920 Hudson st., Hoboken (9)
Atwood, Edward A., 360 Park av., Paterson (16)
Auricmma, Michele, 419 Adams st., Hoboken (9)
Austin, Thomas R., 16 Alden st., Cranford (20)
Averbach, Jacob, 435 Clifton av., Clifton (16)
Avery, Philip S., MiddlesexGen.Hosp.,NewBruns.(12)
Avidan, Maurice S., 30 Stratford pl., Newark (7)
Axford, W. Homer, Chester (9)
Axilrod, Maurice H., 2620 Pacific av., Atlantic C'y(1)

ASSOCIATE MEMBERS

Anderson, Robert C., 519 Sanford av., Newark (7)
Atkinson, James Q., 423 E. State st., Trenton (11)

ACTIVE MEMBERS

Babbitt, Hugh M., 101 W. 7th st., Plainfield (20)
Bachmann, Wm., 87 Hillcrest ter., East Orange (7)
Bacon, Mary, 278 E. Commerce st., Bridgeton (6)
Bacote, Ernest F., 78 Barclay st., Newark (7)
Bacchler, Jules, 439 16th st., West New York (9)
Baeseman, R. Winfield, 501 Grand av., Asb. P'k (13)
Bahnson, Conrad M., 170 Bowers st., Jersey City (9)
Bailey, Charles P., 422 1st st., Lakewood (13)
Bailyn, Emanuel, 331 16th st., West New York (9)
Baiocchi, Pascal J., 203 Hunterdon st., Newark (7)
Baird, Thompson M., 124 Grand pl., Arlington (7)
Baker, Augustus L., 389 W. Blackwell av.,Dover(14)
Baker, Banks S., 601 Walnut st., Camden (4)
Baker, Charles F., 198 Clinton av., Newark (7)

Baker, Clifford, 800 Elm st., Vineland (6)
Baker, Elsworth F., State Hosp., Marlboro (13)
Baker, Hugh W., 8th & Elmer sts., Vineland (6)
Baker, Maclyn F., 638 Stuyvesant av., Irvington (7)
Baker, Maurice E., 1149 Kaighn av., Camden (4)
Baker, Philip W., High Bridge (10)
Baker, Raymond D., 52 De Forest av., Summit (20)
Baketel, H. Sheridan, 339 Ridgew'd av.,GlenRdg.(2)
Baldwin, John F., 1474 Windsor rd., W. Englew'd(2)
Baldwin, Samuel H., 626 Clinton av., Newark (7)
Ballinger, Reeve L., 759 Kearny av., Arlington (9)
Balze, Henry R., 147 Christie st., Leonia (2)
Banks, Charles W., 6 N. Munn av., E. Orange (7)
Banks, Winifred D., 6 N. Munn av., E. Orange (7)
Barb, Kirk B., 1303 Princess av., Camden (4)
Barbarito, Wm. N., 135 Bentley av., Jersey City (9)
Barbash, Samuel, 1902 Pacific av., Atlantic City (1)
Barbour, George E., 118 W. High st., Somerville (18)
Barishaw, Samuel B., 5 Bentley av., Jersey City (9)
Barkhorn, Charles W., 223 Roseville av., Newark(7)
Barkhorn, Henry C., 45 Johnson av., Newark (7)
Barlow, Frank A., 956 Madison av., Paterson (16)
Barlow, G. Barton, 63 Spring Lane, Englewood (2)
Barnard, Frank G., 65 N. Fullerton av., Montclair(7)
Barnes, William J., 155 Engle st., Englewood (2)
Barnshaw, Harold D., 406 Cooper st., Camden (4)
Barolsky, Benj., 306 Broadway, Paterson (16)
Baron, Leo E., 509 North Wood av., Linden (20)
Barr, Joseph, 975 Madison av., Paterson (16)
Barrett, Arthur F., 835 Montgomery st., Jer. C'y(9)
Barrett, Jos. F., 230 Parker av., Maplewood (7)
Barroso-Bernier, Adalberto, 173Morse pl.,Eng'w'd(2)
Barroway, James Norman,2626Federal st.,C'md'n(4)
Barrows, Arthur M., 440 Hamilton av., Trenton (11)
Barry, Rolla G., 908 W. State st., Trenton (11)
Bartlett, Clara K., 4301 Atlantic av., Atlantic City(1)
Baruch, Rudolf J., 376 Elmora av., Elizabeth (20)
Basralian, Jos. B., 238 Blvd., Hasbr'k Heights (2)
Bass, Rose Dina, 54 Lyons av., Newark (7)
Bassett, Lavern C., 320 New Market rd.,Dunell'n(12)
Bassett, Norman H., Prof. Arts Bldg., Atl. City (1)
Bauer, Harry W., 515 Maple av., Palmyra (3)
Baum, Felix, 765 S. 10th st., Newark (7)
Baum, Samuel, 10 Osborne ter., Newark (7)
Bauman, Everett O., 17 Hillside av., Newark (7)
Bayne, Jos. K., 12 Princeton av., Princeton (11)
Beairsto, Everett B., 178 W. State st., Trenton (11)
Beaver, Jennie Dean, 31 South st., Morristown (14)
Becker, Chas. F., 620 Benson st., Camden (4)
Becker, Fredk. W., 14 Clinton pl., Newark (7)
Becker, Geo. L., 646 East 28th st., Paterson (16)
Becker, Leo V., 69 Ward st., Paterson (16)
Becker, Sidney D., 140 Maple pl., Keyport (13)
Becket, Geo. C., 350 Springdale av., East Orange (7)
Beekman, John B., Bedminster (18)
Behrens, Herman, 312 Webster av., Jersey City (9)
Beideman, Caspar M., 5 W.Maple av.,Merch'ntv'le(4)
Beir, Ily R., 114 S. Virginia av., Atlantic City (1)
Beisler, Lawrence G., 1528 N. Broad st., Hillside (20)
Belafsky, Henry A., 150 Greene st., Woodbridge (12)
Belfer, Jacob J., 1235 Chambers st., Trenton (11)
Belford, Ralph J., 90 Nassau st., Princeton (11)
Beling, Christopher A., 111 Clinton av., Newark (7)
Beling, Christopher C., 111 Clinton av., Newark (7)
Bell, Horace O., Essex Co. Hosp., Belleville (7)
Bellak, Ellis R., Leesburg (6)
Bellis, Horace D., 437 E. State st., Trenton (11)
Belting, Arthur W., 836 W. State st., Trenton (11)
Ben-Asher, Solomon, 260 Bergen av., Jersey City (9)
Bender, Theo., 666 Broadway, Paterson (16)
Bendix, Gerhard, 4 W. Somerset st., Raritan (18)
Bengelsdorf, Aron, 29 Clinton pl., Newark (7)
Benjamin, Harold C., 59 Crescent av., Jersey City(9)
Benjamin, Jos. F., 203 Godwin av., Ridgewood (16)
Bennett, Samuel D., 118 Pine st., Millville (6)
Bennett, Wm. F., Essex Mt. Sanatorium, Verona (7)
Bensley, Maynard C., 129 Summit av., Summit (20)
Bentley, David F., Jr., 406 Cooper st., Camden (4)
Berardinelli, C. G., 92 Eighth av., Newark (7)
Berenson, Samuel J., 1012 E. Jersey st.,Elizab'th(20)
Berg, Samuel, 156 Roseville av., Newark (7)
Berger, Harry, 921 S. Clinton av., Trenton (11)
Berger, Wm. A., 346 Roseville av., Newark (7)
Bergin, Jos. V., 315 Broadway, Paterson (16)
Bergman, Meyer W., 31 Lincoln Park, Newark (7)
Bergmeyer, Josef T., 422 20th st., West New York(9)
Berk, M. David, 320 Ramapo av., Pompton Lks.(16)
Berke, Raymond N., 430 Union st., Hackensack (2)
Berkhout, Peter G., 106 Haledon av., Prosp't P'k(16)
Berkow, Samuel G., 138 Market st., PerthAmboy(12)
Berkowitz, Benjamin, 20 Bank st., Bridgeton (6)
Berlin, Jos. I., 2600 Hudson Blvd., Jersey City (9)
Berman, H. Robt., 286 Roseville av., Newark (7)
Berman, Jacob J., 409 Market st., Trenton (11)
Berman, Leonard M., 155 Summit av., Summit (20)
Bernard, Richard C., Bergen Co. Hosp., Ridgew'd(2)
Bernhard, Wm. G., 142 Clinton av., Newark (7)
Bernheisel, Louis Edm'd,N/SR'ding av.,Tuckahoe(5)
Berry, Hartley C., 129 Summit av., Summit (20)
Beshlian, Hagop K., 7 Lee pl., Paterson (16)
Betancourt, Raul R., 406 Cooper st., Camden (4)
Betts, Richard W., 22 N. Main st., Medford (3)
Beveridge, Wm. W., 1000 Grand av., Asbury P'k(13)
Bew, Richard Conrad, 1217 Pacific av., Atl. City (1)
Beyer, Othmer J., 42 Laurel av., Irvington (7)
Beyer, Wm., 612 Undercliff av., Edgewater (2)
Bianchi, Angelo R., 184 Hunterdon st., Newark (7)
Bickner, Alvah W., 84 Park av., Rutherford (2)
Biczak, Arkad K., 311 Lexington av., Clifton (16)
Bien, Frank A., 999 Clinton av., Irvington (7)
Bigelow, Elizabeth F., 120 Prosp't st., So. Orange(7)
Bigelow, Nelson S., 120 Prospect st., So. Orange (7)
Bigliani, Urban Ratazzi, 526 36th st., N. Bergen (9)
Binder, Joseph, 101 Third av., Long Branch (13)
Bingham, Arthur W., 144 Harrison st., E. Orange(7)
Bird, Frank L., Main st., Netcong (14)
Birdsall, Clarence A., 9 Smull av., Caldwell (7)
Birely, Morris F., 107 E.Ridgew'd av.,Ridgewood(16)
Birrell, Russell G., Standard Oil Co., Bayway (20)
Bishop, Carl, 831 Madison av., Plainfield (20)
Bissett, John V., 29 Hawthorne av., East Orange (7)
Bitten, Robert M., 33 Romaine av., Jersey City (9)
Black, LeRoy W., 33 W. Passaic av., Rutherford (2)
Black, Max, 1192 St. George av., Linden (20)
Blackburne, George, 490 Central av., Newark (7)
Blair, Thomas D., 414 Park av., Plainfield (20)
Blaisdell, C. Byron, 489 Broadway, Long Branch(13)
Blackwell, Enoch, 28 W. State st., Trenton (11)
Blake, Roger N., 729 Kinderkam'k rd., RiverEdge(2)
Blakey, Abram P., 475 Jersey av., Jersey City (9)
Blampin, Winifred A., Grossman's Hotel, Atl.C'y(1)
Blanchard, Kenneth, 25 S. Munn av., EastOrange(7)
Blank, Samuel, Skillman (18)
Blaugrund, Samuel, 190 W. State st., Trenton (11)
Blaustein, Maurice L., 37 Hillside av., Newark (7)
Blauvelt, Grace B., 76 Heights rd., Ridgewood (2)
Blauvelt, Harold, 46 Parker av., Maplewood (7)
Beasby, Charles B., 136 Passaic st., Garfield (2)
Bleiberg, Jacob, 565 Bergen st., Newark (7)
Bleick, Wm. D., 583 Prospect av., Maplewood (7)
Bleir, Louis, 332 Waverly av., Newark (7)
Blenkle, Victor A., 140 Chadwick rd., Teaneck (2)
Bloch, Harry, 200 E. Jersey st., Elizabeth (20)
Block, Marcus T., 177 Bloomfield av., Newark (7)
Block, Max, 48 N. Fullerton av., Montclair (7)
Block, Milton, 711 Chancellor av., Irvington (7)
Bloom, Lawrence H., 8 Market st., Phillipsburg (21)
Blum, Joseph M., 128 Mill st., Trenton (11)

Blumberg, A. William, New Egypt (15)
Blumberg, Jack, 504 Westminster av., Elizabeth (20)
Blythe, Rowland P., 30 Springfield av., Cranford (20)
Bobadilla-Riquelme,JuanE.,27E.Bl'ckw'll st.,D'v'r(14)
Bohl, Louis J., 320 Broadway, Paterson (16)
Bokor, Emery, 79 Shanley av., Newark (7)
Bolanowski, Kasimier J., 145 Marshall av., Eliz.(20)
Bonanno, Peter F., 518 35th st., N. Bergen (9)
Bongiorno, Henry D., 516 River st., Paterson (16)
Bono, Jos. J., Paris av., Northvale (2)
Bonynge, Henry A., 123 Prospect st., Ridgewood(16)
Bookstaver, B. S., 193 Norma rd., Teaneck (2)
Bookrajian, Edw. N., 5459 Blvd., N. Bergen (9)
Booth, Walter S., 318 Grier av., Elizabeth (20)
Booth, Wm. K., 304 William st., Boonton (14)
Boothby, I. Roland, Clinton (10)
Boozan, Wm. E., 1137 E. Jersey st., Elizabeth (20)
Bornstein, David, 372 21st st., Paterson (16)
Bornstein, Paul K., 415 S. Lake Drive, Belmar (13)
Borow, Benj., 507 Church st., Bound Brook (18)
Borow, Henry, 507 Church st., Bound Brook (18)
Borow, Louis S., 507 Church st., Bound Brook (18)
Borow, Maurice, 509 Church st., Bound Brook (18)
Borrella, Dominic D., 476 Hamilton av., Trenton (11)
Borrone, Milton G., 2695 Blvd., Jersey City (9)
Borshaw, Hyman, 108 Bentley av., Jersey City (9)
Borsher, Irving P., 255 Broad st., Bloomfield (7)
Bortone, Frank, 2765 Blvd., Jersey City (9)
Bosch, Taeke, Goffle Hill rd., Hawthorne (2)
Boselli, Emile H., 614 15th st., Union City (9)
Bossard, Harry B., R. D. No. 2, Phillipsburg (21)
Bossert, Chas. L., 4021 Atlantic av., Atlantic City(1)
Bostwick, Delazon S., CumberlandHotel,Bridget'n(6)
Bostwick, Wallace R., Main st., Blairstown (21)
Botbyl, Burt W., 927 Madison av., Paterson (16)
Botti, John A., 236 Summit av., Jersey City (9)
Bove, Joseph, 306 Lincoln av., Orange (7)
Bowens, Edward G., 126 Harrison av., Westfield(20)
Bowers, F. Clyde, Prospect st., Mendham (14)
Bowels, Harry H., 36 Woodland av., Summit (20)
Bowersox, Clarence A., 503 N. Broad st.,W'dbury(8)
Bowyer, Franklin F., 50 Gifford av., Jersey City (9)
Boyd, John B., 67 E. Front st., Red Bank (13)
Boyd, Robert P., 320 Spruce st., Garwood (20)
Boyer, Chas. G., Annandale (10)
Boyes, Jas. G., 744 Watchung av., Plainfield (20)
Boylan, Lawrence B., 630 Main st., Paterson (16)
Boysen, Theoshilus H., 100 Phila.st.,EggH'rb'rC'y(1)
Brackett, Elizabeth R., 371 Franklin av., Nutley (7)
Bradasch, George A., 169 Lec av., Haledon (16)
Bradford, Stella S., 16 Seymour av., Montclair (7)
Bradley, Robert A., 1616 Pacific av., Atlantic City(1)
Bradshaw, John H., 27 High st., Orange (7)
Brady, Thos. S., 678 Ave. C, Bayonne (9)
Brady, William A., 412 44th st., Union City (9)
Brakeley, Elizabeth, 71 Myrtle av., Montclair (7)
Bramble, Halsey S., Front & Chestnut sts.,Elmer(17)
Brancato, Peter, 17 Church st., Paterson (16)
Brandenberg, Leo W., 4260 Blvd., Union City (9)
Brandman, Otto, 83 Johnson av., Newark (7)
Branin, Howard S., 200 W. Main st., Millville (6)
Branon, Mark E., 76 Ames av., Rutherford (2)
Brasefield, Edgar N., 218 Chamber st., Phil'psb'g(21)
Brauer, Selig L., 234 Bergen av., Jersey City (9)
Braun, David C., 216 Spring st., Newton (19)
Braun, Gustav A., 391 Bergen st., Newark (7)
Braun, William, 4307 W. Maple av., Camden (4)
Braunstein, Sigmund C., 424 13th st., W. NewY'k(9)
Braunstein, Wm. P., 831 Blvd. E., Weehawken (9)
Bray, William E., 41 Elizabeth st., Pemberton (3)
Bregman, Alexander, 4 Dempsey av., Edgewater(2)
Brennan, Chas. L. S., 14 S. Br'dw'y, Gl'cester C'y (4)
Brennan, John P., 429 Cooper st., Camden (4)
Brennan, Ralph Jas., PlazaBldg.,Radburn-Fairl'n(2)
Brennock, Thos. McG., 3 Webster av., Jersey City(9)
Breslow, Alexander E., 930 Pierpont st., Rahway(20)
Breslow, Samuel, 157 Market st., Perth Amboy (12)
Brewer, William, 34 Cooper st., Woodbury (8)
Brevoort, Henry H., 54 Main st., Lodi (16)
Brick, Geo. J., 43 Cottage st., Jersey City (9)
Brien, William M., 449 Main st., Orange (7)
Briggs, Henry, 144 Harrison st., East Orange (7)
Brim, Anne J. S., Hotel Edgemere, East Orange (7)
Brindle, Harry, 501 Grand av., Asbury Park (13)
Brittain, Elmore G., 4 E. High st., Bound Br'k (18)
Broadnax, Mary E., 83 Lincoln Park, Newark (7)
Brodkin, Eva T., 365 Osborne ter., Newark (7)
Brodkin, Henry A., 365 Osborne ter., Newark (7)
Brody, Morton S., 75 Livingston av., N. Bruns. (12)
Brogan, Francis B., 84 Ward st., Paterson (16)
Brokaw, Christopher A., 1405 North av., Elizab'h(20)
Bromberg, Chas. B., 107 Lexington av., Passaic (16)
Brooks, George M., Cape May Court House (5)
Brooks, Sidney, 62 12th av., Paterson (16)
Brophy, Francis X., 55 Gifford av., Jersey City (9)
Brotman, Morton M., 90 Avon av., Newark (7)
Brown, Chester R., 22 Midland av., Arlington (7)
Brown, Chester T., Prudential Ins. Co., Newark (7)
Brown, Fred'k L., 67 Livingst'n av., N'wBruns.(12)
Brown, Harvey S., 5 Club pl., Freehold (13)
Brown, Harold W., 27 S. Fullerton av., Montcl'r (7)
Brown, J. Carlisle, 101 S. Indiana av., Atl. City (1)
Brown, John L., 647 Anderson av., Cliffside Park(2)
Brown, Kenneth G., 501 Asbury av., Asbury P'k(13)
Brown, Lawrence G., 173 Madison av., Elizabeth (20)
Brown, Lewis W., 160 Roseville av., Newark (7)
Brown, Richard J., 105 Ridgewood rd., So. Orange(7)
Brown, Stanley L., Glen av. & Locust, LaurelSpr.(4)
Brown, William H., 29 3rd st., Elizabeth (20)
Browning, W. Kempton,120N.C'ntre st.,M'rch'tv'le(4)
Browning, Wm. J., 134 N. Centre st.,M'rch'ntv'le(4)
Brozdowski, John J., 554½ Jersey av., Jersey C'y(9)
Bruder, A. J., 344 Fairmount av., Jersey City (9)
Bruning, Richard H., 435 Westm'nst'r av.,Eliza.(20)
Buchanan, Ralph M., 131 S. Main st., Phillipsb'g(21)
Buckley, J. L., 666 Franklin av., Nutley (7)
Buckley, Paul J., 159 Palisade av., Bogota (2)
Buckley, Richard T., Jr., Peddie Sch'l, Hightst'n(11)
Budd, J. Reuben, 379 Clifton av., Clifton (16)
Buermann, Robert, 206 Madison av., Lakewood (15)
Bugbee, Frederick C., 132 Sunset av., Verona (7)
Bull, Louis M., 92 Heller Pkwy., Newark (7)
Bull, Robert I., 531 W. Market st., Newark (7)
Bull, Wm. J., 98 Park st., Montclair (7)
Bullen, Victor E., 148 Hamilton av., Paterson (16)
Bullwinkel, Fred'k,Oc'nBlvd.&4th av.,Atl.Highl'ds(13)
Bunnell, Frederick N., Barnegat (15)
Bunting, P. DuBois, 712 N. Broad st., Elizabeth (20)
Burbidge, John R., McCosh Inf.,Pr.Univ.,Prnctn.(11)
Burke, Leonard P., 30 Lakeside av., Verona (7)
Burke, Stephen E., 210 First av., Newark (7)
Burkett, John P., 215 Delaware st., Woodbury (8)
Burkett, Wendell J., 16 W. Holly av., Pitman (8)
Burne, John J., 17 Gould av., Newark (7)
Burnett, Chas. B., 109 Main st., South River (12)
Burns, Edward L., 269 Broad st., Newark (7)
Burns, Geoffrey C. H., C'ntry rd.&So.st.,Dem'r'st(2)
Burns, Wilmer F., 267 White Horse Pk.,Audubon(4)
Burpeau, Wm. P., 144 Harrison st., East Orange (7)
Burritt, Norman W., 30 Beechw'd rd., Summit (20)
Burroughs, Edmund W., 701 W. State st.,Tr'nt'n(11)
Busansky, Samuel T., Circle Drive, Browns Mills(3)
Busch, Herman, 38 Johnson av., Newark (7)
Bush, Archer C., 40 Union st., Montclair (7)
Bush, Ralph K., 131 E. Park av., Merchantville (4)
Busicco, Philip S., 131 Liberty rd., Englewood (2)
Butcher, Charles, Heislerville (6)
Butenas, Jos. J., 300 1st av., Elizabeth (20)

Butler, Eustace C., 249 Bloomfield av., Caldwell (7)
Butler, Vincent, 33 Bentley av., Jersey City (9)
Butterfield, A. A., 657 Main av., Passaic (16)
Buvinger, Chas. W., 50 Washington st., E. Or. (7)
Buzby, B. Franklin, 414 Cooper st., Camden (4)
Byck, Louis, 114 Lyons av., Newark (7)
Byer, M. Yale, 827 E. State st., Trenton (11)
Byrne, James A., 181 South st., Morristown (14)

ASSOCIATE MEMBERS

Balogh, Wm. A., 315 Dunellen av., Dunellen (12)
Bancone, Albina V., 545 N. 7th st., Newark (7)
Barrett, John E., 635 Summer av., Newark (7)
Bernstein, Arthur, 330 Belmont av., Newark (7)
Biunno, Anthony J., 53 Finlay pl., Newark (7)
Bolton, Bernard, 291 Osborne ter., Newark (7)
Bowman Ned O., 1001 George's rd., New Bruns. (12)
Buckley, Richard F., 1106 Bloomfield st., Hoboken(9)
Burns, Joseph R., 46 S. Olden av., Trenton (11)
Burstein, Frank, 402 Clinton av., Newark (7)
Burt, Con A. V., 5 Pangborn pl., Hackensack (2)
Byrnes, Elizabeth W., 142 Clinton av., Newark (7)
Bythewood, Alton E., Jr., 145 W.Market st.,Nwk.(7)

ACTIVE MEMBERS

Cacciarelli, Robert A., 517 Roseville av., Newark (7)
Caggiano, Anthony P., 137 Grove st., Montclair (7)
Caggiano, John D., Pennsgrove (17)
Cahill, Laurence A., 361 Lafayette st., Newark (7)
Calasibetta, Chas. Jas., 37 Longfellow av.,Newark(7)
Caldroney, Thos. Leo, 66 Bergen av., Ridgef'dP'k(2)
Caldwell, Donald Marion, Pruden. Ins.Co.,Newark(7)
Caldwell, Julius Alex., 45 S. M'ntain av.,Mntclr. (7)
Callahan, Edward J., 124 St. Paul st., Westfield (20)
Callery, Wm. T., 10 Columbia ter., Weehawken (9)
Calvert, Wm. Clinton, 210 Central av., Orange (7)
Calvin, Chas. H., 80 Commerce st., Perth Amboy(12)
Camche, Leo J., 250 Renner av., Newark (7)
Cameron, Clarence P., 401 Atlantic av., Ocean C'y(5)
Cameron, Edwin Alga, 186 S. Burnett st., E. Or. (7)
Campbell, Jas. Melvin, 101 S. C'ntr'l av.,Ramsey(2)
Campbell, Wm. 144 Harrison st., East Orange (7)
Campbell, Wm. King, 96 3rd av., Long Branch (13)
Candio, Vincent, 347 Ridge rd., Lyndhurst (2)
Cannon, Edward A., 5360 Hudson Blvd., N.Bergen(9)
Canright, Cyril Markham, 34 Spr'gf'd av.,Cr'nf'd(20)
Cantini, Raphael S., 147 E. 7th st., Plainfield (20)
Carabelli, A. Albert, 306 Hamilton av., Trenton (11)
Carberry, Edw. T., 67 S. Main st., Wharton (14)
Carbone, Francesco, 157 Hunterdon st., Newark (7)
Card, Chas. F., 100 W. Milton, Rahway (20)
Cardinale, Pasquale F., 654 E. Jersey st., Eliza. (20)
Cardwell, Edgar Parmele, 47 Central av., Newark(7)
Carey, David Stuart, 11 E. Main st., Freehold (13)
Caridi, Salvatore, 465 Bergenline av., W. NewY'k(9)
Carlander, Oswald R.,1972Br'wning rd.,M'rch'tv'le(4)
Carlisle, Jas. Mallory, Merck & Co., Rahway (20)
Carlisle, John Howe, 129 Prospect st., Passaic (16)
Carlough, David J., 426 Ellison st., Paterson (16)
Carlucci, Angelo M., 57 E. Blackwell st., Dover (7)
Carman, Fletcher Freeman, 31 Lincoln P'k,Nwk.(7)
Carmona, L. Roberto, 141 Wood st., Tuckerton (15)
Carpenter, Cedric C., 129 Summit av., Summit (20)
Carpenter, Wm. H., 39 Aberdeen pl., Woodbury (8)
Carr, Mary Bynner, 1 Astor pl., Jersey City (9)
Carrigan, Francis P., 228 Franklin av., Nutley (7)
Carrington, Wm. John, 905 Pacific av., Atl. City(1)
Carroll, C. Walter, 117 Centre st., Trenton (11)
Carroll, Thomas R., 754 Anders'n av.,CliffsideP'k(2)
Carroll, William V., 211 Academy st., Trenton (11)
Carsley, Sidney Hopkins, 16 Alden st., Cranford(20)
Carter, Joseph F. S., 142 Atkins av., Asbury P'k(13)
Cartnick, Louis, 228 Hillcrest av., Wood Ridge (2)
Caruso, Paul Felix, 196 Hackens'k st., WoodRidge(2)
Casale, John B., 359 Bloomfield av., Newark (7)
Casilli, Arturo R., 618 Newark av., Elizabeth (20)
Casselman, Arthur Jay, 301 N. 2nd st., Camden (4)
Catanzaro, Francesco, 151 Jefferson st., Passaic(16)
Cater, Douglas A., 57 S. Harrison st., EastOrange(7)
Cella, Chas. F., 335 Hamilton av., Trenton (11)
Cerone, Daniel M., 309 1st av., Newark (7)
Cestone, Canio, 521 Pompton av., Cedar Grove (7)
Chalfant, Wm. P., Jr., 7003 Ventnor av., Ventnor(1)
Chamberlain, Aims R., 30 Lenox pl., Maplew'd (7)
Chamberlain, Richard R., 30 Lenox pl., Maplew'd(7)
Champlin, Paul M., 43 S. Arlington av., E. Or. (7)
Chapman, Ellis Jeakings, 203Danforth av.,Jer.C'y(9)
Chapman, Otis Peyton, 125 Broad st., Elizabeth (20)
Chapman, Robt. W., 835 Bergen st., Newark (7)
Chapnick, Maurice M., 117 Paterson st.,Paterson(16)
Charlton, C. Coulter, 124 S. Illinois av., Atl. City (1)
Chase, Kalman, 591 N. Maple av., Hohokus (2)
Chase, Wm. E., 585 Main st., Passaic (16)
Chayes, Sydney, 980 Ave. C, Bayonne (9)
Cherry, Homer N., Valley View Sana., Paterson (16)
Chesner, Wm. A., 1111 Hamilton av., Trenton (11)
Chesler, Maurice, 124 W. Broadway, Salem (17)
Chester, Saul Wm., 634 Broadway, Paterson (16)
Chew, Elisha C., 603 Pacific av., Atlantic City (1)
Chianese, C. Chester, 464 Hamilton av., Trenton (11)
Chiger, Alexander S., 621 High st., Newark (7)
Childers, Robert Jefferson, 604 Park av., Plainf'd(20)
Chilton, ForrestS.,Nwk.-P'mpt'nTnpk.,P'mpt'nPl.(16)
Chimacoff, Hyman, 171 Elizabeth av., Newark (7)
Chipley, Bascomb L., Valley ViewSana.,Paters'n(16)
Chmelnik, Abraham G., 299 Clinton av., Newark (7)
Chrisman, Irving, 408 Ellison st., Paterson (16)
Christensen, Alex. H., Lebanon (10)
Christian, Henry A., 111 Fairview av., JerseyCity(9)
Church, Franklin, 86 W. Broadway, Salem (17)
Ciccone, Anthony C., 389 Grand st., Paterson (16)
Ciliberti, Frank J., Jr., 713 S. 5th st., Camden (4)
Clarie, D'Arcy C., 558 Broad av., Ridgefield (2)
Clark, Alice L., 206 W. State st., Trenton (11)
Clark, Chas. Eugene, N. J. State Hosp., Trenton (11)
Clark, Ernest W., 209 Haddon av., Westmont (4)
Clark, Frank G., White House Station (10)
Clark, John Clifford, 404 Asbury av., Asbury P'k(13)
Clark, J. Henry, 108 Orange rd., Montclair (7)
Clark, Solon W., 152 S. No. Car'lina av.,Atl.City(1)
Clarke, Edward W., 435 Warwick av.,W.Englew'd(2)
Clarke, Francis M., 116 New st., New Brunsw'k (12)
Clarken, Jos. A., 43 Lincoln Park, Newark (7)
Claus, C. Hermann, 776 So. 19th st., Newark (7)
Clay, Thomas Arthur, 351 Totowa av., Paterson (16)
Clayton, John C., 73 W. Main st., Freehold (13)
Cleary, Joseph P., Minotola (1)
Clement, Baxter L., 31 Lincoln Park, Newark (7)
Clement, John Berton, 209 Warren st., Beverly (3)
Clement, Lavinia B., 124KingsH'wayW.,H'dd'nf'd(4)
Clippinger, Richard D., 606 Landis av., Vineland (6)
Clock, Ralph O., 20 Ridgecrest W., Scarsdale,N.Y.(2)
Close, Byron H., Hamburg Trnpk., Bloomingdale(16)
Closson, Edward W., 2 Main st., Lambertville (10)
Cloud, Albert W., 109 E. Palisade av., Englewood(2)
Cobham, James L., 78 Brinkerhoff st., Jer. City (9)
Cochrane, Cleland D., Main st., Closter (2)
Coe, Richard, 156 Clinton av., Newark (7)
Coffin, Henry F., 433 Mt. Prospect av., Newark (7)
Cogan, Henry, 128 Carroll st., Paterson (16)
Coghlan, Jasper, 17 Academy st., Newark (7)
Cohen, Chas. C., 217 W. Hanover st., Trenton (11)
Cohen, Herman, 489 Jersey av., Jersey City (9)
Cohen, Herman, 1301 Hamilton av., Trenton (11)
Cohen, Herman N., 714 Park av., Hoboken (9)
Cohen, I. Elvin, 561 Elizabeth av., Newark (7)
Cohen, Julian, 475 Park av., Paterson (16)

Cohen, Louis, 211 Main st., Passaic (16)
Cohen, Maurice, 106 Valley rd., Montclair (7)
Cohen, Max, 9 Franklin pl., N. Arlington (7)
Cohen, Meyer Jonas, 118 Johnson av., Newark (7)
Cohen, Meyer Marvin, 137 Graham av., Paterson(16)
Cohen, Nathan B., 232 State st., Perth Amboy (12)
Cohen, Oscar H., 115 Church st., Boonton (14)
Cohen, Paul, 218 State st., Camden (4)
Cohen, Samuel A., 112 Mercer st., Jersey City (9)
Cohen, Sidney L., 20 Avon av., Newark (7)
Cohen, Sidney Peck, 512 Franklin av., Nutley (7)
Cohen, Wm., 1007 Greenwood av., Trenton (11)
Cohn, Hermann, 393 Clinton av., Newark (7)
Cohn, Isidor, 231 Lexington av., Passaic (16)
Cohn, Royal M., 740 Clinton av., Newark (7)
Colby, Maxwell Xavier, 287Westwood av.,L'gBr.(13)
Cole, Lewis F., 242 Broadway, Passaic (16)
Cole, Walter H., Jr., 116 Chilton st., Elizabeth (20)
Coleman, A. H., Clinton (10)
Coleman, Joseph G., Hamburg (19)
Collier, Martin H., 618 Benson st., Camden (4)
Collier, Wm. S., 1000 S. Broad st., Trenton (11)
Collins, Henry J., 1160 Hamilton av., Trenton (11)
Collins, James J., 116 Main st., Woodbridge (12)
Collins, Laurence M., Greystone Park (14)
Colsh, LeRoy L., 612 Ridgewood rd., Maplewood (7)
Colton, Ethan T., Jr., 31 Park st., Montclair (7)
Comando, Harry N., 690 Clinton av., Newark (7)
Comeau, George W., 415 Speedwell av.,Mor.Pl'ns(14)
Comfort, John B., 50 S. Clinton av., Trenton (11)
Comunale, Anthony R., 1709 Irving st., Rahway(20)
Conaway, Walt P., 1723 Pacific av., Atlantic City (1)
Condon, John Francis, 686 Mt. Prosp't av., New'k(7)
Conlon, Philip, 25 James st., Newark (7)
Connamacher, Harold S., 671 Springf'd av.,New'k(7)
Connell, Emmet J., 227 Blvd., Jersey City (9)
Connell, John 977 Summit av., Jersey City (9)
Connell, John N., 26 Charlton av., Jersey City (9)
Connelly, John A., 212 W. State st., Trenton (11)
Connolly, John J., 180 Ballantine Pkwy.,Newark(7)
Connolly, Richard N., City Hospital, Newark (7)
Connolly, Thos. Vincent, 56Hamilton st.,Paters'n(16)
Connolly, Thos. W., 921 Bergen av., Jersey City (9)
Connor, Clarence A., 1586 Center av., Fort Lee (2)
Conover, Ellsworth E.,267Madison av.,Hasbr'kHt.(2)
Conty, Anthony J., 318 48th st., Union City (9)
Conway, James V., 428 Emerson av., Elizabeth (20)
Cook, Hugh F., 21 Roseville av., Newark (7)
Cooke, Wm. H., 303 Main st., East Orange (7)
Cooley, R. L., Dunellen (18)
Cooper, Howard M., 37 Ridge rd., Rutherford (2)
Cooper, Irving J., 116 Livingston av.,NewBruns.(12)
Cooper, J. Howard, East Millstone (18)
Cooperman, Wm., 647 Market st., Newark (7)
Copleman, Hyman B., 50 Liv'gston av.,NewBrns.(12)
Coplin, Geo. J., 510 E. Jersey st., Elizabeth (20)
Coppola, Edward A., 22 Garretsee pl., Clifton (16)
Coppoletta, Jos. M., 452 Palisade av., CliffsideP'k(2)
Corbusler, Harold D., 614 Park av., Plainfield (20)
Corio, Geo. Albert, 307 S. Clinton av., Trenton (11)
Corn, David, 119 Park st., Ridgefield Park (2)
Cornish, Charles H., 673 Prospect st., Maplew'd (7)
Cornwell, Alfred, 265 N. Laurel st., Bridgeton (6)
Corpening, Flave H., Park av., Laurel Springs (4)
Corrigan, Patrick H., 1720 S. Broad st., Trenton (11)
Corson, Allen, 824 Wesley av., Ocean City (5)
Corson, Elton S., 133 E. Commerce st., Bridgeton(6)
Corson, Filbert R., 101 S. Indiana av., Atl. City (1)
Corson, Kenneth E., 25 S. Myrtle st., Vineland (6)
Cortese, Alvin E., 26 Ward st., Paterson (16)
Cosgrove, Samuel A., 254 Union st., Jersey City (9)
Costabile, Vincent, 150 Ridge rd., Lyndhurst (2)
Costello, Wm. Francis, 55 W. Bl'kwell st.,Dover(14)
Cotton, Norman T., 219 Graham av., Paterson (16)
Cottone, Rosario J., 683 Princeton av., Trenton (11)
Cottrell, Judson G., 159 Market st., P. Amboy (12)
Coughlan, Ella A., 10 Oakwood av., Orange (7)
Coughlin, Frank J., 11 Magnolia av., Arlington (7)
Coughlin, John P., 160 Wegman Pkwy., Jer. City(9)
Coultas, Aldo B., 1 Madison av., Madison (14)
Cowlbeck, Harry D., 224 W. State st., Trenton (11)
Cox, Harold C., 208 Stockton st., Hightstown (11)
Cox, John C., 55 Woodland rd., Maplewood (7)
Cox, John R., 37 W. Main st., Pennsgrove (17)
Cox, Wm. W., 79 S. Fullerton av., Montclair (7)
Coxson, Harold P., Laurel rd., Stratford (4)
Crabtree, Loren H., 142 Bellevue st., Elizabeth (20)
Cracco, Fred'k A., 51 Palisade av., Union City (9)
Craig, Henry A., 315 William st., Somerville (18)
Crain, W. Eldridge, 43 Curtis av., Woodbury (8)
Crandall, John K., 200 Main st., Fort Lee (2)
Crane, Bernard, 306 Pacific av., Atlantic City (1)
Crane, Chas. G., 78 Farley av., Newark (7)
Crane, Norman T., 147 E. 7th st., Plainfield (20)
Craster, Chas. V., Plane & William sts., Nwk. (7)
Crawford, Georgina U., 28 Carnegie av., E. Or. (7)
Crawford, John Wesley, Main st., Lebanon (18)
Crecca, Anthony D., 76 Second st., Newark (7)
Crecca, Wm. D., 111 Park av., Newark (7)
Cremens, John F., 144 Carroll st., Paterson (16)
Crist, Walter A., 725 Collings av., W. Col'gsw'd (4)
Cronin, Francis J., 730 South st., Elizabeth (20)
Cropper, Chas. W., 2595 Hudson Blvd., Jersey C'y(9)
Cropsey, Chas. D., 168 Chestnut st., Rutherford (2)
Crossfield, Henry C., 144 Harrison st., E. Orange (7)
Crounse, David R., 84 Broadway, Passaic (16)
Crowe, Aldrich C., 735 Atlantic av., Ocean City (5)
Crowley, Joseph W., 4005 Westfield av., Camden (4)
Crowley, Leo F., 148 Belmont av., Jersey City (9)
Cryder, Millard, Cape May Court House (5)
Crystell, Edward H., 4 Hawthorne av., Nutley (7)
Culver, Geo. M., 25 Glenwood av., Jersey City (9)
Culver, Samuel H., 75 Magnolia av., Jersey City (9)
Cummins, Geo. W., 202 Mansfield st., Belvidere (21)
Cunningham, Chas., 7th & Wood sts., Vineland (6)
Currie, Norman W., 508 Central av., Plainfield (20)
Curry, Marcus A., Greystone Park (14)
Curtis, Arthur W., 144 S. Harrison st., E. Orange (7)
Curtis, Austin M., Jr., 445 Van H'ten st., P't'rs'n(16)
Curtis, Donald A., 241 Union st., Hackensack (2)
Curtis, Elbert A., 65 Central av., Newark (7)
Curtis, Frank W., Stewartsville (21)
Curtis, Grant P., 312 36th st., Union City (9)
Curtis, Howard C., 129 Chester av., Moorestown (3)

ASSOCIATE MEMBERS

Calligaro, Egildo A., 75 Clifton av., Clifton (16)
Carr, Alexander M., S. Main st., Metuchen (12)
Ciarla, Filimeno P., 94 Mountain V'w rd.,Millburn(7)
Coca, Arthur F., 425 Grant av., Oradell (2)
Cohen, Samuel, Medical Center, Jersey City (9)
Cohen, Sidney A., 283 Clinton av., Newark (7)
Colonna, Paul C., 89 Booth av., Englewood (2)
Cotton, Henry A., Jr., 192 W. State st., Trenton (11)
Cunningham, Joel B., 31 N. Main st., Pennington(11)

ACTIVE MEMBERS

D'Acierno, Pellegrino A., 346 Palisade av., Un.C'y(9)
D'Agostin, Henry, 243 Fulton ter., Cliffside (2)
D'Agostini, Alfred J., 41 Columbia av., Newark (7)
Dahlquist, Ralph M., 430 Union st., Hackensack (2)
Dalton, Simon E., 117 S. Illinois av., Atlantic C'y(1)
Daly, Edward J., 921 Bergen av., Jersey City (9)
Dandois, Geo. Fr'klin, 220 E. Wildw'd av.,Wildw'd(5)
Dane, Chas., 61 Scotland rd., South Orange (7)
Dane, John, 61 Scotland rd., South Orange (7)
Danielson, John J., 65 Fulton st., Weehawken (9)
Danzis, Max, 31 Lincoln Park, Newark (7)
D'Arcy, Walter E., 545 E. State st., Trenton (11)
Darden, Walter T., 149 W. Kinney st., Newark (7)
Darlington, Emlen P., New Lisbon (3)
Daron, Simeon, 31 Lincoln Park, Newark (20)
Davenport, Irwin P., 194 W. State st., Trenton (11)
Davenport, Peter B., 764 S. Orange av., Newark (7)
Davey, Thomas N., 41 West 33rd st., Bayonne (9)
Davidson, Edwin N., 102 Elm st., Linden (20)
Davidson, Harold S., 101 S. Indiana av., Atl. C'y (1)
Davidson, Henry A., 31 Lincoln Park, Newark (7)
Davidson, Louis L., 31 Lincoln Park, Newark (7)
Davidson, Maurice M., 128 E. Grant av., Ros.P'k(20)
Davies, George A., 53 Front st., Elmer (6)
Davies, Geo. W., 35 Fairview av., Verona (7)
Davis, A. Hobson, Paterson Gen. Hosp.,Paterson(16)
Davis, Albert B., 511 Cooper st., Camden (4)
Davis, Elbert V., 63 Mill st., Vincentown (3)
Davis, Feltz C., 129 Summit av., Summit (20)
Davis, Harold L., 178 W. State st., Trenton (11)
Davis, Jacob M., 1400 High st., Burlington (3)
Davis, John E., Jr., N. J. State Hosp., Trenton (11)
Davis, John Stannard, 527 Cooper st., Camden (4)
Davis, Stanton H., 212 E. 7th st., Plainfield (20)
Davis, Thomas C., 30 Old Short Hills rd., Millb'n(7)
Davis, William John, 144 Harrison st., E. Orange(7)
Davis, Wm. C., 109 S. Portland av., Atlantic City (1)
Davison, C. Spencer, 7 Chestnut st., Salem (17)
Davison, Royden W., 205 W. State st., Trenton (11)
Davison, Wilbur S.,Pittf'dst.&Salem rd.,Pennsv'le(17)
Dawson, Harry, 618 E. 24th st., Paterson (16)
Day, Grafton E., Frazier & N. J. avs.,Collingsw'd(4)
Day, Hayward F., 37 Craig pl., N. Plainfield (18)
Day, Samuel T., Port Norris (6)
Day, Willis B., 407 E. 7th st., Plainfield (20)
Dayton, Spencer T., 86 Demarest av., Englew'd (2)
Deary, Louis E., 88 West 39th st., Bayonne (9)
DeBell, Peter J., 239 Burgess pl., Passaic (16)
DeBiaso, Cornelius V., 9 W. Park pl., Rutherf'd (2)
DeCesare, Ferdinand J., 500 Walnut st., Ros. P'k(20)
Decker, Chas. T., 275 Orchard st., Westfield (20)
Decker, Henry B., 527 Penn st., Camden (4)
Decker, John G., 216 Blvd., Hasbrouck Heights (2)
deFreitas, Clement, 423 W. 4th st., Plainfield (20)
DeFronzo, Morando, 180 Fairmount av., Newark (7)
DeFuccio, Chas. P., 47 Glenwood av., Jersey City (9)
De Fusco, G. Thos., 330 Newark av., Jersey City (9)
Degenhardt, Ira H., 51Livingston av.,NewBruns.(12)
DeGrace, Francis H., 344 Gregory av., Passaic (16)
deHellebranth, Roland T.,104S.Fr'kf't av..Ventn'r(1)
Deibert, Irvin E., 618 Benson st., Camden (4)
Deich, Samuel R., 162 Lexington av., Passaic (16)
Deichman, Chas. H., 39 Elm st., Morristown (14)
Deignan, Wm. L., 257 Dodd st., East Orange (7)
Deitz, Joseph R., 320 Centre st., Trenton (11)
Delario, Anthony, 294 Broadway, Paterson (16)
Del Deo, Nicholas V., 49 State st., Newark (7)
Del Duca, Vincent, 406 Cooper st., Camden (4)
Del Guercio, Olindo, 365 Bloomfield av., Newark (7)
Del Mauro, Alphonse, 417 21st av., Paterson (16)
Demarest, J. Willis, 124 Elm av., Hackensack (2)
De Mattia, Michael, 18 Ward st., Paterson (16)
Dembinski, Thos. H., 1238 S. Clinton av., Trent'n(11)
DeMeritt, Chas. L., 1225 Bloomfield st., Hoboken(9)
De Michele, Roland V., 359 Clifton av., Newark (7)
Denbo, Elic A., 854 Haddon av., Camden (4)
Denelsbeck, Julius O., 878 E. State st., Trenton (11)
Denes, Oscar, 402 Centre av., Nutley (7)
Dengler, Henry, 260 Morris av., Springfield (20)
Denig, Ralph D., 370 State st., Hackensack (2)
DePalma, Anthony Fredk., 242 Clifton av., New'k(7)
dePons, Isabel S. C., 501 Grand av., Asbury P'k (13)
Derivaux, John August, 103 Clinton av., Newark(7)
De Rosa, Armand, 290 Union Blvd., Totowa Bor.(16)
De Rosa, John, 150 Fair st., Paterson (16)
Dershimer, Fred'k W., 546 Bergen av., Jer. City (9)
DeSanto, Anthony M., '377 Essex st., Hackens'k(2)
Desmet, Victor F., 324 Broadway, Paterson (16)
Deutel, Oscar R., 283 Franklin st., Bloomfield (7)
Deutsch, Nathan S., 300 W. 7th st., Plainfield (20)
De Vincentis, Henry, 285 Henry st., Orange (7)
Devlin, Frank, 617 Broadway, Newark (7)
Devlin, Hugh J., 72 Thomas st., Newark (7)
Dewis, Edwin G., 763 Broad st., Newark (13)
De Yoe, Leon E., 602 Broadway, Paterson (16)
Dezer, Chas. N., Jr., 210 Main st., Hackensack (2)
Diamond, David Irving, Oceanp't av., Oceanport (13)
Diamond, Jos. G., 512 W. Front st., Plainfield (20)
Dias, Joseph L., 17 Lombardy st., Newark (7)
Dickson, John D., 202 Larch av., Bogota (2)
Dieffenbach, Richard H., 570 Mt. Prosp't av.,Nwk.(7)
Dieker, Howard, 78 Main st., South River (12)
DiFino, Felix J., 88 Jefferson st., Newark (7)
DiGiacomo, Wm. H., 161 Hunterdon st., Newark (7)
DiIelsi, Anthony J., 1013 S. 5th st., Camden (4)
Dilger, Frederick G., 210 Main st., Hackensack (2)
Dillingham, Willis I., 431 15th st., West NewYork(9)
Dimun, John T., 960 S. Broad st., Trenton (11)
Dinge, Ferdinand Chas., 67 S. Munn av., E. Or. (7)
Dingman, Norman M., 330 Broadway, Paterson (16)
Disbrow, G. Ward, Overlook Hosp., Summit (20)
Diskan, Sam'l Morris, 1904 Pacific av., Atl. City (1)
Disler, Louis, 30 Bergen av., Jersey City (9)
Diverty, Henry B., Woodbury (8)
Dodd, Edward L., 157 Forest st., Belleville (7)
Dodd, Wm. E., Ocean st. & Bay av., BeachHaven(15)
Dodson, Louis W., 592 Jersey av., Jersey City (9)
Doggett, Edwin H., 916 Park av., Plainfield (20)
Donahue, Wm. J., 71 S. 9th st., Newark (7)
Donnelly, Joseph P., 1 Madison av., Jersey City (9)
Donnelly, Jos. E., St. Joseph's Hosp., Paterson (16)
Donnelly, William A., 60 N. Hartford av., Atl. C'y(1)
Donohoe, Lucius F., 140 West 8th st., Bayonne (9)
Donovan, Joseph, Greystone Park (14)
Doody, Wm. M., 19 Bentley av., Jersey City (9)
Doran, Ralph J., 200 11th st., Hoboken (9)
Doran, Wm. G., 921 Bergen av., Jersey City (9)
Doranz, Harold K., 491 Centre st., Trenton (11)
Doremus, Widmer E., 375 Mt. Prospect av.,New'k(7)
Dorn, Elliott I., 267 Vassar av., Newark (7)
Dougherty, Daniel D., 1006 Garden st., Hoboken (9)
Douglass, Stephen A., Valley ViewSan.,Paters'n(16)
Douglass, William C., 15 Olcott av.,Bernardsville(14)
Dow, Robert F., 272 Park av., Paterson (16)
Dowd, Ambrose F., 239 Broadway, Newark (7)
Downs, Elwood E., 509 N. Broad st., Woodbury (8)
Downs, Roscius I., 40 Scott st., Riverside (3)
Draesel, Charles, 5681 Hudson Blvd., No. Bergen (9)
Dragonetti, Elvige N., 177 Clifton av., Newark (7)
Drake, Daniel E., Union Valley rd., Newf'ndl'd (16)
Drake, Leo B., 47 Main st., Franklin (19)
Drake, Paul F., 85 Summit av., Phillipsburg (21)
Dranow, Paul, 233 Franklin av., Nutley (7)
Dresel, Irmgard, Far Hills (21)
Dreskin, Jacob L., 172 Lyons av., Newark (7)
Drezner, Henry L., 507 S. Warren st., Trenton (11)
Driscoll, Chas. D., 6 White HorsePk.,Hadd'nHgts.(4)

Drury, Alfred J., 268 E. 3rd av., Roselle (20)
DuBois, Morris G., 769 High st., Newark (7)
duBusc, Lawrence C. V., 399 Westfield av., Eliza.(20)
Dukes, Howard R., 220 Kearny av., Kearny (9)
Dulin, Everett V., 144 Harrison st., E. Orange (7)
Duncan, Owsley Bennett, 606 E.26th st.,Paterson(16)
Dundon, Arthur H., 135 Somerset st., N. Pl'nf'd(18)
Dunn, H. Irving, 610 Salem av., Elizabeth (20)
Dunn, John Samuel, 75 Market st., Salem (17)
Dunn, Theodore B., 395 Franklin st., Bloomfield (7)
Dunning, Walter L., 533 River st., Paterson (16)
Durant, Harold J., 485 Park av., Paterson (16)
Durham, Robert B., 130 S. Illinois av.,AtlanticC'y(1)
Durham, Royal E., 130 S. Illinois av., Atl. City (1)
Durrah, Fred F., 310 Plainfield av., Plainfield (20)
Dwoyer, Leon C., 420 North Wood av., Linden (20)
Dwyer, Henry E., 261 Madison av., Passaic (16)
Dwyer, Wm. A., 331 Park av., Paterson (16)
Dyer, Edward H., 102 S. Victoria av., Ventnor (1)

ASSOCIATE MEMBERS

D'Addario, Anthony R., 108 Broadway, Newark (7)
D'Angelo, Jos. C., 330 Wash'gton av., Belleville (7)
Dean, Guy K., Jr., 474 Stuyvesant av., Trenton (11)
Della Fera, Lucien F., 206 First av., Newark (7)
Denberg, Hyman S., 307 Peshine av., Newark (7)
Denison, Ward C., 123 Prospect st., Ridgewood (2)
De Troia, Frederick C., 40 12th av., Newark (7)
Di Norcia, Joseph, 451 N. 7th st., Newark (7)
Dunham, Malcolm M., 88 Grove av., Woodbridge(12)

ACTIVE MEMBERS

Eagleton, Wells P., 15 Lombardy st., Newark (7)
Eames, William N., 1871 Pennington rd.,Trenton(11)
Earp, Ruth, 15 Olcott av., Bernardsville (14)
Eason, Samuel W., 48 DeForest av., Summit (20)
East, Isaac C., State Home, Jamesburg (12)
Eaton, Arthur T., 201 4th av., Haddon Heights (4)
Ebenfeld, Samuel W., 344 High st., Newark (7)
Ebner, Paul G., 719 Cooper st., Camden (4)
Echikson, Joseph I., 845 S. 12th st., Newark (7)
Eckert, Walter L., 720 Shore rd., Somers Point (1)
Eckhardt. Ralph A., 50 GreenVillage rd.,Madison(14)
Epler, Don Agard, 45 Hillside av., Newark (7)
Eddy, Lester R., 40 Bank st., Sussex (19)
Edelberg, Sidney S., 403 E. High st., B'd Brook (18)
Edelen, James J., 280 S. Clinton st., E. Orange (7)
Edelson, Samuel, 1141 Corlies av., Neptune (13)
Edgar, Joseph A., 71 Congress st., Jersey City (9)
Edgar, Malcolm S., 129 Summit av., Summit (20)
Edlkraut, Edward C., 129 Highland av., Passaic (16)
Edwards, James B., 350 Engle st., Englewood (2)
Edwards, Lena F., 358 Pacific av., Jersey City (9)
Ehrenfeld, Edward, 185 Lexington av., Passaic (16)
Ehrenfeld, Irving, 185 Lexington av., Passaic (16)
Ehrlich, Max, 379 Elmora av., Elizabeth (20)
Eigen, Louis A., 511 Valley rd., W. Orange (7)
Ein, Wm. B., 31 Lincoln Park, Newark (7)
Eisenberg, David S., 31 Lincoln Park, Newark (7)
Ekings, Frank P., 221 Broadway, Paterson (16)
Elias, Elmer J., 474 Greenwood av., Trenton (11)
Ellenson, Solomon S., 601 Bangs av., Asbury P'k(13)
Elliott, Frazier J., 10 N. 2nd st., Hammonton (1)
Ellis, Alexander, 513 Broadway, Camden (4)
Ellis, Arthur J., 282 Broad st., Newark (7)
Ellis, Moury I., 177 S. Clinton st., East Orange (7)
Ellmers, Basil J., 30 New Milf'd av., New Milford(2)
Elsasser, Theodore H., 906 Park av., N. Bergen (9)
Elwell, Alfred M., 407 Cooper st., Camden (4)
Ely, Lancelot, 128 W. High st., Somerville (18)
Emerson, Linn, 310 Main st., Orange (7)
Englander, Charles, 41 Hillside av., Newark (7)
Engelhart, Ferdinand K., 701 St'ves't av.,Tr'nt'n(11)
Emmer, S. Wolfe, 31 Lincoln Park, Newark (7)
English, John T., 681 Stuyvesant av., Irvington (7)
English, Samuel B., Glen Gardner (10)
Epstein, Harry B., 31 Lincoln Park, Newark (7)
Epstein, Rubie, 606 Perry st., Trenton (11)
Epstein, Wm. Michael, 31 Lincoln Park, Newark(7)
Erler, Eugene W., 360 Irving av., So. Orange (7)
Ernest, Richard B., 240 W. State st., Trenton (11)
Ervin, Millard B., 572 Prospect st., Maplewood (7)
Essertier, Edward P., 275 State st. Hackensack (2)
Esty, Geoffrey W., 629 E. Broad st., Westfield (20)
Etheridge, Charles H., 433 Prospect st., E.Orange(7)
Evans, David P., 144 Harrison st., E. Orange (7)
Evans, Edgar E., 12 Ziegler ter., Pennsgrove (17)
Evans, James L., 893 Park av., North Bergen (9)
Evans, Winborne D., 2704 Westfield av., Camden (4)
Ewart, Eli Wilson, 138 Ferris pl., Westfield (20)
Ewens, Arthur E., 3600 Pacific av., Atlantic City (1)
Ewing, Harvey M., 31 Trinity pl., Montclair (7)
Ewing, Leslie H., 10 Broad st., Berlin (4)
Eynon, Harold K., 579 Haddon av., Collingsw'd (4)

ASSOCIATE MEMBERS

Ehrlich, Wm. E., 31 Lincoln Park, Newark (7)
Eichler, Bernard B., 159 Bellevue av., Up. Mntclr.(7)
Eisenberg, Harry, 473 Washington av., Belleville (7)

ACTIVE MEMBERS

Faber, Edward, 154 Berger av., Jersey City (9)
Fabian, Paul L., 520 Princeton av., Trenton (11)
Facciolo, Francesco, 562 Blvd., Bayonne (9)
Fadden, F. J., Jr., 275 Engle st., Englewood (2)
Fagan, Jas. L., 51 Bayard st., New Brunswick (12)
Fager, Rudolph O., 53 Park pl., Bloomfield (7)
Fahrenbruch, Fred'k D., 101 Garden st., Mt.Holly(3)
Failing, Brayton E., 31 Lincoln Park, Newark (7)
Failmezger, Theodore R., 60 Green av., Madison (14)
Fairbanks, Warren H., 27 Broadway, Freehold (13)
Faison, John B., 45 Glenwood av., Jersey City (9)
Falcone, Nicholas A., 68 Watch'g av., N. Plainf'd(18)
Falkinburg, LeRoy W., Forked River (15)
Fanburg, Sol. J., 31 Lincoln Park, Newark (7)
Fanelli, Antonio, 471 Lauric st., Perth Amboy (12)
Farden, Jos. L., 342 Roseville av., Newark (7)
Farmer, Vincent, 288 State st., Hackensack (2)
Farmer, Walter D., 28 S. Main st., Allentown (11)
Farr, Irving L., 214 Walnut st., Montclair (7)
Farr, John C., 75 10th st., Hoboken (9)
Farr, Walter J., 288 Griggs av., Teaneck (2)
Farrell, Edgar A., 25 Kings Hwy. W.,Haddonfield(4)
Fasano, Giovanni, 158 W. Market st., Newark (7)
Faughnan, Rose C., 97 High st., Passaic (7)
Faulkingham, Ralph, 61 Livingston av.,N.Bruns.(12)
Featherston, Daniel F., 506 4th av., Asbury P'k (13)
Fechner, Julius, 362 Clinton av., Newark (7)
Federer, John J., 69 Columbia ter., Wechawken (9)
Fee, Elam K., 36 W. State st., Trenton (11)
Feher, Ladislas A. M., 177 Somerset st.,N.Bruns.(12)
Feigenoff, Israel, 420 Broadway, Paterson (16)
Fein, Bernard, 585 Elizabeth av., Newark (7)
Feinberg, Harry D., 384 2nd av., Long Branch (13)
Feinstein, Louis, 410 Pacific av., Atlantic City (1)
Feleppa, Edward E., 239 Morris av., Summit (20)
Fell, Alton S., Municipal Hosp., Trenton (11)
Feller, Wm., 283 Bergen av., Jersey City (9)
Fellman, Morris, 118 Jewett av., Jersey City (9)
Feman, J. George, 141 Main st., Keansburg (13)
Fendrick, Edward, 17 Watson av., E. Orange (7)
Fenster, Morton N., 261 Main st., Passaic (16)
Fenton, Tennant E., 320 Ludlow av.,SpringLake(13)
Ferenczi, Louis J., 33 Edwards Court, Bayonne (9)
Ferguson, William E., 22 James st., Newark (7)
Fermaglich, Harry B., 881 Garrison av., Teaneck (2)

Fern, Samuel S., 122 Elizabeth av., Newark (7)
Ferrari, Andrew F., 110 Hackensack st.,E.Ruthf'd(2)
Ferriss, Ruth B., 10 De Hart st., Morristown (14)
Fessler, Albert J., 1544 S. Broad st., Trenton (11)
Fessler, Wm., 31 Knox av., Grantwood (2)
Fessman, John W., Clements Br. rd., Runnemede(4)
Fewsmith, Jos. L., 120 2nd av., Newark (7)
Fiedler, Michael, 247 Crawford ter., Union (20)
Field, Frank L., Far Hills (18)
Fiering, Abraham M., PomptonTrnpk.,M'tainV'w(16)
Fifer, Wm. Timothy, 746 Ave. C, Bayonne (9)
Filkins, Cedric E., 418 White HorsePk.,Audubon(4)
Fine, Hyman P., 151 Market st., Perth Amboy (12)
Fine, M. James, 65 Girard pl., Newark (7)
Fine, Sydney G., N. J. State Hosp., Trenton (11)
Fineberg, Bernard J., 574 Bergen av., Jer. City (9)
Fineberg, Jacob C., 50 Glenwood av., Jersey City(9)
Finegan, Paul J., 200 W. State st., Trenton (11)
Finesilver, Edward M., 53 Lincoln Park, Newark (7)
Fink, Irving E., 129 Lyons av., Newark (7)
Finke, Chas. H., 317 York st., Jersey City (9)
Finke, George Wm., 237 State st., Hackensack (2)
Finke, John H. D., 19 Hudson st., Hackensack (2)
Finkel, Joshua, 368 Clinton av., Newark (7)
Finkelstein, Abe S., 670 Clinton av., Newark (7)
Finkle, Lester J., 225 Perry st., Trenton (11)
Finkler, Rita S., 35 Leslie st., Newark (7)
Finn, Fred A., 921 Bergen av., Jersey City (9)
Finn, Henry R. W., 84 Lembeck av., Jersey City (9)
Fiorello, Jos. R., 706 Princeton av., Trenton (11)
Fischman, Harold H., 326 Avon av., Newark (7)
Fish, Clyde M., 15 W. Wash'gt'n av., Pl's'ntville(1)
Fishbein, Elliot, Valley View Sana., Paterson (2)
Fisher, James A., 501 Grand av., Asbury Park (13)
Fisher, Percy C., 145 Franklin av., Ridgewood (2)
Fisher, Samuel, 808 Madison av., Paterson (16)
Fisher, Stella C., 4405 Westfield av., Camden (4)
Fisler, Chas. F., 140 Maple st., Clayton (8)
Fitch, Thos. S. P., 916 Park av., Plainfield (20)
Fitzhugh, W. Frank, 65 Bergen av., RidgefieldP'k(2)
Fitzpatrick, Edward F., 546 W. Market st., New'k(7)
Fitzpatrick, Leo, 134 Bergen av., Ridgefield P'k (2)
Flanagan, John J., 173 Roseville av., Newark (7)
Flax, Ira Isador, 890 S. 16th st., Newark (7)
Fleming, Chas. L., 42 W. Main st., Pennsgrove (17)
Flicker, David J., 342 Kearny av., Kearny (9)
Flichtenfeld, Morris, 283 4th st., Jersey City (9)
Flint, Edgar T., 44 E. Somerset st., Raritan (18)
Flitcroft, Wm., 510 River st., Paterson (16)
Flower, Morrie A., 37 Lincoln Park, Newark (7)
Fluck, David A., 548 W. State st., Trenton (11)
Flynn, Edward A., 161 Washington av., Belleville(7)
Flynn, Thomas K. H., 41 High st., Somerville (18)
Foley, James F., 331 N. Grove st., East Orange (7)
Fooder, Horace M., 110 Main st., Williamstown (8)
Ford, Theodore R., 144 Harrison st., East Orange (7)
Forer, Robert, 247 Centre st., Trenton (11)
Forney, Norman N., 96 N. Main st., Milltown (12)
Forsyth, Kenneth C., 611 Mt. Prospect av., New'k(7)
Forsythe, Albert Ernest,44N.Kentucky av.,Atl.C'y(1)
Fort, J. Irving, 306 Roseville av., Newark (7)
Fort, Wm. B., 147 E. 7th st., Plainfield (20)
Forte, Frank S., 318 Roseville av., Newark (7)
Forte, Fulvio C., 65 Hudson st., Hackensack (2)
Foster, Frank L., 320 Springfield av., Cranford (20)
Foster, Herbert W., 2 Erwin Park, Montclair (7)
Foster, Wm. S., 233 Mt. Prospect av., Newark (7)
Fowler, Royale H., 744 Broad st., Newark (7)
Fox, Wm. W., 101 S. Indiana av., Atlantic City (1)
Francis, Adaline M., 80 West End av.,Somerville(18)
Frank, Morris, 920 Ave. C, Bayonne (9)
Frank, Myrtile, 227 Philadelphia av., Egg Harbor(1)
Frank, Nathan, 186 Bowers st., Jersey City (9)
Frank, Reuben, Hanover&H'mpton sts.,Pemb'rt'n(3)
Franklin, I. Harold, 191 Palisade av., Jersey City (9)
Franklin, Jos. E., 127 Westfield av., Elizabeth (20)
Franklin, Louis, 191 Palisade av., Jersey City (9)
Franklin, Sidney I., 15 Tenafly rd., Englewood (2)
Franzoni, Andrew E., 938 Brunsw'k av., Trenton(11)
Frazee, Wm. Henry, Jr., 412 Main st.,TomsRiver(15)
Freedman, Harold H., 63 W. Main st., Freehold (13)
Freedman, Jacob S., 178 Hamilton av., Passaic (16)
Freeland, Frank, 281 State st., Hackensack (2)
Freeman, George C., Prudential Ins. Co., Newark(7)
Freeman, Richard D., 103 Scotland rd., S. Orange(7)
Freeman, Ray M., 826 N. Wood av., Linden (20)
Freile, Wm., 25 Tonnele av., Jersey City (9)
Freinkel, Jacob, 2 Hillside av., Newark (7)
Friedburg, Geo. H., 1108 Anna st., Elizabeth (20)
Friedland, Arnold J., Woodbine (5)
Friedland, Ida M., Woodbine (5)
Friedman, Harry, 721 S. 16th st., Newark (7)
Friedman, Hyman, 1096 Sanford av., Irvington (7)
Friedman, Max, 822 Chambers st., Trenton (11)
Friedman, Meyer H., 526 N. Clinton av.,Trenton(11)
Friedman, Milton, Beth Israel Hosp., Newark (7)
Friedmann, Leonard L., 484Princet'n av.,Trent'n(11)
Frieman, Hyman, 744 Ave. C, Bayonne (9)
Fritts, Lewis C., 62 East High st., Somerville (18)
Froelich, Jos. C., 74 Ingraham pl., Newark (7)
Frohwein, Ida H., 125 Morristown rd., Elizabeth(20)
Frost, Inglis F., 181 South st., Morristown (14)
Frundt, Oscar C., 92 Bartholdi av., Jersey City (9)
Fuchs, Jacob N., 1267 S. Broad st., Trenton (11)
Fuhrmann, Barclay S., 10 Main st., Flemington (10)
Fulper, Theodore B., Hampton (10)
Funk, Joseph, 615 Elizabeth av., Elizabeth (20)
Furman, Benj. A., 31 Roseville av., Newark (7)
Furst, Nathan J., 201 Lyons av., Newark (7)

ASSOCIATE MEMBERS

Felitti, Vincent J., 6 31st st., N. Bergen (9)
Fenimore, Edward D., 3663 Hudson Blvd.,Jer.C'y(9)
Fine, Irvin J., 256 State st., Perth Amboy (12)
Fissell, George McG., 333 Park av., Newark (7)
Fratantuno, Michael J., 152 W. Market st., New'k(7)

ACTIVE MEMBERS

Gadomski, Casimir F., 103 Murray st., Elizabeth (20)
Gairdner, Thomas M., 319 Broad st., Gibbstown (8)
Gallardo, Augustin, 61 Lakeside av.,P'mpt'nLks.(16)
Gallaway, George E., 163 W. Milton av., Rahway(20)
Gallo, James S., 32 Zabriskie, Haledon (16)
Gamba, Jos., 345 Fairmount av., Newark (7)
Gamon, Robert S., 527 Cooper st., Camden (4)
Ganley, Arthur J., 390 Park av., East Orange (7)
Ganot, F. Irving, 392 Ridge st., Newark (7)
Gantz, Emma O., 215 N. Grove st., East Orange (7)
Gardam, Jos. W., 16 Longfellow av., Newark (7)
Garfinkel, Abraham, 30 Broad st., Flemington (10)
Garrett, Harry S., 15 Park av., Park Ridge (2)
Garrison, Walter S., Cedarville (6)
Gauch, Wm., 177 Ellwood av., Newark (7)
Gaumer, George, 422 1st av., Lakewood (15)
Gauzza, Valentine P., 505NewBr'nsw'k av.,Fords(12)
Geary, Daniel J., 40 Maple av., Morristown (14)
Geary, Paul, 923 Park av., Plainfield (20)
Geary, Russell D., Riverside (3)
Geiger, Harold C., West Milford (16)
Gelber, Louis J., 550 Mt. Prospect av., Newark (7)
Gennell, Ernest, 298 Parker st., Newark (7)
George, Melbourne E. W., 744 Broad st., Newark (7)
Gerard, Patrick D., 364 Roseville av., Newark (7)
Gerendasy, Julius, 956 E. Jersey st., Elizabeth (20)
German, Geo. B., 429 Cooper st., Camden (4)
Gerne, Timothy A., 972 Summit av., Jersey City (9)
Gershenfeld, David B., 20 Hillside av., Newark (7)

Gershman, Jos. G., 99 W. Madison av., Dumont (2)
Gesswein, Carl A., 35 Church st., Matawan (13)
Ghee, Euclid P., 115 Claremont av., Jersey City (9)
Ghee, Peter F., 734 Ocean av., Jersey City (9)
Giambra, Sante M., 666 Broadway, Paterson (16)
Gibb, Alice S., 339 Union av., Elizabeth (20)
Gibb, Wm. B., 26 Maple av., Morristown (14)
Gibbins, Albert L., 119 5th st., Newark (7)
Gidding, Samuel S., 154 E. Spicer av., Wildwood (5)
Gifford, Wm. Royal, 247 Park av., East Orange (7)
Giglio, Alphonsus S. V., 626 Eliz'b'th av.,Eliz'b'th(20)
Gilady, Raphael, 205 Union st., Hackensack (2)
Gilbertson, Robert L., 39Gr'nVillage rd.,Madison(15)
Gille, Hugo, 149 Congress st., Jersey City (9)
Gillis, Alfred G., 19 W. Maple av., Clayton (8)
Gillson, Hugh V., 21 Lee pl., Paterson (16)
Gillson, John T., 170 Broadway, Paterson (16)
Gilman, Chas. M. B., 59 Seely av., Arlington (7)
Gilpin, Fletcher, 118 N. Ave. W., Cranford (20)
Gilson, John A., Jr., 220 8th av., Haddon Heights (4)
Ginsberg, George, 624 Bloomfield st., Hoboken (9)
Ginsburg, Samuel, 227 Paulison av., Passaic (16)
Gittelman, Morton, 426 Westminster av., Eliza. (20)
Gittelsohn, Isador, 896Kinderkam'k rd.,RiverEdg.(2)
Glaser, Emanuel, 360 Linden av., Elizabeth (20)
Glasgow, Thomas M., 120 Passaic av., Passaic (16)
Glass, Benjamin E., 609 Watchung av., Plainf'd(20)
Glass, Harry L., 609 Watchung av., Plainfield (20)
Glass, Oscar, 838 S. 12th st., Newark (7)
Glass, Wm. H., 144 Harrison st., E. Orange (7)
Glasston, H. M., 628 N. Wood av., Linden (20)
Glazer, Edward, 501 Grand av., Asbury Park (13)
Gleeson, Wm. J., 640 Bergen av., Jersey City (9)
Glover, Lawrence L., 53 King'sHwy.W.,Hadd'nf'd(4)
Gochman, Harry M., 166 Hamilton av., Paterson(16)
Godfrey, Alan O., 220 Roseville av., Newark (7)
Godlin, David R., 610 36th st., N. Bergen (9)
Goeller, Jacob D., 1165 Clinton av., Irvington (7)
Goff, Frank J., 62 Maple av., Red Bank (13)
Goffman, Emanuel, 316 Clarem't av., Montclair(7)
Goldberg, Benjamin M., 1156 E. State st., Tr'nt'n(11)
Goldberg, David, 7 Bogert pl., Westwood (2)
Goldberg, Harold H., 814 S. 10th st., Newark (7)
Goldberg, Harry C., 182 Market st., Perth Amb'y(12)
Goldberg, Louis E., 31 Lincoln Park, Newark (7)
Goldberg, Samuel A., Presbyterian Hosp.,Newark(7)
Goldberg, Samuel M., 345 Wash'gton av., Belley'le(7)
Golden, Clement H., 347 16th av., Irvington (7)
Golden, Wm. M., 1587 Irving st., Rahway (20)
Goldenberg, Raphael R., 575 Broadway,Paterson(16)
Goldfarb, Abraham, 52 Chestnut st., Rutherford (2)
Goldfield, Harold, 225 E. Jersey st., Elizabeth (20)
Golding, Harry N., 180 Carroll st., Paterson (16)
Goldmacher, Herman B., 555 S. Broad st., Eliza.(20)
Goldman, Lester M., 896 S. 16th st., Newark (7)
Goldman, Samuel, 7th & State sts., Camden (4)
Goldowsky, Ira, 1866 Hudson Blvd., Jersey City (9)
Goldsmith, Alfred S., 240 29th st., N. Bergen (9)
Goldstein, Abraham, 404 Madison av., Lakewood(15)
Goldstein, Henry Z., 31 Lincoln Park, Newark (7)
Goldstein, Herman H., 318 W. Jersey st., Eliza. (20)
Goldstein, Hyman I., 1425 Broadway, Camden (4)
Goldstein, Samuel M., 40 Johnson av., Newark (7)
Goldsteln, Wm. H., 632 Belgrove dr., Kearny (7)
Goldstone, Karl H., 16 18th st., West New York (9)
Gonczy, Edward J., 538 Jersey av., Elizabeth (20)
Good, Richard, 949 Park av., Union City (9)
Goodfellow, Gordon P., 196 Prosp't st., E. Orange (7)
Goodrich, Stewart L., St'd'd Oil Co. ofN.J.,Bay'ne(9)
Gorczyca, Albert G., 538 S. Broad st., Elizabeth (20)
Gordon, Abel, 616 Main av., Passaic (16)
Gordon, A. Julius, 351 Roseville av., Newark (7)
Gordon, Benj. L., 1616 Pacific av., Atlantic City (1)
Gordon, Carl, 1712 Pacific av., Atlantic City (1)
Gordon, Charles D., Mt. Arlington (14)
Gordon, Clark H., 808 E. State st., Trenton (11)
Gordon, Frank Scott, Blairstown (21)
Gordon, Jos. B., N. J. State Hosp., Marlboro (13)
Gordon, Osher, 119 Lexington av., Passaic (16)
Gordon, Samuel, 515 Broadway, Paterson (16)
Gordon, Sarah, 327 Cedar Lane, Teaneck (2)
Gorenberg, Harold, 54 Duncan av., Jersey City (9)
Gormley, Cyrus M., 6 Roberts st., Butler (16)
Gosling, Walter W., 23 Monmouth st., Red Bank(13)
Gould, John H., 263 Franklin av., Ridgewood (16)
Graddick, Lester W., 22 Sussex av., Morristown (14)
Grady, Wm. F., 42 N. Fullerton av., Montclair (7)
Graham, Archibald F., 42 Park av., Paterson (16)
Graham, Ernest E., 4273 S. Broad st., Yardville (11)
Graham, Richard B., 575 Belgrove dr., Arlington (7)
Graham, Theodore K., 279 Park av., Paterson (16)
Gramsch, A. Louis, Bergen Pines Hosp., Ridgw'd(2)
Granelli, Humbert A., 213 Garden st., Hoboken (9)
Granelli, Michael S., 68 Hudson st., Hoboken (9)
Grant, William, 1939 Morris av., Union (20)
Grant, Wm. F., 309 Roseville av., Newark (7)
Graves, Chas. C., Jr., State Hosp., Marlboro (13)
Gray, Chas. M., 6th & Grace sts., Vineland (6)
Gray, John W., 142 Clinton av., Newark (7)
Gray, Wm. B., 121 Somerset st., N. Plainfield (18)
Green, David W., 69 Market st., Salem (17)
Green, Thomas J., New Egypt (15)
Greenberg, George A., 195 W. High st.,Somerv'le(18)
Greenberg, Philip, 1902 Hudson Blvd., Jersey City(9)
Greenberg, Samuel, 46 Johnson av., Newark (7)
Greene, Albert D., 195 Palisade av., Union City (9)
Greenfield, Arthur W., 50 Anderson st., Hack'ns'k(2)
Greenfield, Bernard H., 691 Clinton av., Newark (7)
Greenfield, Leonard S., 691 Clinton av., Newark (7)
Greenfield, Wm. J., 50 Anderson st., Hackensack (2)
Greengrass, Jacob J., 146 Broadway, Paterson (16)
Greenwald, Theo. L., 44 Maple av., Morristown (7)
Gregorius, Ralph F., 120 Irvington av., S. Orange(7)
Gregory, Marie F., 50 Green Village rd., Madison(14)
Gregory, Mildred G., 64 N. 9th st., Newark (7)
Gregory, Roy A., 161 Crescent av., Plainfield (20)
Greifinger, Marcus H., 200 Ferry st., Newark (7)
Grenhart, Geo. W., 430 Haddon av., Camden (4)
Grewal, Jos. S., 196 Broadway, Bayonne (9)
Grieco, Emil H., 196 Broadway, Bayonne (9)
Grier, Robt. M., 50 E. Wash'gton av.,Pleas'tville(1)
Griesemer, Z. Lawrence, 1145 E. Jersey st.,Eliza.(20)
Griffey, Wm. C., 132 Haddon av., Westmont (4)
Griffin, Guy B., 197 S. Centre st., Orange (7)
Griffith, Roy, 909 Broad st., Newark (7)
Grimes, Jesse R., 214 Washington av., Dumont (2)
Griswold, Merton L., Jr., 949 Park av., Plainfield(20)
Groeschel, August H., Jr., 31 Bank st., Sussex (19)
Groff, Parker A., 159 Washington st., Little Ferry(2)
Grosfeld, W., Paterson (2)
Gross, Max, N. J. Sana. for T.B. Dis.,Gl'nG'rdn'r(10)
Grossblatt, Philip, 70 Baldwin av., Newark (7)
Grossman, Rubin, 416 Blvd., Bayonne (9)
Gruhler, Jean A., 5407 Atlantic av., Atlantic City(1)
Guarraia, Jos., 285 Van Winkle av., Paterson (16)
Guertin, Diomede, N. J. State Hosp, Marlboro (13)
Guglielmelli, A. D., 449 Hamilton av., Trenton (11)
Guidi, Guido M., 212 Christine st., Elizabeth (20)
Guidotti, Frank P., 432 Hamilton av., Trenton (11)
Guillium, Wm. H., 505 4th av., Asbury Park (13)
Guion, Edward, Atl.Co.Hosp.forMent.Dis.,N'rthf'd(1)
Gullord, Edward G., 205 Alexander av., Montclair(7)
Guthrie, Wilson G., 300 Summer av., Newark (7)
Gutman, Erwin K., 229 Bowers st., Jersey City (9)
Gutowski, Jos. M., 433 Brace av., Perth Amboy (12)
Gutowski, Walter T., 104 Grove ter., Irvington (7)

ASSOCIATE MEMBERS

Gelb, Jerome, 86 W. Alpine st., Newark (7)
Gessner, Gerard R., 28 S. 3rd av., Highland Park(12)

Giannetti, Ernest D., 180 Glen Ridge av., M'ntcl'r(7)
Giardina, John S., 341 Walnut st., Newark (7)
Gilligan, Walter W., 460 Franklin av., Nutley (7)
Goldman, Jerome, 148 Chancellor av., Newark (7)
Goldman, Leo L., 1819 S. Broad st., Trenton (11)
Goldman, Solomon, 43 Paterson st., New Bruns.(12)
Greenwood, William R., Rutger's Univ.,N.Bruns.(12)
Greer, Melvin A., 190 Washington st., Bloomfield(7)
Gross, Isidore, 60 Lakeside av., Verona (7)
Gulick, Jas. B., 144 S. Harrison st., East Orange (7)

ACTIVE MEMBERS

Hackett, Edw. J., 597 Westfield av., Westfield (20)
Hackett, Leon W., 173 Belvidere av.,Washington(21)
Hadley, Chas. F., 210 W. Maple av., Merch'tv'le (4)
Hagen, Orville R., 266 Van Houten st., Paterson (16)
Haggerty, D. Leo, 227 N. Warren st., Trenton (11)
Hagney, Frederick W., 669 Elizabeth av., Newark(7)
Hahn, Katherine B., 372 Thornden st., So. Orange(7)
Hahn, Wm. H., 15 Lombardy st., Newark (7)
Haight, Harry W., 118 Raritan av., New Bruns.(12)
Haines, Edgar J., Medford (3)
Haines, Emerson S., 500 8th av., Asbury Park (13)
Haines, Evelyn M., 432 Hamilton av., Trenton (11)
Haines, Mabel C. S., 600 White HorsePk.,Audub'n(4)
Haines, Wm. H., 600 White Horse Pk.,Audubon(4)
Haines, Willits P., 601 9th st., Ocean City (5)
Halbach, Robert M., 802 Main st., Toms River (15)
Haldeman, Robert E., Mt. Holly (3)
Hale, Henry E., Battlefield Farm, Princeton (11)
Haley, Paul W., 781 Sanford av., Newark (7)
Hall, Perry O., 254 Union st., Jersey City (9)
Hall, Wayne W., 266 Van Houten st., Paterson (16)
Hall, Winthrop H., 400 Elm st., Westfield (20)
Hallett, Frederick S., 200 Passaic st., Hackens'k(2)
Halligan, Earl J., 254 Montgomery st., Jer. City (9)
Halligan, Harold J., 254 Montgomery st., Jer. C'y(9)
Hallinger, Earl S., Sr., 517 Cooper st., Camden (4)
Hallock, Wilton J., 650 Springfield av., Summit (20)
Halpern, Herman, 143 Engle st. Englewood (2)
Halpern Melvin M., 493 Central av., Newark (7)
Halpern, Samuel, 504 Pacific av., Atlantic City (1)
Halpern, Sophia L., 271 Palisade av., Union City (9)
Halprin, Harry, 8 Washburn pl., Caldwell (7)
Hamblin, Donald O., Calco Chem. Co. B'd Brook(18)
Hambright, Arthur M., 266 VanH'ten st.,Pat'rs'n(16)
Hamilton, Lloyd A., 46 York st., Lambertville (10)
Hamilton, Robt. G., 92 Main st., Orange (7)
Hammell, Frank M., 137 S. Main st., Allentown (11)
Hammett, Lee J., 760 N. 27th st., Camden (4)
Hampton, Geo. R., Greystone Park (14)
Hanan, Jas. T., 11 The Crescent, Montclair (7)
Hancock, Michael Q., 705 D. st., Belmar (13)
Haney, John J., 850 Hamilton av., Trenton (11)
Hanrahan, Jas. M., 1144 E. Broad st., Elizabeth (20)
Hansen, Harry, 831 Madison av., Plainfield (20)
Hanson, Alfred S., 533 Monmouth st., Gloucester (4)
Hanson, Carl G., 116 Eastman st., Cranford (20)
Hantman, Harold, 530 Orange st., Newark (7)
Harden, Albert S., 510 W. Market st., Newark (7)
Harden, Albert S., Jr., 536 Ridgew'd rd., Maplew'd(7)
Hardenberg, Dan'l S., 347 Com'nip'w av.,Jer.C'y(9)
Hardy, John W., 53 Main st., Farmingdale (13)
Harhen, Geo. E., 22 Brookside av., Caldwell (7)
Harley, Halvor L., 101 S. Indiana av., Atl. City (1)
Harman, Harry M., 25 Bridge st., Frenchtown (10)
Harman, Jas. R., 824 W. State st., Trenton (11)
Harman, Wm. J., 740 W. State st., Trenton (11)
Harner, Ronald M., High Bridge (10)
Harreys, Chas. W., 714 Broadway, Paterson (16)
Harrington, John H., 126 E. Main st., Rockaw'y(14)
Harris, Allan, Greenwich (6)
Harris, Wm. O., 812 Arctic av., Atlantic City (1)
Harrison, Jos. B., 302 E. Broad st., Westfield (20)
Harryman, Wm. K., 271 Union st., Hackensack (2)
Harter, Louis F., 174 Bowers st., Jersey City (9)
Hartman, Luther M., 8 E. Main st., Maple Shade (3)
Hartwell, H. Ameroy, 777 Blvd. E., Weehawken (9)
Harvey, John W., 818 Ave. C, Bayonne (9)
Harvey, Thos. W., Sr., 59 Main st., Orange (7)
Harvey, Thos. W., Jr., 59 Main st., Orange (7)
Haseltine, Sherwin L., Hersh Tower Bld., Eliza.(20)
Hasking, Arthur P., 318 Montgomery st., Jer. C'y(9)
Hasney, Frederick A., 292 Main st., W. Orange (7)
Hatch, Harold S., Shonghum Mt. San., Morrist'n(14)
Hatem, Elias J., 1046 Main st., Paterson (16)
Hauber, Eugene A., 6 Quaid st., Sayreville (12)
Hauck, Lydia B., 644 Stuyvesant av., Irvington (7)
Hauck, Wm. H., 644 Stuyvesant av., Irvington (7)
Hausman, Samuel W., 50 W. Front st.,RedBank(13)
Haussling, Francis R., 661 High st., Newark (7)
Haven, Samuel C., 14 Elm st., Morristown (14)
Hawes, V. L., 63 Church st., Ramsey (2)
Hawke, Edward K., Newton (19)
Hawkes, E. Zeh, 84 Washington st., Newark (7)
Hawkes, Stuart Z., 84 Washington st., Newark (7)
Hayden, Walter G., 504 Main st., Toms River (15)
Hayes, Gerald W., 86 Hawthorne av., E. Orange (7)
Hays, Roy G., 567 Haddon av., Collingswood (4)
Haywood, Henry, 49 Paterson st., NewBrunsw'k(12)
Heath, Louanna, 20 Fairmount av., Newark (7)
Heatley, Wm., 23 Monmouth st., Red Bank (13)
Hegeman, Runkle F., 161 W. High st.,Somerville(18)
Heil, A. Arling, Milford (10)
Heilbrunn, Julius, 135 Belmont av., Jersey City (9)
Heineken, Theodore S., 17 Park pl., Bloomfield (7)
Heinig, Frank G., 124 Cornelia st., Boonton (14)
Hekimian, Jacob H., 468 Palisade av., W'hawk'n(9)
Helff, Jos. R., 1367 Teaneck rd., W. Englewood (2)
Heller, Abraham R., 10 Kearny av., Kearny (7)
Heller, Geo., 100 E. Palisade av., Englewood (2)
Heller, Nathan B., 31 Lincoln Park, Newark (7)
Hemphill, Everett H., 232 KingsHgy.E.,H'dd'nf'd(4)
Henderson, Kenneth P., 121 S. Illinois av., Atl.C'y(1)
Henle, Carye B., 671 Springfield av., Newark (7)
Hennig, Paul F., 688 Stuyvesant av., Irvington (7)
Henriksen, J. Bruce, 422 River av., Pt. Pleasant (15)
Henry, Frank C., Jr., 214 Smith st., Perth Amb'y(12).
Henry, George, Flemington (10)
Herbener, Eugene G., 423 Third st., Lakewood (15)
Hermann, John H., 197 S. Centre st., Orange (7)
Herndon, Lewis S., 33 Johnson av., Newark (7)
Herold, Harvey T., 850 S. 13th st., Newark (7)
Herradora-Ubeda, Juan R., 2787 Blvd., Jersey C'y(9)
Herrington, Lee R., 605 E. Broad st., Westfield (20)
Herrman, Wm. G., 501 Grand av., Asbury Park (13)
Hersh, David H., 658 Springfield av., Newark (7)
Hersohn, Wm. W., 116 S. Illinois av., Atlantic C'y(1)
Hess, Geo. A., Titusville (11)
Hessert, Edmund C., 700 Haddon av., Collingsw'd(4)
Hewson, Geo. F., 21 Roseville av., Newark (7)
Hexamer, Fred, 50 Lyons av., Newark (7)
Heyman, Arthur, 79 Baldwin av., Newark (7)
Heyman, Jacob, 55 Oxford st., Newark (7)
Hicks, Wm. H., 46 Milford av., Newark (7)
Hiden, Jos. C., 199 Nassau st., Princeton (11)
Higgins, Gerald L., 94 Lembeck av., Jersey City (9)
Higgins, John T., 145 Highland av., Jersey City (9)
Hiler, Stuart A., 62 Rockaway av., Rockaway (14)
Hilker, Geo. F., 258 Maple st., Perth Amboy (12)
Hill, Clarence T., 43 E. Hazelwood av., Rahway(20)
Hill, John A., 511 Cedar av., Allenhurst (13)
Hill, Robert H., 332 Park av., Newark (7)
Hill, Wm. F., 131 Kensington av., Jersey City (9)
Hillegass, Eugene Z., Main st., Mantua (8)
Hillel, Jos., 1394 Park av., North Bergen (9)
Hilliard, Wm. T., 105 Market st., Salem (17)

Hillman, Fred'k C., 64 Hamilton st., Paterson (16)
Hillsman, Robt. B., 268 Vandelinda av., Teaneck (2)
Hilton, Clarence O., 556 N. 7th st., Newark (7)
Hinton, Samuel H., 6 Washington rd., Parlin (12)
Hipple, Percy L., 230 Walnut st., Roselle (20)
Hird, Emerson F., 118 E. Maple av., Bound Br'k(18)
Hirsch, Samuel, 118 Lexington av., Passaic (16)
Hirschfield, Bernard A., 1404 Gr'nw'd av.,Trent'n(11)
Hirst, Ernest R., 634 Federal st., Camden (4)
Hitzemann, Louis A., 30 E. Passaic st., Maywood (2)
Hnat, Frederick, 624 Newark av., Elizabeth (20)
Hobart, Richard T., 454 Park st., Montclair (7)
Hoffman, Chas. A., 302 E. 7th st., Plainfield (20)
Hoffman, Florentine M., 91 Bayard st.,NewBrns.(12)
Hoffman, Harry S., 3302 Pacific av., Atl. City (1)
Hoffman, Peter, 2672 Blvd., Jersey City (9)
Hogan, Carlton P., 220 E. Union st., Burlington (3)
Hogan, Jas. J., New Egypt (15)
Hogan, Marshall D., 219 Main st., Boonton (14)
Hoheb, Albert S., 5 Lincoln av., Rutherford (2)
Holland, Geo. A., 364 Clinton av., Newark (7)
Holland, John A., 54 Prospect st., Trenton (11)
Holland, Reuben J., 1026 Chandler av., Linden (20)
Holler, Henry G., 234 Montclair av., Newark (7)
Hollingsworth, Herman H., 86 First st., Clifton (16)
Hollinshed, Beulah S., 600 Benson st., Camden (4)
Hollinshed, Ralph K., 351 Broadway, Westville (8)
Hollywood, Jas. L., 1818 Hudson Blvd.,JerseyCity(9)
Holman, Francis W., 123 Broad st., Keyport (13)
Holmes, Grace A., 1077 E. Jersey st., Elizabeth (20)
Holmes, Geo. J., 17 Elizabeth av., Newark (7)
Holmes, Henry D., 1813 Arctic av., Atlantic City (1)
Holmes, Thos. J. E., 151 Fair st., Paterson (16)
Holoman, Mahlon B., 1 N. Haverf'rd av.,Margate(1)
Holster, Stephen G., 951 Madison av., Paterson (16)
Holt, Edward Z., 4100 Atlantic av., Atlantic City (1)
Holt, Evelyn, 118 Summit av., Summit (20)
Holt, Herman H., 256 Graham av., Paterson (16)
Holters, Otto R., 1002 Emory st., Asbury Park (13)
Hood, Philip G., 19 Lincoln Park, Newark (7)
Hoops, Harold J., 2203 Blvd., Jersey City (9)
Hooton, Thos. C., 56 Church st., Montclair (7)
Hoover, Alden R., 721 N. Broad st., Elizabeth (20)
Horhovitz, Geo. I., 324 S. Broad st., Trenton (11)
Horland, Aaron H., 24 Stengel av., Newark (7)
Horn, Max, 94 Lyons av., Newark (7)
Hornberger, J. Howard, 4th & Main sts., Roebling(3)
Horner-Rodger, Clara L., 721 Cooper st., Camden(4)
Hornstine, Harry H., 4019 Pacific av., Wildwood (5)
Horowitz, Herman J., 872 Broad av., Ridgefield (2)
Horre, Geo. W. H., 203 W. Jersey st., Elizabeth (20)
Horsford, Frederick C., 305 Broadway, Newark (7)
Hosp, Paul H., 842 S. 12th st., Newark (7)
Houck, Wm. J., 207 Mt. Prospect av., Newark (7)
Howard, John E., 67 King's Hghwy.W.,Hadd'nf'd(4)
Howeth, John L., 14 Duncan av., Jersey City (9)
Howley, Bartholomew M., 419 George st.,N.Brns.(12)
Hubbard, Fayett E., 65 Church st., Montclair (7)
Hubbard, Harry V., 121 E. 7th st., Plainfield (20)
Hubbard, Robt. Y., 12 Myrtle av., Irvington (7)
Huber, Wm. H., 15 Salem st., Newark (7)
Huberman, John, 853 S. 12th st., Newark (7)
Hubert, Antonio O., 131 E. Main st., Rockaway (14)
Hudson, Woodburn J.,123W.W'sh'gt'n av.,Pl's'tv'le(1)
Huff, Edmund N., 97 Engle st., Englewood (2)
Hughes, Frank R., Col'mbia av.&Oc'n st.,CapeM'y(5)
Hughes, Frederic J., 706 Park av., Plainfield (20)
Hughes, John V., 150 Prospect st., Passaic (16)
Hughes, Jos. F., 116 N. Broad st., Woodbury (8)
Hughes, Lee W., 965 Broad st., Newark (7)
Hughes, Samuel B., Pine & Pacific avs., Wildw'd(4)
Hughes, Thos. E., 223 Cooper st., Camden (4)
Hulett, Albert G., 20 Hawthorne av., E. Orange (7)
Hull, Donald B., 7 W. Ridgewood av., Ridgewood (2)
Hummel, Ernest G., 414 Cooper st., Camden (4)
Hummel, I. L. C., 109 W. Broadway, Salem (17)
Hummel, Merwin L., 135 N. Centre st.,Merch'tv'le(4)
Humphries, Robt. E., 637 Central av., E. Orange (7)
Hunt, Melvin M., 140 Jackson st., So. River (12)
Hunt, Thomas F., 528 Monroe av., Elizabeth (20)
Hunter, Edward R., 321 Union av., Delanco (3)
Hunter, Floyd D.,3620Nott'gh'mW'y.,Hamilt'nSq.(11)
Hurff, J. Wallace, 86 Washington st., Newark (7)
Husserl, Siegfried, 777 Clinton av., Newark (7)
Husted, Samuel H., Neshanic Station (18)
Hutcheson, Chas. R., 517 Cooper st., Camden (4)
Hutchinson, A. Dunbar, 913 W. State st.,Trenton(11)
Hutchinson, Geo. F., 55 Mercer st., Hamilton Sq.(11)
Hutton, Fred'k T., 1012 Park av., Plainfield (20)
Hyman, Chas., 2619 Pacific av., Atlantic City (1)
Hymowitz, Ben., 519 Belmont av., Newark (7)

ASSOCIATE MEMBERS

Hadley, Elinor E., 5 Mountain av., Maplewood (7)
Hambright, Arthur M., Wyckoff av., Ramsey (2)
Harreys, Chas. W., 153 Prospect st., Ridgewood (2)
Harvey, Robert K., 753 Kearny av., Kearny (7)
Harz, Wm. V., 817 Ave. C, Bayonne (9)
Hickey, C. M., 464 Churchill rd., W. Englewood (2)
Hutner, Cyril I., 134 Grove st., Woodbridge (12)

ACTIVE MEMBERS

Iams, Samuel H., 34 Mercer st., Princeton (11)
Ianacone, John A., 310 Fifth av., Paterson (16)
Iannuzzi, Ernesto, 597 Palisade av., Cliffside P'k(2)
Ill, Carl H., 188 Clinton av., Newark (7)
Ill, Charles L., 188 Clinton av., Newark (7)
Ill, Edgar A., 1004 Broad st., Newark (7)
Ill, Edward J., 1004 Broad st., Newark (7)
Ill, Edmund W., 188 Clinton av., Newark (7)
Ill, Herbert M., 188 Clinton av., Newark (7)
Imbleau, Jos. E. L., 2106 Morris av., Union (20)
Imhoff, Robt. E., 29 E. Main st., Moorestown (3)
Imhoff, John G., 55 Lincoln st., Jersey City (9)
Infield, Gerald L., 14 Fifield av., Northfield (1)
Introcaso, Dominick A., 45 Crescent av., Jer. C'y(9)
Iraggi, Jas. V., 79 Broadway, Passaic (16)
Ireland, Allen G., 28 W. State st., Trenton (11)
Irvin, John S., 1910 Pacific av., Atlantic City (1)
Irving, Albert S.,318Howard av.,Radburn-Fairl'n(16)
Irwin, Jas. R., 330 Washington av., Belleville (7)
Irwin, John H., 51 Tenafly rd., Englewood (2)
Ishkhanian, Nouri I., 656 Palisade av., W.NewY'k(9)
Israeloff, Howard H., 1044 Clinton av., Irvington (7)
Ives, Edwin I., 24 Stevens av., Little Falls (16)
Ivins, Wm. C., 214 E. Hanover st., Trenton (11)
Ivory, Harry S., 616 Forman av., Point Pl's'nt(15)
Izenberg, David, 104 Carroll st., Paterson (16)

ASSOCIATE MEMBERS

Inge, George A. L., 109 E. Palisade av., Englew'd(2)
Isaac, B. C., 143 Fayette st., Perth Amboy (12)

ACTIVE MEMBERS

Jack, Horace W., 517 Cooper st., Camden (4)
Jacks, Oscar, 476 Mercer st., Jersey City (9)
Jackson, Albert F., 225 Hillside av., Nutley (7)
Jackson, Chas. H., 1250 Park Blvd., Camden (4)
Jackson, Dominick P. D., 420 Front st.,Belvidere(21)
Jackson, Elmer C., 98 Washington st., E. Orange (7)
Jackson, Geo. H., 2092 Morris av., Union (20)
*Jacob, Wm. H., 99 N. Main st., Paterson (16)
Jacobs, Alan L., 2130 Morris av., Union (20)
Jacobson, John J., 1616 Pacific av., Atlantic City (1)
Jaffe, Benjamin, 568 Bergen av., Jersey City (9)
Jaffe, Herman M., 2600 Blvd., Jersey City (9)

Jaffin, Abraham E., 41 Emory st., Jersey City (9)
Jahn, Albert G., 657 Main st., Passaic (16)
James, Bart M., 31 Lincoln Park, Newark (7)
James, Wm. H., Main st., Pennsville (17)
James, William L., 31 Lincoln Park, Newark (2)
Jamison, Wm. F., 501 Grand av., Asbury Park (13)
Jani, Frank F., 297 Lexington av., Passaic (16)
Janifer, Clarence S., 208 Parker st., Newark (7)
Jaques, J. Eugenia, 74 Waverly st., Jersey City (9)
Jarmulowsky, Harry, 181 E. 33rd st., Paterson (16)
Jarrett, Harry, 923 Broadway, Camden (4)
Jaso, Jas. V. Di, 102 Jefferson st., Newark (7)
Jaspan, Samuel C., 820 Division st., Trenton (11)
Jedel, Meyer, 125 Fourth st., Newark (7)
Jehl, Jos. R., 305 Clifton av., Clifton (16)
Jenkins, Alvah R., 40 Armory st., Englewood (2)
Jennings, Edward C., R.F.D. 1, Cape MayCt.H'se(5)
Jennings, Robt. E., 143 Park st., East Orange (7)
Jentz, John H., 63 Sherman pl., Jersey City (9)
Jessurun, Samuel H., 613 High st., Newark (7)
Joelson, Morris S., 577 Broadway, Paterson (16)
Joffe, Philip M., 556 East 28th st., Paterson (16)
Joffe, Sidney H., 556 E. 28th st., Paterson (16)
Johnsen, Sigurd W., 49 Passaic av., Passaic (16)
Johnson, Geo. F., Branchville (19)
Johnson, G. Leonard, 390 Booth av., Englewood (2)
Johnson, Harold F., 734 Park av., Plainfield (20)
Johnson, V. Earl, 101 S. Indiana av., AtlanticCity(1)
Johnston, Julian F., 17 Van Doren av., Chatham (14)
Johnston, Rufus O., Westw'd Tr. Bldg., Westw'd (2)
Johnston, Sidney F., 365 Rochelle av.,RochelleP'k(2)
Jonas, August, 218 E. Pine av., Wildwood (5)
Jones, Ed. C., 183 Grove st., Montclair (7)
Jones, Granville L., N. J. State Hosp., Marlboro(13)
Jones, Herbert E., 47 Elm st., Elizabeth (20)
Jones, Jas. M., 786 Palisade av., Teaneck (2)
Jones, John C., 805 Princeton av., Camden (4)
Jones, John M., Valley rd., R.F.D., Oakland (9)
Jones, Lewis H., 139 E. Grant av., Roselle Park (20)
Jones, Wm. R., 33 S. Fullerton av., Montclair (7)
Jonitz, Robt., 153 S. Grove st., East Orange (7)
Jordan, Alexander D., 238 E. Main st., Manasq'n(13)
Jordan, Jos. C., 238 E. Main st., Manasquan (13)
Jordan, Walter L., 146 Engle st., Englewood (2)
Joseph, Benjamin M., 2771 Hudson Blvd.,Jer'C'y(9)
Joseph, Morris, 271 Lexington av., Passaic (16)
Joyce, Leo H., 259 Madison st., Passaic (16)
Judge, John F., 33 Hazelwood av., Newark (7)
Jukofsky, Isidore, 32 Union pl., Ridgefield Park (2)
Just, Francis, 564 High st., Newark (7)
Justin, Arthur W., 41 Fulton st., Weehawken (9)

ASSOCIATE MEMBERS

Jacobs, William, 360 Broad st., Newark (7)
Jaffe, Hyman M., 57 Passaic av., Passaic (16)
James, William L., 31 Lincoln Park, Newark (2)

ACTIVE MEMBERS

Kachdorian, Vartan, 930 Brunsw'k av., Trenton (11)
Kaderabek, Erwin J., 144 S. Harrison st., E. Or. (7)
Kahn, Leo, 32 States av., Atlantic City (1)
Kahrs, Grace M., 375 Mt. Prospect av., Newark (7)
Kain, Thomas M., 403 Cooper st., Camden (4)
Kakascik, Emil J., 206 Palisade av., Garfield (2)
Kalb, Samuel W., 416 Clinton pl., Newark (7)
Kalter, Geo. E., 640 Prospect st., Maplewood (7)
Kane, Chas. J., 349 Grand st., Paterson (16)
Kanses, Edmund S., 51 W. River rd., Rumson (13)
Kaplan, Herman B., 324 44th st., Union City (9)
Kaplan, S. Bernard, 846 S. 12th st., Newark (7)
Kapp, Carl G., 440 Westminster av., Elizabeth (20)
Karshmer, Ernest E., 927 S. Wood av., Linden (20)
Karshmer, Nathan, 92 Carroll pl., NewBrunsw'k(12)
Kastler, Franz, 54 Ames av., Rutherford (2)
Katzin, Eugene M., 50 Baldwin av., Newark (7)
Kauffmann, Louis J., 232 N. 2nd st., Millville (6)
Kaufman, Jerome G., 299 Clinton av., Newark (7)
Kaufman, Michael J., 103 Lyons av., Newark (7)
Kavanaugh, Daniel E., 217 Broadway, Newark (7)
Kay, Clarence R., Peapack (18)
Kazmann, Harold A., 406 Broadway, LongBr'nch(13)
Kearney, Edward P. J., 26 Forest st., Montclair (7)
Keating, Chas. A., 177 Ellison st., Paterson (16)
Keegan, Thos. D., 8 Gifford av., Jersey City (9)
Keeney, Cadwell B., 137 Summit av., Summit (20)
Keim, Wm. F., 25 Roseville av., Newark (7)
Keir, Floyd E., 310 Engle st., Englewood (2)
Keller, Franklin J., 297 Diam'dBr.av.,Hawth'rne(16)
Keller, Paul, 15 Washington st., Newark (7)
Keller, Sidney C., 31 Lincoln Park, Newark (7)
Kelley, Chas. B., 921 Bergen av., Jersey City (9)
Kelly, Bernard S., 1954 Blvd., Jersey City (9)
Kelly, Harry R. J., 960 Bergenline st., Union C'y(9)
Kemeny, Imre, 48 Pulaski av., Carteret (12)
Kemper, Harry T., 224 Monmouth rd., Elizabeth (20)
Kennedy, Eugene T., 413W'naque av.,P'mpt'nLk.(16)
Kennedy, Paul A., 147 Tenafly rd., Englewood (2)
Kenney, John A., 134 W. Kinney st., Newark (7)
Keppler, Carl R., 190 Clinton av., Newark (7)
Keppler, Chas., Jr., 723 Allwood rd., Clifton (16)
Kerdasha, Geo. S,, 131 31st st., North Bergen (9)
Kern, E. Clarence, 45 Park st., Montclair (7)
Kerns, Francis J., 526 W. Market st., Newark (7)
Kessell, John S., 643 Central av., East Orange (7)
Kessler, Edw. I., N. J. State Hosp.,GreystoneP'k(14)
Kessler, Henry B., 666 Clinton av., Newark (7)
Kessler, Henry H., 53 Lincoln Park, Newark (7)
Keyser, David, 1518 Baird av., Camden (4)
Kiely, Eugene M., 800 Hudson st., Hoboken (9)
Kilduffe, Robt. A., Atl. City Hosp., Atlantic City (1)
Kiley, John E., 94 Park st., Montclair (7)
Kilts, Winfield S., 950 Garrison av., Teaneck (2)
Kim, Gay B., 703 Main st., Paterson (16)
Kimmel, M. Leonard, 142 Manhattan av., Jer.C'y(9)
Kinch, Frederick A., 267 E. Broad st., Westfield (20)
King, Alden P., 44 Blackwell st., Dover (14)
King, Chester A., 410 Kinderkamack rd., Oradell (2)
Kingslow, Geo. L., 346 First st., Hackensack (2)
Kinkead, Hilda, 51 Highland av., Madison (14)
Kinney, Albert G., 917 Haddon av., Collingswood (4)
Kinney, Burton O., 41 Lincoln av., Little Falls (16)
Kinney, Selden T., 250 Main st., South Amboy (12)
Kirkby, Cyril S., 128 Broad st., Bloomfield (7)
Kirkman, Leroy G., 176 Roseville av., Newark (7)
Kirkwood, Allan S., 53 Union st., Montclair (7)
Kissinger, Donald J., 120 E. Madison av., Dumont(2)
Klaus, Henry, 435 Palisade av., Union City (9)
Kleiber, Estelle E., 139 New st., New Brunsw'k (12)
Klein, Andrew J. V., 205 Littleton av., Newark (7)
Klein, Edward C., Jr., 209 Littleton av., Newark (7)
Klein, Edward F., 136 Market st., Perth Amboy (12)
Klein, Wm., 85 Bayard st., New Brunswick (12)
Kleiner, Samuel, 162 Hamilton av., Paterson (16)
Klempner, Paul, 414 Market st., Trenton (11)
Klenk, Jos. P., 328 Belleville av., Bloomfield (7)
Kler, Jos. H., 77 Livingston av., New Brunswick(12)
Kline, Herman, 2627 Pacific av., Atlantic City (1)
Kline, Oram R., 414 Cooper st., Camden (4)
Klompus, Irving, 403 High st., Bound Brook (18)
Klugman, Louis, 696 Ave. C, Bayonne (9)
Knapp, Richard E., 25 Hudson st., Hackensack (2)
Knauer, Geo., 930 Elizabeth av., Elizabeth (20)
Knepper, Orcena F., 149 Crescent av., Plainfield (20)
Knight, Augustus S., Far Hills (18)
Knight, I. Warner, 13 S. Broadway, Pitman (8)
Knight, Wm. T., 515 Oradell av., Oradell (2)
Knowles, Geo. M., 241 Main st., Hackensack (2)

Knowles, James S., 316 No. 2nd st., Millville (6)
Knox, Chas. A., 138 Bergen av., Ridgefield (2)
Knox, Harriet L., 390 Union st., Hackensack (2)
Knox, Howard A., New Hampton (10)
Koenig, Bertram, 306 Broadway, Paterson (16)
Koerber, Geo., 136 Prospect st., Passaic (16)
Kolb, John M., 725 10th st., Union City (9)
Kondor, Jos. S., 978 S. Broad st., Trenton (11)
Konzelmann, Henry J., 65 King st., Hillside (20)
Kooperman, Barnett, 321 16th st., West New Y'k(9)
Kooperstein, Samuel I., 395 Ogden av., Jersey C'y(9)
Koplin, Nathaniel H., 142 W. State st., Trenton (11)
Koppel, Jos., 921 Bergen av., Jersey City (9)
Kossmann, Walter J., Long Valley (14)
Kovaleski, Walter A., 154 Passaic st., Passaic (16)
Kovarsky, Albert E., 255 State st., Perth Amboy (12)
Kovin, Abraham, 123 Lexington av., Passaic (16)
Kraemer, Manfred, 31 Lincoln Park, Newark (7)
Kraissl, Cornelius J., 393 Main st., Hackensack (2)
Kraker, David A., 31 Lincoln Park, Newark (7)
Kramer, Douglas W., 822 Park av., Plainfield (20)
Kramer, Samuel E., 121 Market st., P'th Amboy(12)
Krans, Clara DeHart, 920 Park av., Plainfield (20)
Krans, Edw. S., 920 Park av., Plainfield (20)
Krauss, Fletcher I., 201 Main st., Chatham (14)
Krausz, Emery, 577 S. Main st., Phillipsburg (21)
Krechmer, Abraham, 521 Pacific av., Atlantic C'y(1)
Kresch, Philip, 42 W. 22nd st., Bayonne (9)
Kreutz, Paul J., 363 Union av., Elizabeth (20)
Krohn, Marc, Main st., Belford (13)
Kroll, Adolph, 155 Lexington av., Passaic (16)
Kroll, Mark M., Union av., Cresskill (2)
Kronc, Wm. F., 31 Lincoln Park, Newark (7)
Kruger, Wm., 31 Lincoln Park, Newark (7)
Kuchlewski, Edward J., 130 3rd st., Elizabeth (20)
Kuder, Jos. M., 104 Garden st., Mt. Holly (3)
Kuhl, John P., 38 Main st., Butler (16)
Kuite, Geo. B., 435 Speedwell av., Morris Plains (14)
Kummel, Max., 31 Lincoln Park, Newark (7)
Kun, Bertram, 30 Kensington av., Jersey City (9)
Kushner, Alexander, 208 W. Milton av., Rahway(20)
Kustrup, John F., 1418 S. Broad st., Trenton (11)
Kutner, Chas., 1005 S. 5th st., Camden (4)
Kyle, Ernest I., 1165 Park av., Plainfield (20)

ASSOCIATE MEMBERS

Katz, Herbert I., 278 Park av., Paterson (16)
Keller, Michael L., 268 Park av., Paterson (16)
Kelly, Leo J., 438 Amboy av., Perth Amboy (12)
Kline, George L., 310 Mt. Prospect av., Newark (7)
Kobes, John J., 138 Kearny av., Kearny (7)
Kohn, Joseph J., 207 Calhoun st., Trenton (11)
Kohut, George J., 473 Amboy av., Perth Amboy (12)
Krafchik, Louis L., 100 Bayard st., New Bruns. (12)
Kreeger, Morris H., 316 Broad st., Bloomfield (7)

ACTIVE MEMBERS

Laauwe, Harold W., 198 Haledon av., Paterson (16)
Labash, Charles S., 83 Quincy st., Passaic (16)
Labow, Joseph J., 1063 E. Jersey st., Elizabeth (20)
Ladas, George, 305 Cherry st., Elizabeth (20)
Lafferty, Elton B., 330 Myrtle av., Irvington (7)
Laird, George S., 125 Central av., Westfield (20)
Lamberto, Vito A., 422 Stuyvesant av.,Lyndhurst(2)
Lamy, Anthony W., 560 Newark av., Elizabeth (20)
Lance, Elton W., 125 W. Milton av., Rahway (20)
Landaw, Louis, 631 E. 26th st., Paterson (16)
Landes, Edwin W., Stillwater (19)
Landesman, William, 187 Kearny av., Kearny (7)
Landis, Harry P., Jr., 925 Columbia av., Palmyra (3)
Landshof, Chas. A., 50 Glenwood av., Jersey City (9)
Lane, Arthur G., Greystone Park (14)
Lane, Austin W., 98 Prospect st., East Orange (7)
Lane, Edgar W., 46 Main st., Bloomsbury (10)
Lange, Louis C., 50 Clifton ter., Weehawken (9)
Lapin, Louis P., 15 Crosswick st., Bordentown (11)
Lapin, Samuel B., 542 W. State st., Trenton (11)
Largay, Arthur O., 937 Ave. C, Bayonne (9)
LaRiew, Fred J., 107 E.Wash'gton av.,Wash'gt'n(21)
Larkey, Chas. J., 700 Ave. C, Bayonne (9)
Larossa, Ernest A., 708 Cooper st., Camden (4)
Larrabee, Callie H., 14 Kent Pl. Blvd., Summit (20)
Larson, Henry M., 35 Franklin st., Morristown (14)
Lathrop, Frederic W., 909 Park av., Plainfield (20)
Lathrope, Geo. H., 32 Hamilton rd., Morristown(14)
Laurie, Andrew L., 664 Newark av., Elizabeth (20)
Lavine, Barney D., 630 N. Clinton av., Trenton (11)
Lavine, Sidney B., 134 W. State st., Trenton (11)
Lawrence, Elias D., 365 Union av., Paterson (16)
Lawrence, Wm. H., 129 Summit av., Summit (20)
Lawsing, Geo. C., 443 22nd st., West New York (9)
Lawther, B. M., 1401 Shore rd., Northfield (1)
Lawton, A. Anderson, 15 N. Bridge st.,Somerv'le(18)
Lazow, S. Manlius, 199 Main st., Matawan (12)
Leach, John E., 372 Park av., Paterson (16)
Leaman, Granville M., 167 N. Grove st., E.Orange(7)
Leaver, Morris H., Quakertown (10)
Lebel, Louis J. B., 165 Grant av., Nutley (7)
Lee, Frederick P., 606 E. 27th st., Paterson (16)
Lee, John J., 66 Central av., Orange (7)
Lee, Stephen G., 55 Halsted st., E. Orange (7)
Lee, Thomas B., 622 Cooper st., Camden (4)
Lefkowitz, Jacob H., 445 20th st., W. New York (9)
LeFavor, Dean H., 619 Morgan av., Palmyra (3)
Legato, Samuel, 417 Palisade av., Cliffside Park (2)
Leggett, Lindley H., Jr., 330 E.Broad st.,Westf'd(20)
Leggett, Thomas H., 937 Oakland pl., Plainfield (20)
Lehmacher, Frank, 16 Central av., Lakewood (15)
Lehman, Irving J., 558 Central av., Newark (7)
Leibovitz, Altan C., 261 Lexington av., Passaic (16)
Leighton, Robt. L., 401 Ludlow av., Spring Lake(13)
Leining, Albert, 1 4th st., Weehawken (9)
Leir, J. Krevin, 9 Garrison av., Jersey City (9)
Lemay, Albert T., 384 15th av., Paterson (16)
Lemmerz, Theo. H., 141 Magnolia av., Jersey City(9)
Lemmon, Junius M., 28 W. Wash. av., W'sh'gt'n(21)
Leonard, Edward F., 771 Madison av., Paterson (16)
Leonard, Frederick S., Jr., 9W'sh'gt'n av.,Tenafly(2)
Leonard, Geo. F., Georges rd., New Brunswick (12)
Leonard, Isaac E., 2842 Atlantic av., Atlantic C'y(1)
Leonard, Lothair L., 615 Asbury av., Asbury P'k(13)
Leonardis, James V., 94 Jefferson st., Newark (7)
Lepree, Jos. A., 371 Morris av., Elizabeth (20)
Lerman, Irving, 1024 E. Jersey st., Elizabeth (20)
Lesh, Vincent O., 114 S. Stevens av., So. Amboy(12)
Lesko, Stephen W., 633 Main av., Passaic (2)
Lettiere, Anthony J., 425 E. State st., Trenton (11)
Levendusky, Dan'l E., 52 Market st., Passaic (16)
Levin, Joseph, 831 S. 13th st., Newark (7)
Levin, Louis, 140 W. State st., Trenton (11)
Levine, David B., 647 Broadway, Paterson (16)
Levine, Edward P., 86 Clinton av., Newark (7)
LeVine, Israel, 215 Broadway, Paterson (16)
Levine, Sidney C., 459 Park av., Paterson (16)
Levinsohn, Sandor A., 584 Broadway, Paterson (16)
Levinson, Louis J., 18 Stratford pl., Newark (7)
Levitas, George M., 77 Fairview av., Westwood (2)
Levy, Abram, 1120 W. 7th st., Plainfield (18)
Levy, Herman, 219 Lexington av., Passaic (16)
Levy, Irvin, 329 Gardner av., Trenton (11)
Levy, Julius, 202 Osborne ter., Newark (7)
Lewis, Albert, 41 Retford av., Cranford (20)
Lewis, Alice B., E. Saddle River rd.,E.SaddleRvr.(2)
Lewis, G. Rae, 458 Washington av., Belleville (7)
Lewis, Jacob, 43 Court st., Freehold (13)
Lewis, Leon, 190 Clinton av., Newark (7)
Lewis, Thos. K., 47 S. 27th st., Camden (4)

Liana, Stephen M., 1740 Front st., Scotch Plains(20)
Liccese, Emanuel, 84 Jefferson st., Newark (7)
Licks, Fred'k C., 117 Irvington av., So. Orange (7)
Lieberman, David P., 1063 North av., Elizabeth (20)
Lieberman, Milton L., 101 Pershing av., Ros.P'k(20)
Lifland, Bernard D., 35 Shanley av., Newark (7)
Linares, Angelo C., 208 Market st., Paterson (16)
Lincoln, Jennings S., 140 Watchung av.,Up.Mtclr.(7)
Lindroth, Lawrence V., 620 Pavonia av., Jer.C'y(9)
Linke, James J. P., 245 E. Front st., Plainfield (20)
Lipshutz, Ben, 18 W. 22nd st., Bayonne (9)
Lipshutz, Charles, 804 Ave. C, Bayonne (9)
Lipton, Louis, 67 Passaic av., Passaic (16)
Lisanti, Gaetano, 660 Tyler pl., West New York (9)
Little, Alonzo W., 120 Arlington av., Jersey City (9)
Little, Wm. R., 493 W. State st., Trenton (11)
Littwin, Chas., 1036 Anderson av., Palisade (2)
Liva, Arcangelo, 5 Pangborn pl., Hackensack (2)
Liva, G. Albin, Madison & Franklin avs., Wyckoff(2)
Liva, Paolo F., 280 Stuyvesant av., Lyndhurst (2)
Livengood, Baxter A., 406 Second st., Swedesboro(8)
Livengood, Horace R., 587 W'stminst'r av.,Eliza.(20)
Livingston, Paul, 299 Main st., East Orange (7)
Lloyd, Reba, 31 Commerce st., Bridgeton (6)
Llull, Gabriel J., 266 Morris av., Springfield (20)
Lobban, Robert B., 2595 Blvd., Jersey City (9)
Lobsenz, Nathan P., 294 Broadway, Paterson (16)
Loder, Jos. S., 924 S. 17th st., Newark (7)
Loeser, Lewis H., 31 Lincoln Park, Newark (7)
Loman, Sam'l G., J'ff'rs'n&Magn'lia avs.,Cresskill(2)
Lomauro, James R., 149 Lexington av., Passaic (16)
London, Jules R., 153 Jefferson st., Passaic (16)
London, Wm., 255 State st., Perth Amboy (12)
Londrigan, Jos. F., 535 Washington st., Hoboken (9)
Long, Miles T., 2150 Blvd., Jersey City (9)
Long, Pauline A., 22 Livingston av., New Bruns.(12)
Long, Wm. H., 40 S. Bridge st., Somerville (18)
Longnecker, John E., Jr., Sparta (19)
Longsdorf, Harold E., Mt. Holly (3)
Loori, Wm. A., 549 Pavonia av., Jersey City (9)
Lore, Harry E., Cedarville (6)
Lorenzo, Michael J., 75 Riverside av., Red Bank(13)
Losada, Camella A., 19 Prospect st., Summit (20)
Lottridge, Dorothy, 43 S. Maple av., E. Orange (7)
Love, Elizabeth F., 142 E. Oak av., Moorestown(3)
Lovejoy, James L., 224 Somerset st., Bound Br'k(18)
Lovell, Frederick H., 1013 Clinton av., Irvington (7)
Lovell, John F., 1011 Clinton av., Irvington (7)
Lovett, Irving K., 110 E. Front st., Red Bank (13)
Lovett, Joseph C., Municipal Hospital, Camden (4)
Low, Donald B., 529 Broadway, Paterson (16)
Lowell, Milton E., 434 Summit av., Westfield (20)
Lowenstein, E. C., 103 Elm st., Rahway (20)
Lowenstein, Harry A., 96 Milford av., Newark (7)
Lowrey, James H., 79 Congress st., Newark (7)
Lowy, Otto, 190 Clinton av., Newark (7)
Luban, Benjamin, 730 High st., Newark (7)
Lucas, Stanley L., 511 N. Indiana av., Atl. City (1)
Lucent, S. Bell, 2 First av., Little Falls (16)
Luczynski, Edward W., 28 E. 22nd st., Bayonne (9)
Lueddecke, Royland E., 216R'nd'lph av.,E.Rthrfd.(2)
Lufburrow, Chas. B., 441 W. Front st., Plainf'd (20)
Luippold, Eugene J., 85 Columbia ter.,Weeh'wk'n(9)
Luksteid, Casimir J., 326 Park av., Paterson (16)
Lummis, Clarence P., 40 Delaware av., Pennsgr.(17)
Lummis, Marshall F., 10 S. Broadway, Pitman (8)
Lund, John L., 267 High st., Perth Amboy (12)
Lundblad, Walter E., 75 Prospect st., E. Orange (7)
Lupin, Edward E., 727 Ave. C, Bayonne (9)
Lyerly, Jas. M., 1116 Putnam av., Plainfield (20)
Lynch, Albert E. O., 257 Orange rd., Montclair (7)
Lynch, Edward T., 748 Livingston rd., Elizabeth(20)
Lynch, Maurice M., 396 Union st., Hackensack (2)
Lynch, Roland J., Mental Dis. Hosp., Secaucus (9)
Lynn, Irving I., 2252 Blvd., Jersey City (9)
Lyon, Archibald, 115 Ridge rd., N. Arlington (7)
Lyon, Chas. H., 79 Lewis st., Phillipsburg (21)
Lyon, Earl C., 194 E. Commerce st., Bridgeton (6)
Lyon, Leslie C., P. O. Box 63, Magnolia (4)
Lyons, James V., 333 Park av., Orange (7)
Lyons, Romola, 171 Meadowbrook rd., Englew'd (2)

ASSOCIATE MEMBERS

Larsson, Evert A., 238 Hillcrest av., Trenton (11)
Liddy, Frank J., 112 Prospect st., Ridgewood (2)
Lieb, Saul, 297 Seymour av., Newark (7)
Lowry, Thos. McG., 112 Prospect st., Ridgew'd (2)
Luippold, Eugene J., Jr., 6 Fielding Ct., S. Orange(7)
Lynch, James F., Hud. Co. Cont. Dis.Hos.,Sec'cus(9)

ACTIVE MEMBERS

Maas, Max A., 329 Clinton av., Newark (7)
Mabey, J. Corwin, Clarem't & Midl'd avs., Mntclr.(7)
MacAlister, Alexander, 626 Federal st., Camden (4)
MacAlister, Wm. W., 333 Van Hout'n st.,Pat'rs'n(16)
MacAlpine, Kenneth B.,308M'nm'th st.,Cl'c'st'rC'y(4)
Macaluso, Dominic C., 7 Hilton st., Belleville (7)
MacArthur, Clymont, 219 Roseville av., Newark (7)
MacBrayer, R., 101 Hobart av., Summit (20)
Macaulay, Francis A., 815 Elm av., Teaneck (2)
Macchia, Benjamin J., 262 Montg'm'ry st.,Jer.C'y(9)
MacDermid, LyndenE.,506F'rnsw'th av.,B'rd'nt'n(11)
Macdonald, Wentworth S., 56 Church st., Mtclr. (7)
MacDonnell, Martin J., 24 30th st., North Bergen(9)
MacDowall, John L., 113 Market st.,PerthAmb'y(12)
Mace, Margaret, 2410 Atlantic av., N. Wildwood (5)
MacFarland, Burr W., 419 W. State st., Trenton (11)
MacGregor, Allan W., 379 Ellison st., Paterson (16)
MacGuffie, Robt. N., Nat'l Bk. Bldg., Passaic (16)
Maciejewski, Anthony S., 212VanBuren st.,New'k(7)
MacKellar, James M., 26 E. Clinton av., Tenafly (2)
MacKenzie, Robt. A., 501 Grand av.,AsburyPark(13)
Mackes, Claude B., 48 N. Main st., Woodstown (17)
Mackin, John J., 596 Bergen av., Jersey City (9)
Maclay, Jos. A., 239 Broadway, Paterson (16)
MacMillan, C. Wright, 23 Passaic av., Passaic (16)
Macpherson, Elwood H., 34 Rawley pl., Millburn (7)
Madaras, John S., 870 Ave. C, Bayonne (9)
Madden, Leland S., 21 E. Verona av., Pl's'tville (1)
Madden, Theo. W., 16 Frazer av., Collingswood (4)
Madden, Wm. L., 83 Gifford av., Jersey City (9)
Mader, Anthony I., Jr., 430 Union st., Hackens'k (2)
Madison, Lewis K., 358 Pacific av., Jersey City (9)
Maffongelli, Jos. A., 494 River st., Paterson (16)
Magee, David M., 407 Sewall av., Asbury Park (13)
Magee, Harold S., N. J. State Hosp., Trenton (11)
Magee, Russell S., 201 White Horse Pk.,Audubon(4)
Magennis, Bryan C., 272 Broadway, Paterson (16)
Maggio, Geo. A., 292 Park av., Newark (7)
Maggio, Rosario J., 550 Carlton rd., Westfield (20)
Magill, Marcus, 4116 Ventnor av., Atlantic City (1)
Magnes, Max, 271 Park av., Paterson (16)
Magovern, Thos. F., 228 S. Orange av., S. Orange(7)
Mahaffey, J. Lynn, 406 Warwick rd., Haddonf'd(4)
Maher, John E., 90 Third av., Long Branch (13)
Mahood, Herbert L., 86 Durand rd., Maplewood (7)
Majeski, Henry J., 935 Brunswick av., Trenton (11)
Major, Morton M., 2703 Pacific av., Atlantic C'y (1)
Makin, John B., 501 Grand av., Asbury Park (13)
Malatesta, Chas. S., 1203 Martine av., Plainfield (20)
Malavazos, Antonio, 635 High st., Newark (7)
Maldeis, A. M. K., 117 N. 6th st., Camden (4)
Mamlet, Alfred M., 16 Johnson av., Newark (7)
Manahan, Daniel V., 55 E. Front st., Red Bank (13)
Mancusi-Ungaro, Elviro, 268 Mt. Pr'sp't av.,Nwk.(7)
Mancusi-Ungaro, Lodovico,156Mt.Pr'sp't av.,Nwk.(7)
Mangelsdorff, Arthur F., Calco Chem.Co.,B'rBr'k(18)

Manly, Thomas E., 390 Park av., Paterson (16)
Mann, Jacob J., 255 State st., Perth Amboy (12)
Manno, Peter D., 81 W. 25th st., Bayonne (9)
Manzione, Frank A., Pas. Co.Welf'reHm.,Pr'kn's(16)
Maps, Howard L., 53 Passaic av., Passaic (16)
Marone, Carmine R., 648 1st av., Elizabeth (20)
Marano, Michael A., 508 4th st., Union City (9)
Maras, Peter, 80 Tonnele av., Jersey City (9)
Marcarian, Henry G., 904 Cooper st., Camden (4)
Marchione, Nicholas E., 109 S. 7th st., Vineland (6)
Marcy, John W., 117 E. Park av., Merchantville(4)
Margolis, Alfred, 218 West End av., Newark (7)
Margulies, Charles, 188 High st., Nutley (7)
Marini, Dominick, 40 Henry st., Passaic (16)
Mark, Harry B., Riverton (3)
Mark, Joseph S., 102 Green st., Woodbridge (12)
Markel, Albert G., 450 Park av., Paterson (16)
Markley, L. A., Holy Name Hosp., Teaneck (2)
Markowitz, Benj. B., 2157 Blvd., Jersey City (9)
Markowitz, Irwin, 2157 Blvd., Jersey City (9)
Markowitz, Louis, 16 Church st,. Paterson (16)
Markovits, Theodore, 98 Haledon av., Paterson (16)
Marks, Edward G., 655 Kearny av., Arlington (7)
Marks, Zelda I., 95 Wilson av., Newark (7)
Marlett, Neumann C., 311 Front st., Belvidere (21)
Marquis, William J., 198 Clinton av., Newark (7)
Marra, Rocco S., 221 Park av., Orange (7)
Marrocco, Wm. A., 47 Ward st., Paterson (16)
Marsh, Elias J., 400 Van Houten st., Paterson (16)
Marshall, Frank A., 440 Palisades av., Weeh'wk'n(9)
Marshall, Henry D., 611 N. Indiana av., Atl. City (1)
Marshall, Jos. C., 1517 Pacific av., Atlantic City (1)
Martin, Elizabeth L., 10 Bayard Lane,Princeton(11)
Martin, William, Hotel Ambassador, Atlantic C'y(1)
Martin, William P., 25 Holland rd., S. Orange (7)
Martinetti, Carlo D., 311 Central av., Orange (7)
Martland, Harrison S., City Hosp., Newark (7)
Marvel, Peter H., 2216 Shore rd., Northfield (1)
Marvin, Dorothy H., 51 Liv'gst'n av., NewBruns.(12)
Mason, Howard B., 90 W. Main st., Freehold (13)
Mason, James H., 1616 Pacific av., Atlantic City (1)
Massey, John B., 20 Codwise av., New Brunsw'k(12)
Masterson, John F., 98 Myrtle av., Irvington (7)
Masucci, Alberico, 34 Ward st., Paterson (16)
Matera, Joseph, 506 Garden st., Hoboken (9)
Matheke, Geo. A., 592 Park av., East Orange (7)
Matheke, Otto G., 328 Sussex av., Newark (7)
Mathesheimer, Jacob L., 280OldBergen rd.,Jer.C'y(9)
Matheson, Gilchrist E., 144 Harrison st., E. Or. (7)
Mathews, Raymond H., 186 South st., Morrist'n (14)
Mathews, Wm. J., 938 Hudson st., Hoboken (9)
Matthews, Clifford B., 59 Berlin rd., Clementon (11)
Matthews, Harry E., 504 Hillside av., Orange (7)
Matthews, Leonard M., 657 Main av., Passaic (16)
Matthews, Wm., 139 Broad st., Red Bank (13)
Matthews, Wm. F., 61 S. Fullerton av., Montclair(7)
Maturi, Vincenzo E., 814 Hudson Blvd., Bayonne (9)
Maurer, K. Virginia, 26 W.Northf'd rd.,Livingst'n(7)
Maver, Wm. W., 532 Bergen av., Jersey City (9)
Maxwell, Carl A., 117 Grand av., Hackettstown (21)
May, Ernst A., 157 Harrison st., East Orange (7)
Mayhew, Charles H., 329 Pine st., Millville (6)
McBride, Andrew F., 30 Church st., Paterson (16)
McBride, Hesser G., 1072 S. Orange av., Newark(7)
*McCabe, Thomas S., 913 Broad st., Newark (7)
McCall, Jesse, 12 Church st., Newton (19)
McCallion, Wm. H., 722 Westminster av., Eliza.(20)
McCallum, Arthur S., 213 Cl'm'ntsBr.rd.,Barr'gt'n(4)
McCamey, Kenneth E., 612 E. 29th st., Paterson (16)
McCandliss, Wm. K., State Hosp., Trenton (11)
McCarthy, Arthur M., 2772 Federal st., Camden (4)
McCarthy, George L., 496 Union av., Paterson (16)
McCarthy, John J., 606 35th st., N. Bergen (9)
McCauley, Francis J., 31 Lincoln Park, Newark (7)
McClintock, Elsie, 1439 Maple av., Hillside (20)
McConaghy, Thos. P., 10th & Cooper sts.,Camden(4)
McConaughy, Francis, 1 E. High st., Somerville (18)
McCorkle, William E., Ringoes (10)
McCormack, Frank C., 95 Tenafly rd., Englew'd(2)
McCormick, James E., 775 Elizabeth av., New'k(7)
McCormick, Wm. H., Jr.,266Market st.,P.Amboy(12)
McCoy, John C., 292 Broadway, Paterson (16)
McCroskery, Jas. H.,396N.Arlington av.,E.Orange(7)
McCue, John B., 210 Wanaque av., Pmptn.Lks.(16)
McCullough, John H., 523 E. State st., Trenton (11)
McCullough, Walter A., Essex Co. Hosp.,CedarGr.(7)
McDede, Frank F., 922 Main st., Paterson (16)
McDermott, Vincent T., 511 State st., Camden (4)
McDonald, Frank R., 37 Monticello av., Jer. C'y(9)
McDonald, Richard J., 80 Park av., Paterson (16)
McDonnel, Gerald E., 200 Garden st., Mt. Holly (3)
McDonnell, Geo. J., 80 West Main st., Freehold (13)
McElroy, Ervin, 20 Main st., Rockaway (14)
McFeely, P. Ralph, 242 Palisade av., Bogota (2)
McGeehan, Stanley M., 100 S. Maryl'd av.,Atl.C'y(1)
McGinn, Wm. J., 1913 Westfield av., Scotch Pls.(20)
McGivern, Chas. S., 805 Pacific av., Atlantic City (1)
McGlade, Thos. H., 2953 Yorkship Sq., Camden (4)
McGuigan, Francis A., 212 N.Warren st.,Trent'n(11)
McGuire, Jas. J., 122 W. State st., Trenton (11)
McIllvaine, Wm. E., 104 3rd st., Lakewood (15)
McKiernan, Robt. L., 97 Bayard st., New Bruns.(12)
McKim, Wm. F., 317 Roseville av., Newark (7)
McKinstry, John W., Jamesburg (12)
McLane, A. Donald, 498 Engle st., Englewood (2)
McLean, Herbert E., 92 Fairview av., Jer. City (9)
McLean, Hugh A., 414 17th st., West New York (9)
McLellan, George A., 19 Hawth'ne av., E. Orange(7)
McLeod, Harry J., 71 Forest rd., Tenafly (2)
McLoughlin, Frank J., 558 Jersey av., Jersey City(9)
McMahon, Bernard C., 18 DeHart st.,Morrist'n(14)
McMurray, Geo. B., N. J.StateHosp.,Grystn.P'k(14)
McMurtrie, William A., Far Hills (21)
McNenney, Claudio E., 113 Fairv'w av., Jer. C'y (9)
McPherson, M. E., 141 DiamondBr.av.,H'wth'rne(16)
McTague, Robt. S., 9 Memorial Pkwy.,Atl.Highld.(13)
McVay, Edward A., 234 Lafayette st., Newark (7)
McVeigh, Charles J. D., Netcong (19)
Meacham, Eugene A., 112N.Stevens av.,S.Amb'y(12)
Means, Paul B., State Hosp., Trenton (11)
Mears, Wm. G., 22 Overlook av., Leonia (2)
Mecray, Paul M., 405 Cooper st., Camden (4)
Medd, John C., 25 Curtis pl., Maplewood (7)
Meehan, Geo. E., 117 Mercer st., Jersey City (9)
Meehan, Martin M., 339 Wash'gt'n av., Belleville(7)
Meeker, Irving A., 581 Valley rd., Up. Montclair (7)
Meeker, John L., 6 DeBarry pl., Summit (20)
Meier, Wm. U., 1062 Ringwood av., Haskell (16)
Melgh, Josiah, Bernardsville (18)
Meineke, Wm. C., Jr., 820 Chestnut st., Roselle (20)
Meinzer, Martin S., 147 Market st., Perth Amboy(12)
Mellen, Stanley H., 863 Mt. Prospect av., Newark(7)
Meloney, Lester F., 156 2nd st., Clifton (16)
Meltsner, Louis, 904 Hudson st., Hoboken (9)
Meltzer, Louis, 32 W. 33rd st., Bayonne (9)
Mendelsohn, David H., 576 Broadway, Paterson (16)
Mendelsohn, Lewis, 272 Montgomery st., Jer. C'y(9)
Mengel, Willard G., 400 Penn st., Camden (4)
Mendenhall, Clinton D., 412 F'rnsw'th av.,Brdntn.(3)
Meneve, Alfred D., 373 Broadway, Paterson (16)
Menge, Carl H., 236 Wash'gt'n st., Toms River (15)
Menk, Paul E., 31 Lincoln Park, Newark (7)
Merendino, Anthony G., 2720 Pacific av., Atl.C'y(1)
Merkelbach, Walter P., 288 Broad st., Bl'mfield (7)
Merliss, Eugene, 386 Clinton av., Newark (7)
Merlo, Francis A., 210 Murray st., Elizabeth (20)
Merlo, Francis V., 39 Third st., Elizabeth (20)
Merselis, John G., 110 Irvington av., So. Orange (7)

Mersheimer, Christ'n H., 15 Reserv'r av., Jer.C'y(9)
Metzer, Emma P. W., 430 Fairview st., Riverside (3)
Metzer, Freeman W., 428 Fairview st., Riverside (3)
Metzger, Karl F., 603 Ninth av., Belmar (13)
Meurlin, Alfred, 158 S. Harrison st., East Orange (7)
MeVay, Jas. C. F., 2907 Pacific av., Atlantic City(1)
Meyer, Eugene A., 407 Chester av., Moorestown (3)
Meyer, George P., 410 Haddon av., Camden (4)
Meyer, Howard M., 400 Maple Hill dr., Hackens'k(2)
Meyers, Francis R., 627 E. 24th st., Paterson (16)
Meyer, William, 436 New York av., Union City (9)
Meyerson, Noah, 428 15th st., West New York (9)
Michela, Luigi S., 206 Carroll st., Paterson (16)
Michell, George E., 221 High st., Hackettstown (14)
Mick, Edwin C., 46 S. Burnet st., East Orange (7)
Mickewich, Stephen A., 650 Ave. C, Bayonne (9)
Miele, Frank A., 314 Carr av., Keansburg (13)
Mierau, Ernest W., 1096 Sanford av., Irvington (7)
Miller, Earle K., 2502 Nottingham Way, Trenton(11)
Miller, Gerald H., N. Main st., Cranbury (11)
Miller, H. Garrett, 203 E. Main st., Millville (6)
Miller, Herman P., 815 So. 12th st., Newark (7)
Miller, Jos. A., 364 Prospect st., S. Orange (7)
Miller, Lewis H., 37 S. Main st., Woodstown (17)
Miller, Max H., 311 16th st., West New York (9)
Miller, Nathan, 990 Sanford av., Irvington (7)
Miller, Robert M., 382 Springfield av., Summit (20)
Miller, Samuel R., 407 Main st., Pennington (11)
Miller, Samuel T., 527 Bangs av., Asbury Park (13)
Miller, Theodore R., 316 State st., Hackensack (2)
Miller-Richardson, Emma, 577 Stevens st.,Camd'n(4)
Mills, Alvah V., 60 Park pl., Newark (16)
Mills, Charles S., 106 Lippincott av., Riverton (3)
Mills, Stephen D., 132 S. Euclid av., Westfield (20)
Milnis, Bernard, 980 Broadway, North Bergen (9)
Minard, Edw. L., 140 4th av., East Orange (7)
Minier, Carl L., 25 N. Harrison st., East Orange(7)
Miningham, Wm. D., 18 Hedden ter., Newark (7)
Minnefor, Chas. A., 126 Carolina av., Newark (7)
Minnella, Thos. J., 132 Morris av., Summit (20)
Mishell, Daniel R., 730 Prospect st., Maplewood (7)
Missonellie, Wm., 404 Lafayette av., Hawthorne (16)
Mitchell, Augustus J., 59 South st., Newark (7)
Mitchell, Chas. H., 1100 W. State st., Trenton (11)
Mitchell, Chas. R., 311 Broadway, Paterson (16)
Mitskas, Theodore V. J., 704Greenw'd av.,Tr'nt'n(11)
Mockett, Walter W., 714 Palisade av., Cliffsd.P'k(2)
Mockridge, Oscar A., 8 S. Mountain av., Montcl'r(7)
Moeckel, Clarence W., 63 S. Fullerton av., M'tcl'r(7)
Moffat, Barclay W., Nut Swamp rd., Red Bank (13)
Mohr, Frank L., 1030 Pine av., Union (20)
Mohrbacher, John J., 37 Osborne ter., Newark (7)
Moister, Roger W., 7 Norwood av., Summit (20)
Moore, Dean C., 138 N. Arlington av., E. Orange (7)
Moore, Frank F., 201 Evergreen av., Woodlynne(4)
Moore, John D., 6 Washington st., Bloomfield (7)
Moore, Ralph L., 509 N. Broad st., Woodbury (8)
Moran, Helen C., 151 Engle st., Englewood (2)
Moress, Edward J., 1551 Maple av., Hillside (20)
Moretti, John J., 576 S. Clinton av., E. Orange (7)
Morgan, Browne, 2 Broad st., Bloomfield (7)
Morganstein, Louis K., 20 West 22nd st.,Bayonne(9)
Morici, Theodore, 80 Howe av., Passaic (16)
Moriconi, Albert F., 438 Hamilton av., Trenton (11)
Morley, Grace C., 2787 Hudson Blvd., Jersey City(9)
Morrill, James P., 310 Broadway, Paterson (16)
Morris, Carlyle, Spring st. & Lake av..Metuchen(12)
Morris, Clement, 511-513 Broadway, Newark (7)
Morris, David G., 11 W. 26th st., Bayonne (9)
Morris, Thos. M., 505 Park av., Plainfield (20)
Morris, Watson B., 193 Morris av., Springfield (20)
Morrison, Benjamin G., 80 Carroll st., Paterson (16)
Morrison, Caldwell, 379 7th av., Newark (7)
Morrison, Frederick H., Newton (19)
Morrow, Joseph R., Bergen Co. Hosp., Ridgewood(2)
Moschkowitz, Hermann, 737 High st., Newark (7)
Moscoe, Harry A., Main st., Lincoln Park (16)
Mosher, Henry L., 325ValleyBrook av.,Lyndhurst(2)
Mott, Joseph E., 426 Park av., Paterson (16)
Motzenbecker, Peter F., 680 High st., Newark (7)
Motzenbecker, Wm. J., 16 Milford av., Newark (7)
Moulton, Chas. D., 122 Park av., E. Orange (7)
Mount, Walter B., 21 Plymouth st., Montclair (7)
Mras, John M., 134 N. Clinton av., Trenton (11)
[illegible]ueller, George H., 102 Summit av., Jersey City (9)
Muldoon, Edward J., 200 Third st., Florence (3)
Muller, Frederick L., 413 3rd st., Carlstadt (2)
Mulligan, Luke A., 230 Central av., Leonia (2)
Mullin, Eugene F., 505 Sanford av., Newark (7)
Mullin, Raymond J., 857 S. 11th st., Newark (7)
Mulvihill, Wm. J., 275 Hudson Blvd., Bayonne (9)
Munger, Ray T., 727 Watchung av., Plainfield (20)
Munro, Charles A., Marlton (3)
Munro, Jeannette, 2 Queenston pl., Princeton (11)
Murn, Chas. J., 48 Smith st., Paterson (16)
Murphy, Charles M., 21 Main st., Farmingdale (13)
Murphy, Edward A., 1 Britton st., Jersey City (9)
Murphy, Herschel S., 320 Chestnut st., Roselle (20)
Murphy, Jas. A., 142 N. Clinton av., Trenton (11)
Murphy, Jas. M., 2757 Boulevard, Jersey City (9)
Murphy, Leo J., 374 West st., Union City (9)
Murphy, Patrick H. W., 27 Jefferson av., Jer. C'y(9)
Murray, Clifford K., 7301 Ventnor av., Ventnor (1)
Murray, Edwin N., 558 Newton av., Camden (4)
Murray, Harold A., 624 Mt. Prospect av., New'k(7)
Murray, Joseph A., 765 Ave. C, Bayonne (9)
Murray, Norman L., 129 Summit av., Summit (20)
Murto, Thos. V., 532 W. State st., Trenton (11)
Musetto, Carmelo A., 135 Cornelia st., Boonton (14)
Mustermann, Otto H., 303 48th st., Union City (9)
Muta, Samuel A., 47 Park av., West Orange (7)
Muttart, Geo. W., 702 Ocean av., Jersey City (9)
Mutter, Alfred A., 75 Beech st., Kearny (9)
Myatt, Leslie E., 98 N. Pearl st., Bridgeton (6)
Myers, Norman V., 301Knickerbocker rd.,Tenafly(2)

ASSOCIATE MEMBERS

MacArt, James H., 74 S. Munn av., East Orange (7)
Mann, Benjamin, 468 Brace av., Perth Amboy (12)
Margaretten, Edward I., 384 Park av.,P'thAmb'y(12)
Mason, Virgil A., 100 Chestnut st., E. Orange (7)
Matturri, Dominick A., 174 Clinton av., Jer. City(9)
McCarron, James A., 341 Ave. A, Bayonne (9)
McCarthy, Cornelius P., 327 Blvd., Bayonne (9)
McCluskey, Harry B., 137 Washington st., E.Or.(7)
Meehan, Marjorie C., 24 Murray pl., Princeton (11)
Messina, Thomas, 75 Chelsea av., Newark (7)
Miller, Ralph, 691 Elizabeth av., Newark (7)
Miller, Theodore J., 527 New Brunsw'k av.,Fords(12)
Monaco, Saverio A., 293 Camden st., Newark (7)
Morgenstern, Edward, 730 Prospect st., Maplew'd(7)

ACTIVE MEMBERS

Nacca, Carl A., 86 N. Essex av., Orange (7)
Nadel, Chas. I., 1186 Clinton av., Irvington (7)
Nafey, Herbt. W., 51 Liv'gst'n av., NewBruns.(12)
Nagler, Benedict, 25 Clinton pl., Newark (7)
Naidorff, Saul A., 404 W. 7th st., Plainfield (20)
Nalitt, David I., 28 W. 33rd st., Bayonne (9)
Nappi, Pasquale E., 250 Mt. Prospect av., New'k(7)
Nash, Alexander E., 30 Forest av., Verona (7)
Nash, Herman S., 865 S. 11th st., Newark (7)
Nash, Wm. G., 20 Clinton st., Newark (7)
Nataro, Jos., 172 Littleton av., Newark (7)
Neal, Chas. B., Pine & 3rd sts., Millville (6)
Neer, Wm., 245 Broadway, Paterson (16)
Neiderhoffer, Sydney L., 469Broadway,L'gBr'nch(13)

Nelson, Harry, 36 Lupton st., Woodbury (8)
Nemirow, Martin, 234 Lexington av., Passaic (16)
Nemzek, Wm. P. B., 141 Ridge rd., N. Arlington (7)
Nesbitt, Elizabeth, N. J. Train. Sch'l, Little Falls(16)
Netz, Lester W., 414 Main st., Hackensack (2)
Neves, Chas. S., 281 Park st., Montclair (7)
Neville, Robt. J., 547 Main st., Hackensack (2)
Nevius, Wm. B., 61 N. Arlington av., E. Orange (7)
Newcomb, Marcus W., Browns Mills (3)
Newman, Abraham J., 132 Manhattan av., Jer.C'y(9)
Newman, Grace T., 339 Grove st., Montclair (7)
Newman, Julius, 31 Lincoln Park, Newark (7)
Nichols, Stanley H., 501 Grand av., Asbury P'k (13)
Nicholson, Frank P., 895 Summit av., Jer. City (9)
Nickman, Emanuel H., 101 S. Newton av., Atl.C'y(1)
Nicol, Lorenz C., 360 Larch av., Bogota (2)
Nicoll, Geo. L., 48 W. Blackwell st., Dover (14)
Nieman, Solomon Z., 92 Bayard st., New Bruns.(12)
Niemtzow, Frank, 45 E. Main st., Freehold (13)
Nimaroff, Meyer, 265 Union av., Irvington (7)
Nittoli, Rocco M., 660 E. Jersey st., Elizabeth (20)
Noll, Louis, 1383 Clinton av., Irvington (7)
Nonziato, Frank A., 50 Centre st., Trenton (11)
North, Harry R., 160 W. State st., Trenton (11)
Norton, Jas. F., 299 Varick st., Jersey City (9)
Norval, Wm. A., 419 Main st., Paterson (16)
Norwich, Louis E., 355 Ave. C, Bayonne (9)
Notkin, Meyer, 351 Van Houten st., Paterson (16)
Noto, Philip, 158 Washington pl., Passaic (16)
Novello, Jos. A., 641 2nd av., Elizabeth (20)
Nuse, Edw. F., 550½ Jersey av., Jersey City (9)
Nussbaum, Jos., 321 Elmora av., Elizabeth (20)
Nye, Howard H., 174 Carroll st., Paterson (16)
Nyiri, Wm. A., 30 Van Ness pl., Newark (7)

ASSOCIATE MEMBERS

Nicolais, Michael A., 346Farnsw'th av.,Bordent'n(11)
Normand, Alphonse F., 113 Market st., P.Amboy(12)
Nussbaum, Harvey E., 89 Ferry st., Newark (7)

ACTIVE MEMBERS

Obert, Josiah E., Main st., New Egypt (15)
Obeser, Gabriel E., 646 Madison av., Elizabeth (20)
O'Brian, Dennis M., 154 Lexington av., Passaic (16)
O'Brian, Jeremiah H., 204 Madison st., Passaic (16)
O'Brien, Paul, 196 Main st., East Rutherford (2)
Ockene, Abraham, 495 Palisade av., Union City (9)
O'Connor, Bernard A., 314 4th st., Harrison (7)
O'Conner, Dennis F., 671 Broad st., Newark (7)
O'Connor, John J., 434 New York av., Union City(9)
O'Connor, Michael, 98 Shanley av., Newark (7)
O'Crowley, Clarence R., 31 Lincoln Park, Newark(7)
Oderr, Chas., 121 So. Euclid av., Westfield (20)
Oestmann, August, 932 Summit av., Jersey City (9)
O'Gorman, Michael W. M., 880 Bergen av.,Jer.C'y(9)
O'Grady, Benson J., 931 Washington st., Hoboken(9)
O'Grady, Michael J., 299 Broadway, Newark (7)
O'Hanlon, George, Medical Centre, Jersey City (9)
Okin, Irving, 165 Passaic av., Passaic (16)
Older, Benjamin, 435 New York av., Union City (9)
Oleynick, Simeon A., 107 Clinton av., Newark (7)
Oliver, David H., 183 E. Commerce st., Bridgeton (6)
Olpp, Archibald E., 318 Bergenline av., Union C'y(9)
O'Mara, John A., 314 St. Clair av., Spring Lake (13)
O'Neill, Chas. L., 11 N. 7th st., Newark (7)
Ondovchak, FredericM.,King's Hwy.W.,Mt.Ephr'm(4)
Opdyke, Gordon M., 52 Claremont av., Verona (7)
Opdyke, Levings A., 55 Clinton av., Jersey City (9)
Openchowski, Mieczyslaw, 83 Johnson av., Nwk.(7)
Opfermann, John L., 167 Bay av., Highlands (13)
Oram, Joseph H., 495 Broadway, Paterson (16)
Oren, Hyman, Park av., Park Ridge (2)
Orloff, Samuel, 149 Lyons av., Newark (7)
Ornaf, I. Edward, 1145 Thurman st., Camden (4)
O'Rourke, James J., 871 Stuyvesant av., Trenton(11)
Ortolano, James J., 159 First st., Hoboken (9)
Orton, Foster, 196 Elm av., Rahway (20)
Orton, George L., 196 Elm av., Rahway (20)
Orton, Henry B., 24 Commerce st., Newark (7)
Osborn, Adam D., 519 Sixth av., Belmar (13)
O'Shea, John J., 438 Palisade av., Weehawken (9)
Osher, Morris M., 194 Martine av., Fanwood (20)
Oshrin, Henry, 750 Park av., West New York (9)
Osmun, Milton M., 611 Broadway, Camden (4)
O'Sullivan, John R., 286 Chestnut st., Kearny (9)
Ovens, Ritchie C., 675 Bergen av., Jersey City (9)
Owen, Logan S., 938 Hudson st., Hoboken (9)

ASSOCIATE MEMBERS

Ocheret, Irving, 334 Central av., Orange (7)
O'Connell, Jas.J.,Easton av.&H'milt'n st.,N.Bruns.(12)
O'Connor, Paul A., 157 Roseville av., Newark (7)
Opitz, R. Burton, 218 Brindle Way, Palisade (2)

ACTIVE MEMBERS

Pacicco, Michele, 376 Monmouth st., Jersey City (9)
Paddock, Royce, 965 Broad st., Newark (7)
Pagano, Peter, 45 N. Broad st., Ridgewood (2)
Pagliughi, John J., 401 18th st., Union City (9)
Pal, Darbari R., 32 Clark st., Paterson (16)
Palm, Howard F., 614 N. 2nd st., Camden (4)
Palma, Nicholas, 116 17th av., Paterson (16)
Palmer, Francis R., 249 Lexington av., Passaic (16)
Palmer, Gideon H., 28 Winans st., East Orange (7)
Panigrosso, Louis R.,284Wash'gton st.,P.Amboy(12)
Panitch, Wm., 90 Belmont av., Newark (7)
Pannell, Walter L., 243 Harrison st., East Orange(7)
Panullo, John N., 266 Van Buren st., Newark (7)
Pantaleone, Jos., 504 Hamilton av., Trenton (11)
Parent, Sol., 51 Baldwin av., Newark (7)
Paris, Wm., 518 E. 25th st., Paterson (16)
Parisi, Anthony, 296 S. Orange av., Newark (7)
Park, M. Benjamin, 360 Park av., Paterson (16)
Parker, Horace N., 72 N. Clinton av., Trenton (11)
Parker, James W., 175 Shrewsbury av., Red B'k(13)
Parker, John E., 144 Harrison st., East Orange (7)
Parry, Oliver K., 601 Bangs av., Asbury Park (13)
Parsonnet, Aaron E., 3 Madison av., Newark (7)
Parsonnet, Eugene V., 31 Lincoln Park, Newark (7)
Pascall, Thos. M., 197 Lincoln av., Newark (7)
Patella, Fulvio, 232 Broadway, Paterson (16)
Patterson, Isaac N., 230 Broadway, Westville (8)
Patti, Frank A., 304 Broad av., Leonia (2)
Pattyson, Ralph A., 144 Harrison st., E. Orange (7)
Paul, Geo. A., 788 Lyons av., Irvington (7)
Paul, H. Carl, 30 Westville av., Caldwell (7)
Paulson, Arch M., 160 E. 7th st., Plainfield (20)
Payne, Guy, Essex Co. Hosp., Cedar Grove (7)
Payne, Guy, Jr., 56 S. Prospect st., Verona (7)
Payne, Jos., 223 Godwin av., Midland Park (2)
Peacock, Arthur B., 39 W. Main st., Columbus (3)
Pearl, Sydney S., 545 Rahway av., Elizabeth (20)
Pearlman, Saul J., 210 Lexington av., Passaic (16)
Pearlstein, Frank, 325 16th st., West New York (9)
Pearson, J. Gerald, 817 Washington st., Hoboken(9)
Pearson, Theodore A., Whitehouse Station (10)
Pedevill, Jos. R., 232 Highland av., PalisadesPark(2)
Pedrick, Wm. W., 11 West st., Glassboro (8)
Peer, Lyndon A., 965 Broad st., Newark (7)
Pegau, Paul M., Broad st.&RedB'nk av.,Woodb'ry(8)
Pellarin, John D., 493 New York av., Union City (9)
Pellet, Thomas L., Hamburg (19)
Pelusio, August N., 269 Carroll st., Paterson (16)
Penchansky, Samuel J., 847 Ave. C, Bayonne (9)
Pendexter, Sidney E., 11 S. Arlington av., E. Or.(7)
Pennington, Alfred W., 763 Broad st., Newark (7)

Perham, Bertram S., 199 Lorraine av.,Up.Mntclr.(7)
Perham, Roy G., 248 Blvd., Hasbrouck Heights (2)
Perkel, Louis L., 2801 Hudson Blvd., Jersey City (9)
Perlberg, Harry J., 921 Bergen av., Jersey City (9)
Perrine, Cornelius C., 668 River rd., Fair Haven (13)
Perrone, Arthur, 415 16th st., West New York (9)
Perrotta, Anthony J., 94 Maple av., Red Bank (13)
Perry, Frank L., 43 East av., Woodstown (17)
Pessel, Johannes F., 224 W. State st., Trenton (11)
Peters, Edgar A. P., 394 Bergen av., Jersey City (9)
Peters, Richard C., 963 Park av., Plainfield (20)
Peterson, Chas. A., 921 Washington st., Hoboken (9)
Peterson, Walter R., 312 W. State st., Trenton (11)
Petry, Wm., 109 Treacy av., Newark (7)
Pettit, Herschel, 807 Wesley av., Ocean City (5)
Pettit, Harry H., 138 Franklin av., Ridgewood (2)
Pflug, Ferdinand J., 732 Hudson st., Hoboken (9)
Phelan, Walter F., 124 Chilton st., Elizabeth (20)
Phelps, James E., 203 Park av., Paterson (16)
Phillips, Algernon, 212 W. Market st., Newark (7)
Phillips, Claude B., 891 Haddon av., Collingswood(4)
Phillips, Walter, 109 E. Palisade av., Englewood (2)
Piasecki, Chester A., 741 E. 23rd st., Paterson (16)
Pierce, H. A., 150 Broad av., Leonia (2)
Pierson, Carl L., 178 W. State st., Trenton (11)
Pierson, Jos. R., 10 E. Broad st., Hopewell (11)
Pietri, Raoul, 501 Grand av., Asbury Park (13)
Pignataro, Frank P., N. J. State Hosp.,Marlboro(13)
Pigott, Albert W., Skillman (18)
Pike, Chas. E., 4 E. Haddon av., Oaklyn (4)
Pilch, Arthur G., 1 Willard av., Bloomfield (7)
Pilkington, Albert, 117 S. Virginia av., Atl. City (1)
Piller, Jacob, 245 Broadway, Paterson (16)
Pilloni, Louis, 91 Beach st., Bloomfield (7)
Piltz, Geo. F., 153 25th st., Guttenberg (9)
Pinckney, Frank H., 186 South st., Morristown (14)
Pindar, Frederick S., 960 Park av., N. Bergen (9)
Pinerman, Robt. B., 269 Bordent'n av., S. Amboy(12)
Pingitore, Eufelia, 30 Martin ter., Hackensack (2)
Pink, Solomon H., 21 High st., Butler (16)
Pinkerton, Wm. A., 854 Ave. C, Bayonne (9)
Pino, Anthony, 196 Irving av., Bridgeton (6)
Pinsky, Mordecai M., 944 S. 5th st., Camden (4)
Piskorski, Abdon V., 604 Jersey av., Jersey City (9)
Pitkin, Geo. P., 4 S. Washington av., Bergenfield (2)
Pizzi, Francis W., 205 Park av., Orange (7)
Plant, Jas. S., 502 High st., Newark (7)
Plante, Amos A., 437 Ridgewood rd., Maplewood (7)
Platt, Thomas H., 307 N.Wash'gton st.,Dunellen(12)
Plavin, Nathan J., 5460 Hudson Blvd., N. Bergen (9)
Plinke, Fritz, 159 Lexington av., Passaic (16)
Podell, A. Alfred, 51 E. Front st., Red Bank (13)
Pogoloff, Samuel H., Manville (18)
Pois, John, 52 Pillot pl., West Orange (7)
Poland, Geo. A., 206 E. Verona av., Pleasantville (1)
Poleshuck, Rubin, 127 Hollywood av., Hillside (20)
Policastro, Nelson C., 378 Union st., Hackensack (2)
Polizzotti, Jos. L., 193 Park av., Paterson (16)
Pollak, Berthold S., Hud. Co. Tub. San., Secaucus(9)
Pollis, Nicholas L., 642 High st., Newark (7)
Polow, Benjamin, 24 Johnson av., Newark (7)
Polowe, David, 555 E. 27th st., Paterson (16)
Pomeranz, Raphael, 31 Lincoln Park, Newark (7)
Pons, Carlos A., 501 Grand av., Asbury Park (13)
Pontery, Herbert B., 89 Bowers st., Jersey City (9)
Potter, Benj. P., Hud. Co. Tub. San., Secaucus (9)
Potter, Ellen C., State Office Bldg., Trenton (11)
Potter, Raymond T., 144 Harrison st., E. Orange (7)
Pottinger, Wm. E., Midvale rd., Mountain Lakes(14)
Povalski, Alex. W., 1925 Boulevard, Jersey City (9)
Powis, Ethel M., 198 W. State st., Trenton (11)
Poyas, Morton L., 304 W. State st., Trenton (11)
Prager, Bert A., 251 Main st., Chatham (14)
Prather, John W., 155 Washington av., Dumont (2)
Pratt, Arthur G., 516 Cooper st., Camden (4)
Pratt, Wm. H., 516 Cooper st., Camden (4)
Pregnall, Jas. P., 501 Grand av., Asbury Park (13)
Prestifilippo, Silvestro, 117 GlenRidge av.,Mntclr.(7)
Preston, Perry B., 12 Palm st., Newark (7)
Price, Chas. W., Essex Co. Hosp., Cedar Grove (7)
Price, Nathaniel G., 31 Lincoln Park, Newark (7)
Prigger, Edward R., 39 W. Main st., Pennsgrove(17)
Prince, Robt. A., 567 Broadway, Paterson (16)
Principato, Roberto, 402 Walnut st., Camden (4)
Probst, Everett W., 14 E. Park pl., Rutherford (7)
Proctor, Francis E., 1245 Greenw'd av.,Trenton(11)
Proctor, Jessie E., 15 N. 13th st., Newark (7)
Protzman, Thos. B., 39 Park pl., Englewood (2)
Prout, Chas. D., 406 Sixth av., Asbury Park (13)
Prout, Thos. P., 19 Prospect st., Summit (20)
Prout, Wm. B., 88 W. Forest av., W. Englew'd (2)
Pudney, Wm. K., 31 Trinity pl., Montclair (7)
Purcell, Ernest F., 800 Stuyvesant av., Trenton (11)
Purdy, Chas. H., 35 Highland av., Jersey City (9)
Pursell, Wm. D., 508 S. Main st., Phillipsburg (21)
Pyle, Louis A., 89 Fairview av., Jersey City (9)
Pyle, Wallace, 15 Exchange pl., Jersey City (9)

ASSOCIATE MEMBERS

Padney, Edward V., 452 Jersey av., Jersey City (9)
Pollock, Franklyn J., 14 Watson av., Newark (7)
Provisor, Benjamin, 141 Lexington av., Passaic (16)

ACTIVE MEMBERS

Quad, Clifford W., 52 Northfield av., West Orange(7)
Quigley, Frederic J., 4622 Hudson Blvd.,UnionC'y(9)
Quinby, William O., 14 James st., Newark (7)
Quinn, John J., 921 Bergen av., Jersey City (9)
Quinn, Norman J., 3303 Pacific av., Atlantic City (1)
Quinn, Stephen T., 1143 E. Jersey st., Elizabeth (20)
Quirk, Martin A., 90 W. Front st., Red Bank (13)

ACTIVE MEMBERS

Raab, Michael, 111 Lexington av., Passaic (16)
Rader-Hoheb, Katherine A., 5Linc'ln av.,R'th'rf'd(2)
Radest, Louis J., 95 New'k-Pmptn Trnpk, Singac(16)
Rado, William, 75 Lincoln Park, Newark (7)
Rados, Andrew, 31 Lincoln Park, Newark (7)
Ragany, Joseph, 966 S. Broad st., Trenton (11)
Rainey, Willard G., 34 Bayard Lane,Princeton(11)
Rampona, Jos. M., 118 Nassau st., Princeton (11)
Ramsey, F. Muriel, 310 E. Pine st., Millville (6)
Randall, Chas. H., 50 3rd av., Newark (7)
Randazzo, Anton Philip, Whelan Clinic, Passaic (16)
Ranson, Briscoe B., Jr., 114 Harrison st., E. Or. (7)
Rapp, Robt. Francis, 302 S. Main st., Hightst'n (11)
Rathgeber, Chas. F., 18 William st., E. Orange (7)
Raughley, Wm. C., Taunton av., Berlin (4)
Rauschenbach, Paul E., 225 B'way, Paterson (16)
Rauschenbach, Paul E.,Jr.,174Carroll st.,P'ters'n(16)
Ravitz, Samuel F., 1082 Broad st., Newark (7)
Read, Hilton S., 5407 Atlantic av., Ventnor (1)
Read, Jessie D., 519 Lenox av., Westfield (20)
Read, William T., Jr., 514 Cooper st., Camden (4)
Reale, Nicholas P., 119 S. Main st., Manville (18)
Rector, Joseph M., 681 Bergen av., Jersey City (9)
Reed, F. Brendon, 144 Harrison st., E. Orange (7)
Reeves, Ernest, 195 Lexington av., Passaic (16)
Reeves, John F., 55 East av., Bridgeton (6)
Reich, Abraham L., 83 Lyons av., Newark (7)
Reich, Henry, 31 Lincoln Park, Newark (7)
Reich, Jerome J., 1410 Maple av., Hillside (20)
Reid, Erwin W., 125 Marsellus pl., Garfield (2)
Reilly, Christopher, 331 13th av., Newark (7)
Reiner, Jacob, 811 N. Broad st., Elizabeth (20)
Reingold, Alexander, 221 Garden st., Hoboken (9)

Reinhold, Herb't E., 441 W.Englw'd av.,W.Englw.(2)
Reisinger, Paul B., 369 W. State st., Trenton (11)
Reissman, Erwin, 31 Lincoln Park, Newark (7)
Reitnauer, John Stanislaus, 518 44th st.,UnionC'y(9)
Reitter, George S., 144 Harrison st., E. Orange (7)
Relyea, George M., 129 Summit av., Summit (20)
Remer, Daniel F., 417 High st., Mt. Holly (3)
*Renner, Dan Smith, State Village, Skillman (18)
Renzulli, Francesco, 228 S. 7th st., Newark (7)
RePass, Paul E., 144 Harrison st., East Orange (7)
Rettig, Isidor L., 36 Milford av., Newark (7)
Reyner, Dan'l C., 2703 Pacific av., Atlantic City (1)
Reynolds, Earle C., 655 Main av., Passaic (16)
Reynolds, Geo. G., 64 W. Main st., Freehold (13)
Reynolds, Harry C., 657 Main av., Passaic (16)
Rhoads, S. Creadick, 104 Station av., Westville (8)
Rhone, David S., 1202 Haddon av., Camden (4)
Ribbans, Robt. C., 63 Central av., Newark (7)
Rice, Franklin W., 184 South st., Morristown (14)
Rich, Charles, 191 Littleton av., Newark (7)
Richards, Paul Sherwin, 1 Main st., Butler (16)
Richardson, Arthur H., 60 Orange rd., Montclair (7)
Richardson, Chas. A., Main st., Closter (2)
Richardson, Marvin T., 4 Sherbr'keP'w'y,Lvgstn.(7)
Ricketts, Henry E., 31 Lincoln Park, Newark (7)
Rieck, Allan, 507 S. Shore rd., Pleasantville (1)
Rieck, Walter R., 379 Kearny av., Kearny (9)
Rieman, Aloysius P., 3566 Hudson Blvd., Jer.C'y(9)
Riesc, Jacob A., 636 Palisade av., W. New York (9)
Riggins, Edwin N., 161 N. Arlington av.,E.Or'ge(7)
Ring, Herman B., 112 Lexington av., Passaic (16)
Rinzler, Harry Granger, 127VanHout'n av.,Pas'c(16)
Ripley, Chas. D., 39 Lincoln Park, Newark (7)
Ripley, Edward Warren, 7 Trinity pl., Mntclr. (7)
Ripps, Maurice L., 410 Elmora av., Elizabeth (20)
Ristine, Edwin R., Cooper Hosp., Camden (4)
Rita, James J., 235 S. Clinton av., Trenton (11)
Rizzolo, Edward M., 523 Union av., Belleville (7)
Robbins, Lewis, 18 Clinton pl., Newark (7)
Robbins, Charles M., 31 Lincoln Park, Newark (7)
Robbins, Eugene, 909 Broad st., Newark (7)
Robbins, Warren D., 202 Ocean av., Cape May (5)
Roberts, Allison H., 24 S. 9th st., Newark (7)
Roberts, David C., 7 Cape Court, Millburn (7)
Roberts, Jos. E., Jr., 403 Cooper st., Camden (4)
Roberts, William A., 11 Park av., Caldwell (7)
Robertson, Grace M., 650 W. 7th st., Plainfield (20)
Robie, Theodore, 144 Harrison st., East Orange (7)
Robinson, Ernest A., 149 Atkins av., Asbury P'k(13)
Robinson, John T., 598 Watchung rd., B'd Br'k(18)
Robinson, Louis H., 31 Lincoln Park, Newark (7)
Robinson, Silas E., Franklin Trnpk., Waldwick (2)
Robinson, Wm. Arthur, 62 Main av., Ocean Gr.(13)
Rocco, Frank, 729 Summer av., Newark (7)
Rodman, Ellwood W., 503 Cooper st., Beverly (3)
Roeber, Wm. J., 21 Nesbit ter., Irvington (7)
Roemer, Jacob, 213 Broadway, Paterson (16)
Rogers, Dorothy M., 50 Cooper st., Woodbury (8)
Rogers, Edw. B., 814 Haddon av., Collingsw'd (4)
Rogers, Harry, 144 Harrison st., East Orange (7)
Rogers, Harry L., 408 Main st., Riverton (3)
Rogers, Laurence H., Municipal Hosp., Trenton (11)
Rogers, Richard M., 1 Wallace st., Newark (7)
Rogers, Robert H., 49 9th av., Newark (7)
Roh, Robert F., 671 Broad st., Newark (7)
Romano, Anthony Mario, 134 Broadway,Hillsdale(2)
Romano, Patrick James, 203 S. Essex av., Orange(7)
Rona, Maurice, 159 Bayard st., New Brunswick (12)
Roop, William O., 101 S. Indiana av., AtlanticCity(1)
Rosamilia, Ralph E., 480 N. 7th st., Newark (7)
Rose, Abraham, 212 S. Broad st., Elizabeth (20)
Rose, Mary E. D., 453 Park av., Orange (7)
Rosecrans, James H., 826 Hudson st., Hoboken (9)
Rosenberg, Albert B., 69 Myrtle av., Plainfield (9)
Rosenberg, Jacob, 692 Bergen av., Jersey City (9)
Rosenberg, L. Charles, 11 Murray st., Newark (7)
Rosenberg, Louis, 26 S. Stenton pl., Atlantic City (1)
Rosenblatt, Sidney, 1904 Pacific av., Atlantic City(1)
Rosenstein, Jacob Lyon, 568 Bergen av., Jer. City(9)
Rosenstein, Saivel L., 2120 Spr'gf'd av.,VauxHall(20)
Rosenthal, Sydney, 95 Wilson av., Newark (7)
Ross, Alex S., 542 Cooper st., Camden (4)
Rossell, Edward W., 801 Cooper st., Camden (4)
Rossi, Bartolomeo, 60 Park av., Madison (14)
Roth, Oswald H., 210 Littleton av., Newark (7)
Rothhouse, Burnet, 19 Lincoln Park, Newark (7)
Rothman, Theodore, 494 Park av., Paterson (16)
Rothschild, Daniel L., 585 Elizab'th av., Newark (7)
Rothschild, Karl, 149 Livingston av.,NewBruns.(12)
Rothseid, Abraham, 59 Avon av., Newark (7)
Rothstein, Isadore B., 16 Lyons av., Newark (7)
Rowan, Henry M., 224 W. State st., Trenton (11)
Rowe, Joseph A., 247 Franklin av., Ridgewood (2)
Rowe, Norman L., 828 Grand st., Jersey City (9)
Rowland, James J., 321 Bay av., Highlands (13)
Rowland, John H., 159 New st., New Brunswick(12)
Roy, Bert W., 25 Hanburg av., Sussex (19)
Roy, Joseph N., 95 17th av., Paterson (16)
Rube, Joseph A., 145 Prospect st., Ridgewood (2)
Rubenstein, Eli, 79 West 32nd st., Bayonne (9)
Rubin, A. David, 401 1st av., Asbury Park (13)
Rubin, Abraham A., 75 Lincoln Park, Newark (7)
Rubinow, Saul M., 755 High st., Newark (7)
Ruch, Valentine, 115 W. Palisade av., Englew'd (2)
Ruffu, Henry L., 111 S. Boston av., Atlantic City (1)
Rucker, William C., 408 Main st., Hackensack (2)
Rullman, Walter A., 58 W. Front st., Red Bank (13)
Rundlett, Emilie V., 79 Prospect st., Jer. City (9)
Runnells, John E., Bonnie B'rn Sana.,ScotchPls.(20)
Runyan, Wm. J., 102 Broad st., Bloomfield (7)
Runyon, Laurence, 80 Somerset st., New Bruns.(12)
Rucco, William Bruggy, 416 River st., Paterson(16)
Ruoff, Andrew C., 494 New York av., Union City (9)
Rusby, Henry H., 776 DeGraw av., Newark (7)
Russell, Chas. B., 119 Hamilton av., Paterson (16)
Russell, David L., 690 Bergen av., Jersey City (9)
Russo, Dominick T., 51 E. Somerset st., Raritan (18)
Ruttenberg, Louis, Union st., Mantua (8)
Ruttenberg, Max, 303 Cooper st., Camden (4)
Ruvane, Joseph J., 38 Bentley av., Jersey City (9)
*Ryan, John Nicholas, 158 Lexington av.,Passaic(16)
Ryley, Harold Wm., 1 Lincoln pl., E. Rutherford (2)
Ryman, Merlin T., 4 N. Hillside av., Chatham (14)

ASSOCIATE MEMBERS

Ram, Nathan H., 34 Park av., Caldwell (7)
Randazzo, Anton P., 82 Prospect st., Passaic (2)
Rechtman, A. M., 1616 Pacific av., Atlantic City (1)
Reinhardt, Warren I., 296 N. Arlington av.,E.Or(7)
Revere, Seth D., 600 Park av., E. Orange (7)
Rosen, Charles D., 106 S. Harrison st., E. Orange(7)
Rubenstein, Robert, 2758 Hudson Blvd., Jer. City(9)

ACTIVE MEMBERS

Sabarese, Theodore C., 122 Marsellus pl., Garf'd(16)
Sacco, Anthony G., 440 New York av., Union C'y(9)
Sacco, Gregory E., 191 Broad st., Red Bank (13)
Sachs, Wilbert, 921 Bergen av., Jersey City (9)
Sadoff, Joseph, 116 Elmora av., Elizabeth (20)
Saffron, Morris H., 292 Paulison av., Passaic (16)
Salasin, Samuel L., 511 Pacific av., Atlantic City (1)
Salmon, Edward F., 74 Fairview av., Jersey City (9)
Salvati, Leo H., 244 Walnut st., Westfield (20)
Salway, Benjamin, 321 S. Broad st., Trenton (11)
Salzman, Nathan, 714 Broadway, Paterson (16)
Samson, Norman D., 281 Kearny av., Kearny (7)
Samuels, Sol L., 219 W. 7th st., Plainfield (20)

Sandella, Joseph F., 169 New st., New Brunsw'k(12)
Sandler, Moses, 1630 Center av., Fort Lee (2)
Sandler, Sam'l A., 2758 Hudson Blvd., JerseyCity(9)
Sands, Ord L., 310 W. 72nd st., New York, N. Y. (13)
Sandt, Frank R., 466 Park av., Paterson (16)
Sanfacon, Thos. A., 340 Park av., Paterson (16)
Santangelo, Emil L., 349 Broadway, Paterson (16)
Santangelo, Stephen, 461 Jersey av., Jersey City (9)
Sardarian, Albert V., 481 New Y'k av., Union C'y(9)
Saslow, Benjamin, 680 Clinton av., Newark (7)
Sasso, Albert, 99 Parker st., Newark (7)
Satchwell, Harry H., 169 Roseville av., Newark (7)
Satulsky, Emanuel M., 544 Jersey av., Elizabeth(20)
Saulsberry, Chas. E., 75 Livingston av.,N.Bruns.(12)
Saunders, Orris W., 1700 Broadway, Camden (4)
Sawyer, Blackwell, 109 Wash'gton st., TomsRvr.(15)
Sax, Max T., 84 Grove st., Bloomfield (7)
Sayre, Wm. D., 69 Maple av., Red Bank (13)
Sbarra, Francesco, 531 W. Market st., Newark (7)
Scammell, Frank G., 40 S. Clinton av., Trenton(11)
Scanlan, D. Ward, 15 S. Illinois av., Atlantic City(1)
Scasserra, Benedict B., 163 Nassau st., Princeton(11)
Schaaf, Royal A., 413 Mt. Prospect av., Newark (7)
Schaefer, Eugene P., 12 Harrison pl., Irvington (7)
Schaffer, Nathan, 172 S. Arlington av., E. Orange(7)
Schall, R. Elmer, 537 N. 7th st., Camden (4)
Schapiro, Joseph, 712 Palisade av., Union City (9)
Schectman, Vera, 385 Osborne ter., Newark (7)
Scheffler, Wm. A. H., 511 Cooper st., Camden (4)
Schellenger, Edw. A. Y., 429 Cooper st., Camden (4)
Schenker, Benjamin N., 246 5th st., Jersey City (9)
Schept, Samuel S., 523 37th st., Union City (9)
Scher, Maurice A., 137 Lyons av., Newark (7)
Schildkraut, Jacob M., 170 W. State st., Trenton(11)
Schiller, Edwin, 449 Westminster av., Elizab'th(20)
Schiller, Rosa O., 449 Westminster av., Elizab'th(20)
Schiller, Nicholas, 29 Girard pl., Newark (7)
Schilling, Anthony B., 727 Jefferson av., Eliza. (20)
Schimmelpfennig, Robt. D., M't'nsideHosp.,Mtclr.(7)
Schisler, Milton M., 2nd & Church sts., Florence (3)
Schlein, August, 707 Park av., Hoboken (9)
Schlein, David, 26 E. Price st., Linden (20)
Schlichter, Chas. H., 556 N. Broad st., Elizabeth (20)
Schlossbach, Theo., 94 S. Main st., Ocean Grove(13)
Schmidt, Albert F., 81 Union av., Manasquan (13)
Schmidt, Walter W., 386 Palisade av., CliffsideP'k(2)
Schmukler, Jacob, 29 Rutgers st., Maplewood (7)
Schneckendorf, Sam'l J., 179 Harrison av., Jer.C'y(9)
Schneider, Chas. A., 694 Clinton av., Newark (7)
Schneider, Clinton R., 125 N. Green st., T'ck'rt'n(15)
Schneider, Louis, 874 S. 13th st., Newark (7)
Schneider, Louis A., 412 17th st., W. New York (9)
Schoenau, Carl W., 1255 Broad st., Bloomfield (7)
Schrack, Helen F., 216 N. 5th st., Camden (4)
Schramm, Joseph A., 572A High st., Newark (7)
Schreck, Harry, 192 Roseville av., Newark (7)
Schroeder, Henry J. L., 110 W. State st.,Trenton(11)
Schubert, Roy R., 408 Union av., Paterson (16)
Schuchner, Wm. F., 550½ Jersey av., Jersey City(9)
Schuck, Traugott J., 58 9th st., Hoboken (9)
Schulman, Abraham S., 4638 Blvd., Union City (9)
Schulsinger, Samuel, 80 Clinton av., Newark (7)
Schulte, Herbert A., 701 Clinton av., Newark (7)
Schults, Anna R., 207 Summer av., Newark (7)
Schultz, Augustin M., 379 Union av., Paterson (16)
Schurman, Francis H. C., 14 Smull av., Caldwell (7)
Schwartz, Henry C., Raritan av., Atco (4)
Schwartz, Samuel H., 1044 Park av., Plainfield (20)
Schwartz, Wm., 155 Lexington av., Passaic (16)
Schwartzberg, Fred'k I., 579 Broadway,Paterson(16)
Schwarz, Berthold T. D., 2787HudsonBlvd.,Jer.C'y(9)
Schwarz, Henry J., 5560 Hudson Blvd., N. Brgn.(9)
Schwarzkopf, Geo. C., 2901 Pacific av., Atl. City (1)
Schweizer, Roman G., 36 Summit rd., Elizabeth (20)
Schwinn, Chas., 7600 Winchester av., MargateC'y(1)
Scielzo, Nicholas F., 369 Park av., Paterson (16)
Sciorsci, Edw. F., 609 Bloomfield st., Hoboken (9)
Scott, Elmer A., Belle Mead San., Belle Mead (13)
Scott, Frederick J., 1 Oak st., Franklin (19)
Scott, Harold R., 10 Speedwell av., Morristown (14)
Scott, Jos. H., 121 North Virginia av., Atl. City (1)
Scott, Karl M., 1616 Pacific av., Altantic City (1)
Scott, Parry M., 466 Cooper st., Beverly (3)
Scott, R. Hunter, 205 Roseville av., Newark (7)
Scott, Samuel G., 141 Bergen av., Jersey City (9)
Scranton, Chas. W., 59 Washington st., E. Orange(7)
Scribner, Chas. H., R.F.D. 1, H'mb'bTpk.,Ptrsn.(16)
Scruggs, W. J., 3005 Kearsarge rd., Camden (4)
Scudder, Frank D., 65 N. Fullerton av., Mntclr.(7)
Scullion, Arthur A., 460 Anderson av.,CliffsideP'k(2)
Sealey, Henry J., 79 Washington av., Dumont (2)
Seely, Roy B., 78 N. Clinton av., Trenton (11)
Segard, Christian P., 204 Glenwood av., Leonia (2)
Seidler, Victor B., 16 Plymouth st., Montclair (7)
Seidman, Edwin A., 580 High st., Newark (7)
Seifert, Edwin A., 415 Ridgewood av., Glen Rdg.(7)
Seiler, Benj., 330 Palisade av., Cliffside Park (2)
Seitzick-Robbins,HannahE.,733H'milt'n av.,Trntn(11)
Sekerak, Albert J., 984 S. Broad st., Trenton (11)
Selinger, Samuel, 413 16th st., West New York (9)
Sell, Frederick W., 167 W. Emerson av.,Rahway(20)
Sellers, Robert R., 19 Chestnut st., Newark (7)
Selvaggi, Carlo, 82 Congress st., Newark (7)
Sender, Fannie, 193 Main st., South River (12)
Senerchia, Fred F., Jr., 604 W'stm'nst'r av.,Eliza.(20)
Sesta, Jos. A., 242 Fulton av., Jersey City (9)
Sewall, Millard F., 195 E. Commerce st., Bridget'n(6)
Seward, Frederic H., 40 Gr'n Village rd.,Madison(14)
Seward, Wm. H., 49 Prospect st., East Orange (7)
Sewell, Stephen, 212 Jersey av., Spring Lake (13)
Sexsmith, Geo. H., 719 Ave. C, Bayonne (9)
Sexton, Edward V., 176 Edgemont pl., Teaneck (2)
Seybold, Arthur D., 302 E. 7th st., Plainfield (20)
Seymour, Edward T., 55 Hillside av., Tenafly (2)
Seymour, Geo. A., 253 Orchard st., Elizabeth (20)
Sferra, Alfred F. W., 312 E. High st., BoundBr'k(18)
Shafer, Albert H., 405 Cooper st., Camden (4)
Shafer, Frederick W., 634 Penn av., Camden (4)
Shaner, Ralph D., 94 Hillside av., Nutley (7)
Shangle, Milton A., 34 Prince st., Elizabeth (20)
Shanik, Wm., 415 Sunset av., Asbury Park (13)
Shannon, Jas. B., 66 S. Fullerton av., Montclair (7)
Shannon, Lardner M., 66 S.Fullerton av.,Montcl'r(7)
Shapiro, Chas. S., Maple Shade (3)
Shapiro, David, 707 Broadway, Paterson (16)
Shapiro, Louis, 146 Broad st., Newark (7)
Shapiro, Louis G., 375 Broadway, Paterson (16)
Shapiro, Maurice, 750 Ave. C, Bayonne (9)
Shapiro, Nathaniel J., 192 Palisade av., Union C'y(9)
Sharp, Charles E., Main st., Port Norris (6)
Sharp, Jennie S., 719 Cooper st., Camden (4)
Sharp, Reuben L., 719 Cooper st., Camden (4)
Shaul, Frederick G., 10 Washington st.,Bl'mf'd (7)
Shavelson, Irving C., 2 N. Dover av., Atl. City (1)
Shaw, Ernest B., 811 Collings av., W. Collingsw'd(4)
Shaw, John J., 105 Park av., East Orange (7)
Sheaffer, Clinton P., 241 King'sH'wayE.,H'dd'nf'd(4)
Sheehan, Daniel C., 12 Cliff st., Newark (7)
Sheeran, Vincent J., 269 Jewett av., Jersey City (9)
Sheets, Cecil C., 213 Broad st., Paulsboro (8)
Shemeley, Wm. G., Jr., 7 Haddon av., Camden (4)
Shenfeld, Isaac, 4806 Atlantic av., Ventnor (1)
Sheppard, A. G., 309 Broad st., Elmer (6)
Sheppard, Frank R., 131 N. 3rd st., Millville (6)
Sheppard, Muse A., Penn & Broad sts., Elmer (6)
Sheppard, Robert L., 768 N. 27th st., Camden (4)
Sherk, A. Lincoln, 2647 Westfield av., Camden (4)
Sherman, A. Russell, 671 Broad st., Newark (7)

Sherman, Allton L., 485 Park av., Orange (7)
Sherman, Arthur E., 243 S. Harrison st., E. Or. (7)
Sherman, Benj., Aurora Institute, Morristown (14)
Sherman, Byron G., 502 Maple av., Morristown (14)
Sherman, Elbert S., 671 Broad st., Newark (7)
Sherman, Fuller G., Woodbury (8)
Sherman, Sam'l H., 81 Elmora av., Elizabeth (20)
Sherman, Wm. E., 88 Schureman st., NewBruns.(12)
Shill, Benjamin, 738 High st., Newark (7)
Shimer, A. Burton, 606 Pacific av., Atlantic City (1)
Shimer, Floyd A., 88 Lewis st., Phillipsburg (21)
Shipman, James S., 542 Cooper st., Camden (4)
Shipman, Meyer P., 237 Broadway, Paterson (16)
Shippee, David N., 648 Ringwood av., Wanaque (16)
Shippee, James N., 648 Ringwood av., Wanaque (16)
Shipps, Hammell P., 739 Chestnut st., Delanco (3)
Shirlock, Margaret E., Vinel'd State Sch'l,Vinel'd(6)
Shirrefs, Russell A., 348 Elmora av., Elizabeth (20)
Shivers, Chas. H. deT., 121 S. Illinois av., Atl.C'y(1)
Shook, Benjamin E., 284 Bergen av., Jersey City (9)
Shope, Edward P., 511 Cooper st., Camden (4)
Shor, David M., 32 S. Munn av., East Orange (7)
Shore, Ernest L., 306 Atlantic av., Atlantic City (1)
Shull, Elliott C., 517 Cooper st., Camden (4)
Shull, John V., 84 Market st., Perth Amboy (12)
Shulman, Abraham, 528 E. 29th st., Paterson (16)
Shulman, Nathan L., 538 45th st., Union City (9)
Sica, L. Samuel, 431 E. State st., Trenton (11)
Sickel, Emanuel M., 220 Madison av., Lakewood (15)
Sieber, Isaac G., 204 Merchant st., Audubon (4)
Siegel, Jacob W., 96 S. 10th st., Newark (7)
Siegel, Sidney L., 227 N. 2nd st., Millville (9)
Siegler, Julius, 646 Bergen av., Jersey City (9)
Silcox, J. Evart D., 79 First st., Keyport (13)
Silk, Chas. I., 278 High st., Perth Amboy (12)
Sill, John B., 1129 Hamilton av., Trenton (11)
Silver, E. Drew, 136 Stockton st., Hightstown (11)
Silver, George A., 242 Stockton st., Hightstown (11)
Silver, Harry B., 190 Clinton av., Newark (7)
Silverman, Irving, 258 Dayton av., Clifton (16)
Silverman, Ralph L., Pennsgrove (17)
Silverman, Theo. M., 105 Elmora av., Elizabeth (20)
Silvers, Homer L., 16 S. Suffolk av., Atlantic City (1)
Silverstein, Benj. J., 32 Hillside av., Newark (7)
Silverstein, Jacob M., 73 Main st., Millburn (7)
Silverstein, Max, 605 1st av., Asbury Park (13)
Simeone, Peter A., 555 38th st., Union City (9)
Simkin, Abraham, 247 Broadway, Passaic (16)
Simmons, Albert V., 720 Prospect st., Maplew'd (7)
Simms, Geo. F., 541 Page av., Lyndhurst (7)
Simon, Henry, 5 Vermont av., Newark (7)
Simon, Julius J., 174 Columbia av., Passaic (16)
Simon, Ludwig L., 201 Ferry st., Newark (7)
Simon, Morris L., 174 Washington pl., Passaic (16)
Simon, Philip H., 174 Columbia av., Passaic (16)
Sinexon, Henry L., 36 W. Broad st., Paulsboro (8)
Singer, Bella, 406 Elmora av., Elizabeth (20)
Singer, Max, 147 Johnson av., Newark (7)
Singer, Sina S., 3445 Boulevard, Jersey City (9)
Sinkinson, Chas., 1616 Pacific av., Atlantic City (1)
Sinton, John Y., Imlaystown (11)
Sisson, Nelson W., 144 Harrison st., East Orange (7)
Siveke, John, 106 Lexington av., Passaic (16)
Skvarla, John A., 17 Koster st., Wallington (2)
Skwirsky, Joseph, 170 Hawthorne av., Newark (7)
Slack, Clarence J., 230 W. State st., Trenton (11)
Slaff, Florence, 16 Grove st., Passaic (16)
Slavin, Paul, 31 Lincoln Park, Newark (7)
Sloan, Samuel L., 182 Belmont av., Paterson (16)
Slobodien, Benjamin F., 107 Market st.,P.Amboy(12)
Sloeum, Harry B., Bath&Westw'd avs.,L'gBr'nch(13)
Sly, John L., 382 Springfield av., Summit (20)
Smaine, Enrique delC., 549 Monroe st., Carlstadt(2)
Small, E. Lester, 30 Branch st., Medford (3)
Smalley, Mahlon C., Gladstone (18)
Smalley, Sara D., 530 Clifton av., Newark (7)
Smith, A. L. Marshall, 62 Bayard st., NewBruns.(12)
Smith, Alexander L., 2672 Blvd., Jersey City (9)
Smith, Andrew M., 344 Philadelphia av.,EggHrbr.(1)
Smith, Arthur B. R., 585 Bergen av., Jersey City (9)
Smith, Bryan Arthur, 20 West Plaza, Ridgewood (2)
Smith, Byron J., 851 So. Orange av., E. Orange (7)
Smith, Carroll D., 320 Broadway, Paterson (16)
Smith, Ellis L., Soho Hospital, Belleville (7)
Smith, Elroy W., 655 Main av., Passaic (16)
Smith, George H., 136 Evergreen pl., East Orange(7)
Smith, Harold W., 179 Lincoln av., Orange (7)
Smith, Henry G., Essex Co. Hosp., Cedar Grove (7)
Smith, Houghton C., 1063 S. Clinton av., Trenton(11)
Smith, Ivan B., Pittstown (10)
Smith, James D., 701 N. 6th st., Camden (4)
Smith, John V., 463 State st., Perth Amboy (12)
Smith, Jos. J., 325 13th av., Newark (7)
Smith, Leon A., 655 Main st., Passaic (16)
Smith, Leonard H., 32 Washington st., E. Orange(7)
Smith, Malcolm K., 22 Madison av., Morristown (14)
Smith, Marcia V., 821 Wesley av., Ocean City (5)
Smith, Thayer A., Forest Dr. & Park pl., Sht.Hills(7)
Smith, Warren H., 91 Main st., Newton (19)
Smith, W. Henley, 126 W. State st., Trenton (11)
Smith, Wilbur A., 2 E. Clinton av., Oaklyn (4)
Smith, Wm. B., 17 Alden av., Cranford (20)
Snavely, Earl H., Newark City Hosp., Newark (7)
Snedecor, Spencer T., 50 Anderson st., Hackens'k(2)
Snyder, John E. C., 1023 Garden st., Hoboken (9)
Snyder, Wm. Jay, 74 Columbia ter., Weehawken (9)
Sobel, Irving J., 136 Broadway, Passaic (16)
Sobin, Julius, 24 Waverly av., Newark (7)
Sochacki, Alexander, 1478 Mt.Ephraim av.,C'md'n(4)
Solk, Arthur G., 88 Clinton av., Newark (7)
Solworth, Lee, 100 E. Palisade av., Englewood (2)
Somers, Fred L., 144 Harrison st., East Orange (7)
Sommer, Geo. N. J., 120 W. State st., Trenton (11)
Sommer, Geo. N. J., Jr., 120 W.State st.,Trenton(11)
Sooy, Leslie T., 202 W. Holly av., Pitman (8)
Soschin, Samuel J., 31 Lincoln Park, Newark (7)
Sosnow, Louis M., 51 Central av., Hillsdale (2)
Spalding, Henry J., 512 45th st., Union City (9)
Spallone, Jos. C., 123 Mt. Prospect av., Newark (7)
Spano, Frank, 320 47th st., Union City (9)
Sparks, Paul R., 21 W. Broad st., Burlington (3)
Spath, George B., 722 Hudson st., Hoboken (9)
Spence, Henry, 2540 Blvd., Jersey City (9)
Spencer, Alvan, 395 W. Blackwell st., Dover (14)
Spencer, Ira T., 152 Main st., Woodbridge (12)
Spencer, Jas. H., Jr., 23 Hospital rd., Franklin (19)
Spickers, William, 6 Church st., Paterson (16)
Spiegelglass, Abraham B., 417 Main st.,Haek'ns'k(2)
Spillane, Timothy H., 379 S. Main st., Phillipsb'g(21)
Spirito, Michael W., 1071 Elizabeth av., Elizab'th(20)
Spivack, David, 944 E. Jersey st., Elizabeth (20)
Spradley, Jeems B., State Hospital, Trenton (11)
Sprague, Edward W., 86 Washington st., Newark(7)
Sprague, Seth B., 301 York st., Jersey City (9)
Spritzer, Theo. D., S. Washington av., Dunellen (12)
Spurgeon, Dorsett L., 19 Church st., Newton (19)
Staehle, Richard H., 34 Lyons av., Newark (7)
Stage, Earl Deu, 11 James st., Morristown (14)
Stahl, Alfred, 55 Lincoln Park, Newark (7)
Stahl, Chas., 659 Sanford av., Newark (7)
Stalberg, Isaac Z., 1616 Pacific av., Atlantic City(1)
Stamps, George R., 300 E. Verona av., Pl's'ntv'le(1)
Stanton, Nathaniel B., 734 Park av., Plainfield (20)
Stark, Jacob, 645 Broadway, Paterson (16)
Statman, Arthur J., 337 Hawthorne av., Newark (7)
Staub, E. Milton, 531 E. Broad st., Westfield (20)
Steel, William A., Beesley's Point (5)
Steele, Stephen, 10 W. Gibbons st., Linden (20)

Steffens, Chas. T., 307N.Washington av.,Dunell'n(12)
Stein, Emil, 607 Park av., Elizabeth (20)
Stein, George H., 406 Elmora av., Elizabeth (20)
Stein, Harry M., 227 W. Broadway, Paterson (16)
Stein, Isadore, 210 Elizabeth av., Elizabeth (20)
Stein, Jacob M., 68 Columbia ter., Weehawken (9)
Stein, Louis A., 226 W. State st., Trenton (11)
Stein, Martin H., 153 Second st., Elizabeth (20)
Stein, Wm., 73 Livingston av., New Brunswick (12)
Steinberg, Benjamin L., 534 Main st., Singac (16)
Steinberg, Werner, 45 E. Henry st., Linden (20)
Steinbock, Fred'k W., 136Garf'd av.,Avon-by-Sea(13)
Steiner, Edwin, 33 Lincoln Park, Newark (7)
Stephenson, Dan'l H., 213 Haddon av., Haddonf'd(4)
Stephenson, Gordon A., 145 Summit av., Summit(20)
Stern, Samuel, 2815 Pacific av., Atlantic City (1)
Steuart, David F. R., 11 DeBarry pl., Summit (20)
Stevenson, Alexander M., 7506V'ntnor av.,Marg'te(1)
Stevenson, Geo. S., R. D. No. 1, Red Bank (13)
Stewart, Irving J., 529 King's H'way, Swedesboro(8)
Stewart, Robert G., 79 Midland av., Montclair (7)
Stewart, Sloan G., Pacific&N.Car'lina avs.,Atl.City(1)
Stewart, Walter B., 8 N. Tallahassee av., Atl.C'y(1)
Stickles, Lloyd C., 49 Parkhurst st., Newark (7)
Stiles, Campbell, 713 Park av., East Orange (7)
Stillwell, Harry C., 51 W. Milton av., Rahway (20)
Stimus, Howard G., 300 Kaighn av., Camden (4)
Stinson, Richard, 641 E. 18th st., Paterson (16)
Stockfisch, Robt. H., 3644 Boulevard, Jersey City (9)
Stokes, Earle B., 144 Harrison st., East Orange (7)
Stokes, Jas. S., 85 Park av., Paterson (16)
Stokes, Joseph, 220 E. Main st., Moorestown (3)
Stokes, S. Emlen, 129 Chester av., Moorestown (3)
Stoltz, Raymond R., 23 Passaic av., Passaic (16)
Stone, Arthur L., City Hall, Camden (4)
Stone, Frank P., Tomlinson av., Laurel Springs (4)
Stone, Robert G., State Hospital, Trenton (11)
Storaci, Frank S., 703 Hamilton av., Trenton (11)
Stout, John P., 165 Jewett av., Jersey City (9)
Stouter, Francis L., 29 17th av., Paterson (16)
Strahan, F. G., 473 Broadway, Long Branch (13)
Strandberg, Herb't L., 94Wash'gton av.,Carteret(12)
Straub, Herbert H., 242 Springdale av., E. Orange(7)
Straughn, Clinton C., 23 Monmouth st., Red B'k(13)
Strauss, Arthur, 130 Pavilion av., Long Branch (13)
Streen, Morris E., 908 Bergen st., Newark (7)
Street, Daniel B., 27 Woodlawn av., Jersey City (9)
Strelinger, Alexander, 689 Newark av., Elizab'th(20)
Strom, Abraham, 410 W. 7th st., Plainfield (20)
Stuart, Jas. S., 552 E. Second st., Plainfield (20)
Stuart, Wm. C., 518 Hudson st., Hoboken (9)
Sturchio, Edoardo, 104 Ferry st., Newark (7)
Stybel, Joseph, 806 W. Front st., Plainfield (20)
Subin, Harry, 1616 Pacific av., Atlantic City (1)
Sucoff, Moses C., 158 Hamilton av., Passaic (16)
Suffness, Gustave, 1087 E. Jersey st., Elizabeth (20)
Sullivan, Chas. J., 57 Paterson st., NewBrunsw'k(12)
Sullivan, Jas. A., 668 Jersey av., Jersey City (9)
Sullivan, Wm. M., Jr., 43 Passaic av., Passaic (16)
Sulouff, Samuel H., 662 Newark av., Jersey City (9)
Summerill, Frederick,150MineralSpring av.,Pas'c(16)
Summerill, Garnett, 330 Cooper st., Camden (4)
Summers, Alfred D., 180 Nassau st., Princeton (11)
Summey, Thos. J., 201 E. Oak av., Moorestown (3)
Surgent, Geo. W., 246 Dayton av., Clifton (16)
Surran, Carl A., 1616 Pacific av., Atlantic City (1)
Sussman, Harold, 541 44th st., Union City (9)
Suter, Harry F., 49 W. Main st., Pennsgrove (17)
Sutherland, Robert C., Pennsgrove (17)
Sutherland, Wm. W., 320 Broadway, Paterson (16)
Sutnick, Theodore B., 1018 S. Broad st., Trenton (11)
Sweeney, Wm. J., 68 Clifton ter., Weehawken (9)
Swern, Nathan, 399 W. State st., Trenton (11)
Swertfeger, Herb't W., 106 W. Broad st.,Hopew'l(11)
Swiecicki, Martin E., 317ClementsBr.rd.,Barr'gt'n(4)
Swiney, Juliana C., 325 Ave. C, Bayonne (9)
Swiney, Merrill A., 325 Ave. C, Bayonne (9)
Symes, Earl R., 161 Kearny av., Kearny (7)
Szerlip, Leopold, 31 Lincoln Park, Newark (7)
Szold, Norman F., 701 Princeton av., Lakew'd(15)
Szuch, Nicholas, 159 Main st., South River (12)
Szymanski, John J., 616 Main av., Passaic (16)

ASSOCIATE MEMBERS

Sandler, Samuel A., 5 Pangborn pl., Hackensack (2)
Schaffer, Barney, 252 Washington av., Belleville (7)
Scheller, George A., 701 Clinton av., Newark (7)
Schotland, Clement E., 41 Leslie st., Newark (7)
Schwartz, Leo, 3 Lucille pl., Passaic (16)
Sellitto, Anthony M., 268 Valley st., S. Orange (7)
Sharbaugh, George B., 327 Parkway av.,Trenton(11)
Shear, Maurice M., 1158 E. State st., Trenton (11)
Shechner, Isadore, 122 Broad st., Newark (7)
Shreehan, Hubert F., 620 Summer av., Newark (7)
Shulman, Murray W., 916 S. 20th st., Newark (7)
Siemion, TheophilisR.,1005Bunrsw'k av.,Trenton(11)
Smith, Christopher A., 6 Park st., Roseland (7)
Smith, Joseph A., 133 Kearny av., P'th Amboy(12)
Smith, Paul E., N. J. State Hospital, Trenton (11)
Snegireff, Leonid S., State Dept.ofHealth,Trntn.(11)
Spickers, William, 6 Church st., Paterson (2)
Stabile, John A., Grand av., W. Trenton (11)
Staciva, Stanley J., 974 S. Broad st., Trenton (11)
Strack, Vincent J., 1072 S. Orange av., Newark (7)
Strasser, Hans A., 569 Mt. Prospect av., Newark(7)
Strauss, Frederick, 777 S. 20th st., Newark (7)
Sutton, Harold L., 44 Walnut st., Newark (7)

ACTIVE MEMBERS

Taber, Fred'k S., 49 Paterson st., New Bruns. (12)
Taft, Herman L., 26 4th st., Weehawken (9)
Talmage, Wm.C.,Main st.&H'lside av.,Succasunna(14)
Talty, John C., 935 Washington av., Hoboken (9)
Tansey, William A., 98 Dover st., Newark (7)
Taranto, Michael, 635 N. Wood av., Linden (20)
Tarbell, Harold, 13 Pennington st., Newark (7)
Tataryan, Hovsep, 422 New York av., Union City (9)
Tatem, Henry R., Jr., Pine st. & Atl.av.,Audubon(4)
Tator, Arthur E., 57 DeForest av., Summit (20)
Taylor, G. Herbert, 144 Harrison st., E. Orange (7)
Taylor, Harold W., 247 Mountain rd., Englewood(2)
Taylor, Raymond A., 58 Madison av., Lakewood(15)
Taylor, Walter A., 450 Rutherford av., Trenton (11)
Teeter, Charles E., 418 Orange st., Newark (7)
Teeter, John N., Lydecker st., Englewood (2)
Teimer, Theodor, 17 Hillside av., Newark (7)
Teller, Daniel W., Jr., 26 Maple av., Morristown (14)
Tellman, Daniel H., 120 Lexington av., Passaic (16)
Temes, Julius H., 293 Ege av., Jersey City (9)
Temple, Arthur H., 164 Jefferson st., Passaic (16)
Tenney, Albert S., 164 Harrison st., E. Orange (7)
Tennis, Edgar M., 240 Engle st., Englewood (2)
Terhune, Percy H., 171 Paulison av., Passaic (16)
Terrell, Edward E., 110 Alden st., Cranford (20)
Terreri, D. Joseph, 30 High st., Morristown (14)
Teskey, Stanley, 10 Anderson rd., Bernardsville (14)
Tether, Russell K., Main st., Closter (2)
Thalheimer, Edward J., 644 Plum st., Vineland (6)
Thomas, F. A., 97 Main st., Flemington (10)
Thomas, George N., 712 Wood st., Vineland (6)
Thomas, John H., 270 Lenox av., So. Orange (7)
Thomas, Mary L., Village for Epileptics,Skillm'n(18)
Thomas, Ralph B., 793 Montgomery st., JerseyC'y(9)
Thomas, Thomas S., Jr., 18 Elm st., Morristown (14)
Thomison, Harry E., 605 Broad st., Newark (7)
Thompson, Arthur F., 144 Harrison st., E. Or. (7)
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